

2024 Tax Worksheet - Please fill out and bring to your appointment!

MEDICAL EXPENSES (deductible if > 7.5% of income):

Medicine & Drugs \$ _____
Health Insurance \$ _____
Pd. Through Employer
Pd. by taxpayer
**Mark if Obamacare Policy*
Total Medical Bills paid
(not covered by insurance) \$ _____
Mileage to and from doctor,
hospital, drug store, etc.
_____ miles @ 21¢ \$ _____
Glasses & Contacts \$ _____
Hearing Aids & Upkeep \$ _____
Misc. Medical \$ _____

TAXES: (This Section Limited to \$10,000)

Total State Tax Withheld \$ _____
Property Taxes (residence) \$ _____
(recreational/other property) \$ _____
Vehicle Taxes (Not deductible if assessed as a fee):
Automobile \$ _____
Truck \$ _____
Camper/Trailer \$ _____
Boat/Motorcycle \$ _____
Additional State Income Tax
paid in 2024 \$ _____
Sales Tax Pd on large purchases \$ _____

MORTGAGE INTEREST/POINTS:

_____ \$ _____
_____ \$ _____
_____ \$ _____

CONTRIBUTIONS*: (must show receipts)

Amounts paid to Churches \$ _____
Other Organizations:
Boy/Girl Scouts \$ _____
March of Dimes \$ _____
Heart Association \$ _____
United Way \$ _____
Other \$ _____
Other Than Cash Donations: (need date & organization)
Furniture, clothing, appliances, stocks, real estate, etc.
(fair market value) \$ _____
Mileage for charity (14¢/mile) _____ miles
Must have receipts for all charitable contributions

MISC DEDUCTIONS: Suspended 2018-2025

Tax Preparation Fee \$ _____ X _____
Safety Deposit Box \$ _____ X _____
Union Dues \$ _____ X _____
Convention Expenses \$ _____ X _____
Mileage traveled on company business (not commuting
to/from work) _____ @ 67¢ \$ _____ X _____
Employment Fees \$ _____ X _____

MISC. DEDUCTIONS (CONT'D):

Job Search Expenses \$ _____ X _____
Work Tools for Job \$ _____ X _____
Uniforms \$ _____ X _____
Uniform Upkeep \$ _____ X _____
Work/Safety Equipment
(safety shoes, goggles, etc) \$ _____ X _____
Educational Expenses to
maintain present position \$ _____ X _____
Professional Dues &
Publications \$ _____ X _____
Expenses Away from Home
overnight, not reimbursed \$ _____ X _____

CHILD CARE:

Babysitting/child care expense incurred while both
parents work. (Must have ID/Soc. Sec. #)

Child: _____
Provider: _____
Address: _____
ID/Soc. Sec. #: _____
Amount: \$ _____

Child: _____
Provider: _____
Address: _____
ID/Soc. Sec. #: _____
Amount: \$ _____

OTHER DEDUCTIONS:

Ponzi Scheme Losses \$ _____
Casualty Losses (Only in Disaster Zones) \$ _____

SPECIAL CREDITS: (will discuss at appointment)

Adoption Credit _____
Solar & Residential Energy Credit _____
Electric/Hybrid Vehicle Credits _____

HEALTH INSURANCE FORMS:

**Form 1095-A, required for all health
insurance policies purchased through
the Market Place**

E-FILE/DIRECT DEPOSIT:

All eligible tax returns are now required to be e-filed
Do you want your refund via
direct deposit? Yes/No



If yes, choose one:
Checking _____ Savings _____
Is it a joint account? Yes/No
Bank Name: _____
Account #: _____
Routing #: _____

****PLEASE REQUEST OTHER WORKSHEETS FOR
BUSINESS INCOME AND EXPENSES****