

SCHEDULE A

2021

110321



(8-21)

DO NOT STAPLE

KANSAS ITEMIZED DEDUCTIONS SCHEDULE

Form with fields for Your First Name, Initial, Last Name, Spouse's First Name, Initial, Last Name

Enter the first four letters of your last name. Use ALL CAPITAL letters.

Your Social Security number

Enter the first four letters of your spouse's last name. Use ALL CAPITAL letters.

Spouse's Social Security number

Check this box if you claimed itemized deductions on your federal return.

Medical and Dental Expenses

(I.R.C. § 213)

- 1. Medical and dental expenses (see instructions)
2. Enter your adjusted gross income amount from Form 1040 or 1040-SR, line 11
3. Multiply line 2 by 7.5% (0.075)
4. Total medical and dental expenses allowed (subtract line 3 from line 1. If line 3 is more than line 1, enter zero)

Table with 3 columns: Line number, Description, Amount (00)

Taxes you Paid

(I.R.C. § 164(a))

- 5. State and local real estate taxes (see instructions)
6. State and local personal property taxes
7. Total taxes you paid (add lines 5 and 6)

Table with 3 columns: Line number, Description, Amount (00)

Interest You Paid

(I.R.C. § 163(h))

- 8. Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, check this box
8.a. Home mortgage interest and points reported to you on Form 1098 (see instructions if limited)
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:
8.c. Points not reported to you on Form 1098 (see instructions for special rules)
8.d. Mortgage insurance premiums (see instructions)
9. Total interest you paid (add lines 8a through 8d)

Table with 3 columns: Line number, Description, Amount (00)

Gifts to Charity

(I.R.C. § 170)

- 10. Gifts by cash or check (see instructions if you made any gift of \$250 or more)
11. Gifts made other than by cash or check (see instructions if you made any gift of \$250 or more)
12. Carryover from prior year
13. Total gifts to charity (add lines 10 through 12)

Table with 3 columns: Line number, Description, Amount (00)

Total Kansas Itemized Deductions

- 14. Total Kansas Itemized Deductions (add lines 4, 7, 9 and 13. Enter the result here and on line 4, form K-40)

Table with 3 columns: Line number, Description, Amount (00)

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

