SCHEDULE A

2022

110322

(7-22)

DO NOT STAPLE

KANSAS ITEMIZED DEDUCTIONS SCHEDULE

Your First Name			Initial	Last Name	Use ALL CAP	four letters of your last name ITAL letters.	э.
Spouse's First N	lame		Initial	Last Name	Your Social Security numb	ber	
						four letters of your spouse's se ALL CAPITAL letters.	
Check th	nis bo	x if you claimed itemi	zed ded	uctions on your federal return.	Spouse's Soc Security numb		
Medical and	1.	Medical and dental	l expen	ses (see instructions)		1	00
Dental		Enter your adjusted gross income amount from Form 1040 or 1040-SR, line 11					00
Expenses							00
(I.R.C. § 213)	C. § 213) 4. Total medical and dental expenses allowed (subtract line 3 from line 1. If line 3 is more than line 1, enter zero)						00
Taxes you	5.	State and local real estate taxes (see instructions)					00
Paid	6.	State and local personal property taxes					00
(I.R.C. § 164(a))	R.C. § 164(a)) 7. Total taxes you paid (add lines 5 and 6)						00
Interest You Paid (I.R.C. § 163(h))	8.	buy, build, or impr 8.a. Home mortga	ove yo	ur home, check this box rest and points reported to yo	ull of your home mortgage loan(ons if	00
		8.b. Home mortgage interest NOT reported to you on Form 1098 (see instructions if limited) If paid to the person from whom you bought the home, show that person's name, identifying number and address:					
		- O Y	\mathcal{H}		ABWI	8b	00
					tructions for special rules)		00
							00
	9.	Total interest yo	u paid	(add lines 8a through 8d)		9	00
Gifts to Charity (I.R.C. § 170)	10.	Gifts by cash or ch	eck (se	ee instructions if you made ar	y gift of \$250 or more)	10	00
		-		-			00
	11.	Gifts made other than by cash or check (see instructions if you made any gift of \$250 or more)					
	12.						00
	13.	Total gifts to cha	rity (ad	d lines 10 through 12)		13	00
Total Kansas Itemized Deductions	14.				and 13. Enter the result here a	4 4	00

IMPORTANT: You must enclose all supportive documentation where indicated in the instructions.