Schedule A - Itemized Deductions

Name: **SSN:**

	2003	2002		2003	2002
MEDICAL & DENTAL					
Medical and dental expenses			**GIFTS TO CHARITY**		
Other:			Contributions by cash or check		
			Other than by cash or check		
			Carryover from prior year		
			Other:		
TAXES					
State and local income taxes					
Real estate taxes					
Personal property			**JOB EXPENSES**		
Other taxes:					
Home mort. int. & points on Form 1098					
Home mort. int.not on Form 1098					
Name:					
Address:					
SSN/EIN:					

	2003	2002			
Points not reported on Form 1098					
Investment interest			Tax preparation fees		
			OTHER MISC. DEDUCTIONS		