EMIZED DEDUCTIONS						
Medical and Dental Expenses (not including reimbursements)				_	024 nount	
Medical/dental care insurance premiums (other than self-employed)				All	Tourit	
Medicare B and D premiur						
Qualified long-term care p						
Doctor, dentist, and hospit						
Prescription medicines and						
Medical aids such as eyeg						
Total transportation expen Other medical and dental of						
Other medical and dental (ехрепвев		· · · · · · · · L			
Taxes Paid				2	024	
L				An	nount	
State and local income tax						
Actual state and local gen						
State and local real estate to						
Personal state/local property	taxes (iist type or ta	x paiu)				
Interest Paid				2	2024	
				An	nount	
Home mortgage interest p						
Home mortgage interest p	aid to individual.					
Individual's name Individual's address						
Individual's ID number						
Qualified mortgage insura	nce premiums (VA	FHA RHS or	nrivate)			
Investment interest expen			• •			
			_		•	
Gifts to Charity (If additional		similar statement)	1 Managaria and 1960			
Contributions of cash or cash						EM)/
Name or charity	Date given	Amount	Name and address of C	manty	Date given	FIVIV
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