

SCHEDULE A SHEET
(ITEMIZED DEDUCTIONS)

MEDICAL

1. If you entered any Medical expenses in InterviewPlus Online, please complete the following questions:
- a. Medical miles driven: prior to July 1, 2008 _____
 - b. Medical miles driven after June 30, 2008 _____
 - c. Parking Fees incurred for Medical reasons \$ _____
 - d. Lodging expenses incurred for away-from-home treatment \$ _____
 - e. Long Term Care Insurance Premiums paid in 2008 \$ _____
 - f. Other Medical expenses, please list type of expense and amount paid:
 Type _____ Amount Paid \$ _____
 Type _____ Amount Paid \$ _____

TAXES

2. If you entered an amount for Personal Property taxes paid in InterviewPlus Online, please give a description of the property here: _____
3. Would you like to deduct General Sales Tax Paid in 2008 (Receipts Required), instead of deducting your State & Local Income Taxes paid? **YES / NO** If **Yes**, amount paid \$ _____

HOME MORTGAGE INTEREST

4. If you entered Home Mortgage Interest in the InterviewPlus Online program, please complete the following questions. If not, skip to question 6.
- a. Is any of your home mortgage interest from loans **based on more than 100% of the value of your home?** **YES / NO** If **Yes**, continue
 - b. Enter only the amount paid that was based on 100% value of your home. \$ _____
 - c. If your home mortgage interest was not paid to a Financial Institution, but to an individual, please provide the following information:
 Full Name: _____
 Address: _____
 SSN: _____ - _____ - _____
5. Did you pay **Mortgage Insurance Premiums** for a home you purchased in 2008? **YES / NO** If **Yes**, enter amount paid: \$ _____

CASH CONTRIBUTIONS

6. If you entered any cash contributions in the InterviewPlus Online program, please list the Name of the charitable organization, and amount you donated below:
- Name: _____ Amount \$ _____
- Name: _____ Amount \$ _____
- Name: _____ Amount \$ _____

NONCASH CONTRIBUTIONS

7. If you entered any contributions other than Cash or Check in the InterviewPlus Online program, complete the following for each donation: (Less than \$250 No Receipt Required), (\$250 - \$500 Receipt Required), (More than \$500 TOTAL, Form 8232 Noncash Charitable Contribution Required)

Organization Name and Address	Description of Property	Date Donated	Date Acquired	How Acquired	Original Cost Or Basis \$	Fair Market Value \$

CASUALTY AND THEFT LOSSES (In general, to be deductible the loss must exceed 10% of AGI. **This will be waived in 2008 for *NET Disaster losses) *NET Disaster losses are losses minus any personal casualty gains or recoveries.**

8. If you have any personal casualties, thefts, property lost or damage, please complete the following:
- a. Type of Property: _____
 - b. Describe Casualty or theft: _____
 - c. Date Acquired: _____
 - d. Date of casualty or theft: _____
 - e. Cost or basis of property: \$ _____
 - f. Insurance or reimbursement received: \$ _____
 - g. Fair Market Value before casualty or theft: \$ _____
 - h. Fair Market Value after casualty or theft: \$ _____

JOB RELATED TRAVEL EXPENSES (Form 2106 / 2106 EZ)

9. Do you have any job related travel expenses? **YES / NO** If **Yes**, please circle for whom and complete the following: **Taxpayer or Spouse** (please circle)

Vehicle Information

- a. Date vehicle was placed in service ___ - ___ - ___
 - b. Total number of miles driven for ALL PURPOSES during 2008: _____
 - c. Of these total miles enter the number of miles you drove prior to July 1, 2008 for: Business _____, Commuting _____, Personal / Other Miles _____.
 - d. Of these total miles enter the number of miles you drove after June 30, 2008 for: Business _____, Commuting _____, Personal / Other Miles _____.
 - e. Do you / your spouse have another vehicle available for personal use?.....**YES () NO ()**
 - f. Was your vehicle available for use during off-duty hours?...**YES () NO ()**
 - g. Do you have written evidence to support this deduction?...**YES () NO ()**
10. Total spent for parking fees, tolls, and local transportation: \$ _____
11. Hotel Expenses: \$ _____, Business Meals \$ _____, Business Entertainment \$ _____

MISCELLANEOUS DEDUCTIONS (Do not include any amounts you were reimbursed for)

- 12. a. Union / Professional Dues \$ _____
- b. Uniforms & Protective Clothing \$ _____
- c. Tools \$ _____
- d. Job Search Expenses \$ _____
- e. IRA Maintenance Fees \$ _____
- f. Job related educational expenses \$ _____
- g. Professional Subscriptions \$ _____
- h. Legal / Accounting Fees relating to your income taxes \$ _____
- i. Unemployment from prior year repaid in 2008 \$ _____
- j. Other expenses: _____ \$ _____
- k. Gambling Losses (can't exceed winnings reported on 1040) \$ _____

SALE OF HOME

13. Did you sell your home in 2008? **YES / NO** If **Yes**, continue, *Paid Preparer may be contacting you.
What Phone number can you be reached at this evening? (____) _____ - _____
If No, STOP here
14. Did you live in it 2 out of the last 5 years? **YES / NO**
15. What year did you purchase the home you sold? _____
16. What did you pay for the sold home? _____
17. Have you purchased another home? **YES / NO** If **Yes**, what did the new home cost? \$ _____