ORGANIZER Page 1

10	1040	US	Itemized Deductions				
		Plea	se enter all pertinent 2010 amounts Last year's amounts are provided		ms.		
MED	DICAL AN	D DENT	AL EXPENSES				
	:Enter self-en	ployed heal	th insurance premiums on Sheet 24 and				
	Medicare ins	irance prem	iums on Sheet 14.	2010 Amount	TS	2009 Amo	unt
⊃resci	ription medicii	nes and drug	js				
		-					
			re (excl. LT care & amts. paid w/pre-tax dollars).				
			use		$\Box$		
			as a positive number)				
Lodgir	ng and transp	ortation:					
Other	medical and	dental expen	ses:				
					$\vdash$		
			ocal withholding and 2010 estimates are auto	matic.)			
			ent on 2009 state estimate				
			2009 state extension				
			2009 state return.				
			ior years and/or to other state		$\vdash$		
,			ith 2009 city/local extension				
			ith 2009 city/local return				
CVI	ES AND	IICE TAY	XES PAID				
			ept autos and special items)		$\vdash$		
			return.				
			senger autos, light trucks, motorcycles, and n	notor homes purchased 2/17/	09 -	12/31/09 *	
				iotor riomes parenasea 2,177	ΙΤ	12/01/03	
Ve	ehicle #1 sales	tax paid					
		•	xes/fees paid				
			above				
Sales	tax on boats,	aircraft, othe	er special items				
OTH	IER TAXE	S PAID					
Real e	estate taxes -	principal res	idence:				
			d for investment				
			ees in some states. Provide a copy of tax notice)		$\vdash$		
_	ın income taxı taxes:	35					
o ti iel	taxes.						
					$\rightarrow$		