SCHEDULE A Form 740 42A740-A

Department of Revenue

KENTUCKY ITEMIZED DEDUCTIONS

➤ See instructions.
➤ Attach to Form 740.

2010

Enter name(s) as shown on Form 740, page 1. Your Social Security Number Do not include expenses reimbursed or paid by others. Medical and 1. Medical and dental expenses..... 1 Dental **Expenses** 00 4. Local income taxes (do not include state income tax)...... 4 Taxes Note: Sales and use taxes 7. Other taxes (list) and new motor vehicle taxes are not deductible 8. Total taxes. Add lines 4 through 7. Enter here 00 9. Home mortgage interest and points reported to you on Interest Expense 10. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's Note: name, identifying number and address) Personal interest is not deductible. See instructions for lines 11 and 12. 11. Points not reported to you on federal Form 1098...... 11 00 Contributions 16. Other than cash or check (attach federal Form 8283 Note: For any contri-bution of \$250 17. Artistic charitable contributions deduction or more, see instructions. (attach copy of appraisal)17 18. Carryover from prior year......18 00 20. Enter amount from attached federal Form 4684, Casualty and **Theft Losses** 22. Total casualty or theft loss(es). Subtract line 21 from line 20. 00 If zero or less, enter -0- ➤ 22 23. Unreimbursed employee expenses-job travel, union dues, Job Expenses job education, etc. (attach Form 2106 or 2106-EZ if and **Most Other** applicable) list Miscellaneous **Deductions** 25. Other (investment, safe deposit box, etc.) list 00 Other Miscellaneous 00 29. Other (see instructions) **Deductions** Total Itemized 00 Deductions

- ★ If single or married filing jointly, enter the total itemized deductions from line 30 on Form 740, line 10, column B.
- ★ All others go to page 2.



PART I_	-DIVIDING	DEDUCTIONS BE	TWEEN SPOUSES

Use	Jse this schedule if married filing separately on a combined return.				
1.	Total itemized deductions from page 1, line 30				
2.	Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	%			
3.	Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	%			
4.	Percent on line 2 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column A)				
5.	Percent on line 3 times total deductions entered on line 1 (enter here and on Form 740, line 10, Column B)				