

| 2010 | 1040 | US | Itemized Deductions | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Please enter all pertinent 2010 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>MEDICAL AND DENTAL EXPENSES</p> <p>NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%; text-align: center;">2010 Amount</th> <th style="width:10%; text-align: center;">TS</th> <th style="width:20%; text-align: center;">2009 Amount</th> </tr> </thead> <tbody> <tr> <td>Prescription medicines and drugs.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Doctors, dentists and nurses.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospitals and nursing homes.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars).....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Long-term care premiums - taxpayer.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Long-term care premiums - spouse.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Insurance reimbursement (enter as a positive number).....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lodging and transportation:</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Out-of-pocket expenses.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Medical miles driven.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other medical and dental expenses:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | 2010 Amount | TS | 2009 Amount | Prescription medicines and drugs..... | | | | Doctors, dentists and nurses..... | | | | Hospitals and nursing homes..... | | | | Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)..... | | | | Long-term care premiums - taxpayer..... | | | | Long-term care premiums - spouse..... | | | | Insurance reimbursement (enter as a positive number)..... | | | | Lodging and transportation: | | | | Out-of-pocket expenses..... | | | | Medical miles driven..... | | | | Other medical and dental expenses: | | | | _____ | | | | _____ | | | |
| | 2010 Amount | TS | 2009 Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescription medicines and drugs..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctors, dentists and nurses..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospitals and nursing homes..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Long-term care premiums - taxpayer..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Long-term care premiums - spouse..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance reimbursement (enter as a positive number)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lodging and transportation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out-of-pocket expenses..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical miles driven..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other medical and dental expenses: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>TAXES PAID (State and local withholding and 2010 estimates are automatic.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>State income taxes - 1/10 payment on 2009 state estimate.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>State income taxes - paid with 2009 state extension.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>State income taxes - paid with 2009 state return.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>State income taxes - paid for prior years and/or to other state.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City/local income taxes - 1/10 payment on 2009 city/local estimate.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City/local income taxes - paid with 2009 city/local extension.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City/local income taxes - paid with 2009 city/local return.....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | State income taxes - 1/10 payment on 2009 state estimate..... | | | | State income taxes - paid with 2009 state extension..... | | | | State income taxes - paid with 2009 state return..... | | | | State income taxes - paid for prior years and/or to other state..... | | | | City/local income taxes - 1/10 payment on 2009 city/local estimate..... | | | | City/local income taxes - paid with 2009 city/local extension..... | | | | City/local income taxes - paid with 2009 city/local return..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>SALES AND USE TAXES PAID</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>State and local sales taxes (except autos and special items).....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Use taxes paid on 2010 purchases.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Use taxes paid with 2009 state return.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Vehicle #1 description.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Vehicle #1 purchase price.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Vehicle #1 sales tax paid.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Vehicle #1 other qualified taxes/fees paid.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sales tax on autos not included above.....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sales tax on boats, aircraft, other special items.....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | State and local sales taxes (except autos and special items)..... | | | | Use taxes paid on 2010 purchases..... | | | | Use taxes paid with 2009 state return..... | | | | Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 * | | | | Vehicle #1 description..... | | | | Vehicle #1 purchase price..... | | | | Vehicle #1 sales tax paid..... | | | | Vehicle #1 other qualified taxes/fees paid..... | | | | Sales tax on autos not included above..... | | | | Sales tax on boats, aircraft, other special items..... | | | | | | | | | | | | | | | | | | | |
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| Use taxes paid on 2010 purchases..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use taxes paid with 2009 state return..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vehicle #1 description..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle #1 purchase price..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle #1 sales tax paid..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Sales tax on autos not included above..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sales tax on boats, aircraft, other special items..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Real estate taxes - principal residence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Real estate taxes - property held for investment..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other taxes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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