## Itemized Deductions

Taxpayers' Names	Tax Year						
Unreimbursed Medical Expenses PAID IN 2010	Amount						
Doctors, Hospitals & Lab Fees							
Eyeglasses and Contact Lenses							
Prescriptions Do not include Rx purchased outside of the US							
Convalescent or Nursing Home							
Other Expenses - Explain							
Medical Insurance - Exclude Medicare & Rx Premiums on Form SSA-1099							
Long-Term Care Insurance - Husband							
Long-Term Care Insurance - Wife							
Medical Related Mileage miles @24¢/mile							
Notes Provide totals by category only. Do not submit medical bills or receipts.							
All amounts should be reported <b>NET</b> of insurance reimbursements.							
Do not include insurance paid through a Sec 125 payroll deduction.							

	Name of Lende		ondor	0.1		Amount
		Name of L	ender		M, E or P	Alliouli
Notes	Attach copy of Form 1098 or statement from lender.					
	Do not include interest paid on mortgages for rental properties.					
	If points were paid on a mortgage refinance, indicate # of years for the new mortgage.					
	The interest deduction on Home Equity Loans and Lines of Credit may be limited. Therefore,					
	please indicate below the amount borrowed on such loans and purpose or use of the funds.					
	Amount \$		Purpose			
			Purpose			

	Dropouty Address or Vahiala Description	City/Town	Data(a) Baid	Amarınt			
	Property Address or Vehicle Description	City/Town	Date(s) Paid	Amount			
Notes	If Real Estate taxes were <b>not</b> paid through a mortgage escrow account, attach a copy of your real estate tax						
	bills for payments paid in 2010 and be sure to indicate actual dates of payments made in 2010.						
	Do not include real estate taxes paid on rental properties.						
	Attach copy of automobile tax bills and indicate actual dates of payments made in 2010.						
	If you purchased a car, truck, boat or airplane attach bill of sale showing sales tax paid.						