

**2007 Tax Worksheet - Please fill out and bring to your appointment!**

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

Medicine & Drugs \$ \_\_\_\_\_  
Health Insurance \$ \_\_\_\_\_  
Total Medical Bills paid  
(not covered by insurance) \$ \_\_\_\_\_  
Mileage to and from doctor,  
hospital, drug store, etc.  
(20 cents/mile) \_\_\_\_\_ miles  
Glasses & Contacts \$ \_\_\_\_\_  
Hearing Aids & Upkeep \$ \_\_\_\_\_  
Misc. Medical \$ \_\_\_\_\_

**TAXES:**

Total State Tax Withheld \$ \_\_\_\_\_  
Property Taxes (residence) \$ \_\_\_\_\_  
(recreational/other property) \$ \_\_\_\_\_  
Vehicle Taxes (State of UT now a fee, not a tax):  
Automobile \$ \_\_\_\_\_  
Truck \$ \_\_\_\_\_  
Camper/Trailer \$ \_\_\_\_\_  
Boat/Motorcycle \$ \_\_\_\_\_  
Additional State Income Tax  
paid in 2007 \$ \_\_\_\_\_  
Sales Tax Paid \$ \_\_\_\_\_

**MORTGAGE INTEREST/POINTS:**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**CONTRIBUTIONS\*:**

Amounts paid to charity (w/receipt) \$ \_\_\_\_\_  
Cash Payments:  
Boy/Girl Scouts \$ \_\_\_\_\_  
March of Dimes \$ \_\_\_\_\_  
Heart Association \$ \_\_\_\_\_  
United Way \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**Other Than Cash Donations:**

Furniture, clothing, appliances, stocks, real estate, etc.  
(fair market value) \$ \_\_\_\_\_  
Mileage for charity (14 cents/mile) \_\_\_\_\_ miles  
*\*Must have receipts for all charitable contributions*

**MISCELLANEOUS DEDUCTIONS:**

Tax Preparation Fee \$ \_\_\_\_\_  
Safety Deposit Box \$ \_\_\_\_\_  
Union Dues \$ \_\_\_\_\_  
Convention Expenses \$ \_\_\_\_\_  
Mileage traveled on company business (not commuting  
to/from work)  
(48.5 cents/mile) \_\_\_\_\_ miles  
Employment Fees \$ \_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS (CONT'D):**

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

**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:**

Moving Expenses (no meals) \$ \_\_\_\_\_  
Adoption Expenses \$ \_\_\_\_\_

**SPECIAL CREDITS:** (will discuss at appointment)

**Hybrid Vehicle Credit** \_\_\_\_\_  
**Residential Energy Credit** \_\_\_\_\_

**E-FILE/DIRECT DEPOSIT:**



Do you wish to E-File? Yes/No  
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 #: \_\_\_\_\_

**NOTES/QUESTIONS I NEED TO ASK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_