2020 Schedule OR-A

Oregon Itemized Deductions

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Oregon Department of Revenue

19482001010000

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			Submit original form—do not submit photoco			
First	name	Initial	Last name	Social Security number (SS	N)	
Spouse's first name Initial Spouse's last name			Spouse's last name	Spouse's SSN	Spouse's SSN	
			1			
	Read	d instruc	ctions carefully before completing	this schedule.		
Med	lical and dental expenses					
	ion! Don't include expenses reimbu	rsed or pai	d by others.			
			ıs) 1.	.00		
2.						
	from Form OR-40, line 7 or Form C					
	line 29F					
3.			3.	. 0 0		
4.	Medical and dental expense ded					
-			0	4.	.00	
Гахе	es you paid					
	State and local income taxes. Don	't include	Oregon			
	income tax!		0.0			
6.						
7.			0.0			
8.	Reserved					
9.	Total income and property taxes. A					
			arried filing separately) 9.	. 0 0		
10.						
			10.	.00		
11.	Taxes paid deduction. Add lines		10.		.00	
	rest you paid					
			federal Form 1098 12.	. 0 0		
			eral Form 1098 13.	. 0 0		
14.	Points not reported to you on fede	ral Form 10	098 14.	. 0 0		
			ns) 15.	.00		
16.	,	•	16.	.00		
17.	Interest paid deduction. Add line	s 12 throug	gh 16	17.	. 0 0	
Gifts	s to charity					
18.		tions)	18.	.00		
19.	,	,	etions)	.00		
20.			20.	.00		
				21.	.00	
	au mia sellane e e e e e e e e e					
	er miscellaneous deductions	D = - 11 1 1	ada amadayaa baas	austion for		
22.			ude employee business expenses, tax prepa			
	or other deductions subject to t	ne 2 perce	nt of AGI limitation (see instructions)		.00	
				22.	. 0 0	
)re	gon itemized deductions					
				23	.00	
				20.		

Enter the amount from line 23 on Form OR-40, line 16; Form OR-40-N or OR-40-P, line 37.