

Page 1 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

ı	act	na	ma

	O ''		(001)
Social	Security	number	(SSN)

Read instructions carefully before completing. If you itemize, you must include this schedule with your Oregon return.

Medical and dental expenses	V	ledi	ical	and	dental	expenses
-----------------------------	---	------	------	-----	--------	----------

Caution! Don't include expenses reimbursed or paid by others.

- 1. Medical and dental expenses (see instructions)......1.

Taxes you paid

Reserved

Continued on next page

150-101-007 (Rev. 08-14-23, ver. 01)



2023 Schedule OR-AOregon Itemized Deductions

Page 2 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Inte	erest you paid
12.	Mortgage interest and points reported on federal Form 1098
13.	Mortgage interest not reported on federal Form 1098
14.	Points not reported on federal Form 109814.
Re	served
16.	Investment interest (see instructions)
17.	Interest paid deduction. Add lines 12 through 1617.
Gift	s to charity
18.	Gifts by cash or check (see instructions)
19.	Gifts other than by cash or check (see instructions)
20.	Carryover from prior year20.
21.	Total gifts to charity. Add lines 18 through 2021.
Oth	er miscellaneous deductions
22.	List type and amount. Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation (see instructions)
	gon itemized deductions Add lines 4, 11, 17, 21, and 22. Enter the amount from line 23 on Form OR-40,
	line 16; or Form OR-40-N or OR-40-P, line 3723.