

COMMUNITY INCOME TAX SERVICE

Schedule A - Itemized Deductions

Medical Transportation



Medical and Dental Expense(7.5% AGI)



Parking fees and tolls		Insurance Premiums	
Actual out-of-pocket expenses for vehicle		Medical and dental care insurance premiums (other than self-employed)	
# of miles driven		Total premiums	
		Doctor, dentist, and hospital fees	
		Prescription medicines and drugs	
Total transportation		Medical aids such as eyeglasses,	
		Other medical and dental expenses	
		Total medical and dental expenses	
<i>Travel - Out Of Town</i>			
Airfare			
Car Rental		Taxes You Paid	
Parking & Tolls		Real estate Taxes	
Taxi		New motor vehicle taxes	
Train		Personal property taxes	
Bus, Subway & Commuter Rail		Excise Tax	
Lodging (do not include meals)		Interest You Paid	
Meals (do not combine with lodging)		Home mortgage interest and points reported to you on Form 1098	
Porter, Bell Captain		Home mortgage interest not reported to you on Form 1098	
Laundry		Points not reported to you on Form 1098	
Telephone		Mortgage insurance premiums	
Other:_____		Gifts to Charity	
<i>Educational Costs</i>		Gifts by cash	
Correspondence Course Fees		Gifts by check	
Course Registration			
Materials & Supplies		<i>Unreimbursd expenses</i>	
Photocopy Expense		Tax preparation fees	
Reference Material		Safe deposit box	
Textbooks & Seminar Costs		Professional Fees & Dues	
Motivational Tapes		Job Travel	
Other:_____		Job search expenses in your present occupation	
<i>Miscellaneous</i>		Work clothes and uniforms if required and not suitable for every use	
Gambling losses to the extent of gambling winnings		Other expenses:	
		<i>Casualty or theft losses</i>	

Attestation and Signature: ការស្នើចុះសហគ្រួសារ

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other informaton necessary for the preparation of this year's income tax returns for which I have adequate records.

Your signature:_____

Spouse's signature_____