

PART F ITEMIZED DEDUCTIONS (List amounts and enclose receipts, checks or other documentation.)

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| MED            |                 |                                  |
|----------------|-----------------|----------------------------------|
| Docto          |                 |                                  |
| Denti          |                 |                                  |
| Other          | I N1C TARM      |                                  |
| Presc          | This form       | SSN:                             |
| Surgi          |                 |                                  |
| Medi           |                 |                                  |
| Hosp           |                 | gg                               |
| Medi           | <b>1</b>        | .ge                              |
| Presc          | must be         |                                  |
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| Medi           |                 | SSN:                             |
| Denta          |                 |                                  |
| Long           |                 |                                  |
| Medi           | • 1 1           |                                  |
| Medi           | picked up       | NS                               |
| Medi           | 111111 H        | ons of \$250 or more.)           |
| Other          | moncu an        |                                  |
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| STA            | and filled up   |                                  |
| Home           | AND THEAD HA    |                                  |
| Other          |                 |                                  |
| Perso          |                 | ith name/address of organization |
| Other          | ▲               | was determined.)                 |
| G + G          |                 | 210                              |
| CASI           |                 | DNS                              |
| Type<br>Desci  | 111 110110011   | ts)                              |
| Cost           |                 |                                  |
| Insura         | in person       |                                  |
| Fair N         |                 |                                  |
| Fair N         |                 |                                  |
| PART           | 1               | © Tiako Corporation              |
|                | only.           | ⊕ Hako Corporation               |
| Prof.          | ( )       \     |                                  |
| Unifo          |                 |                                  |
| Unifo Safety   | $oldsymbol{J}$  | Ask for form                     |
| Tools          |                 | ASK IOI IOIIII                   |
| Adve           |                 |                                  |
| Busin          | Thank You       |                                  |
| Busin          | I IIHIK Y / NII | ee                               |
| Busin          | IIIaiin IVu     |                                  |
| PART           |                 | © Tiako Corporatio               |
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| Educa<br>Stude |                 | Amount:\$ Amount:\$              |
| Stude          |                 | Amount:\$                        |
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| I CER          |                 | CLOSED INFORMATION               |
| Taxpa          |                 | Date:                            |
| тахра          |                 | Date.                            |

Date: