

**2011****1040****US****Itemized Deductions****25**

Please enter all pertinent 2011 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and  
Medicare insurance premiums on Sheet 14.

	2011 Amount	TS	2010 Amount
Prescription medicines and drugs . . . . .	4		
Doctors, dentists, and nurses . . . . .	5		
Hospitals and nursing homes . . . . .	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) . . . . .	7		
Long-term care premiums - taxpayer . . . . .	17		
Long-term care premiums - spouse . . . . .	58		
Insurance reimbursement (enter as a positive number) . . . . .	8		
Lodging and transportation:			
Out-of-pocket expenses . . . . .	9		
Medical miles driven (1/1/11 - 6/30/11) . . . . .	52		
Medical miles driven (7/1/11 - 12/31/11) . . . . .	59		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

**TAXES PAID** (State and local withholding and 2011 estimates are automatic.)

State income taxes - 1/11 payment on 2010 state estimate. . . . .	11		
State income taxes - paid with 2010 state extension . . . . .	12		
State income taxes - paid with 2010 state return. . . . .	13		
State income taxes - paid for prior years and/or to other state. . . . .	14		
City/local income taxes - 1/11 payment on 2010 city/local estimate. . . . .	211		
City/local income taxes - paid with 2010 city/local extension . . . . .	212		
City/local income taxes - paid with 2010 city/local return. . . . .	213		

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) . . . . .	91		
Use taxes paid on 2011 purchases . . . . .	92		
Use taxes paid with 2010 state return. . . . .	96		
Sales tax on autos not included above. . . . .	349		
Sales tax on boats, aircraft, other special items . . . . .	93		

**OTHER TAXES PAID**

Real estate taxes - principal residence:

_____	15		
_____	15		
_____	15		

Real estate taxes - property held for investment . . . . .	16		
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) . . . . .	18		
Foreign income taxes. . . . .	19		

Other taxes:

_____	20		
_____	20		
_____	20		

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**Itemized Deductions (continued)**

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

	2011 Amount	TS	2010 Amount
_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .	85.____		
Payee's SSN or FEIN. . .	86.____		
Payee's street address. .	87.____		
Payee's city, state, ZIP. .	88.____		
Amount paid. . . . .	22.____		

Points not reported on Form 1098:

_____	23		
_____	23		
Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .	39		

Investment interest (interest on margin accounts):

_____	24		
_____	24		

Passive Interest. . . . .

	27		
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Certain home mortgage interest included above (6251). . . . .

	30		
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NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans, also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		

Volunteer expenses (out-of-pocket) . . . . .

	31		
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Number of charitable miles . . . . .

	53		
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Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private non-operating foundations (30% limitation):

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		

Volunteer expenses (out-of-pocket) . . . . .

	40		
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Number of charitable miles . . . . .

	54		
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**Itemized Deductions (continued)**

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

50% limitation (see above):

2011 Amount

TS

2010 Amount

_____	33		
_____	33		
_____	33		
_____	33		

30% limitation (see above):

_____	34		
_____	34		
_____	34		
_____	34		

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

_____	35		
_____	35		
_____	35		
_____	35		

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

_____	36		
_____	36		
_____	36		
_____	36		

**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues. . . . . 42

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

_____	43		
_____	43		
_____	43		
_____	43		
_____	43		
_____	43		

Investment expense:

_____	44		
_____	44		
_____	44		
_____	44		
_____	44		
_____	44		

Tax return preparation fee. . . . . 45

Safe deposit box rental . . . . . 46

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

_____	47		
_____	47		
_____	47		
_____	47		
_____	47		
_____	47		