

2009 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.
 _____ Miles @ .24cents/mi. \$ _____
 Glasses & Contacts \$ _____
 Hearing Aids & Upkeep \$ _____
 Misc. Medical \$ _____

TAXES:

Total State Tax Withheld \$ _____
 Property Taxes (residence) \$ _____
 (recreational/other property) \$ _____
 Vehicle Taxes (Not deductible if listed as a fee):
 Automobile \$ _____
 Truck \$ _____
 Camper/Trailer \$ _____
 Boat/Motorcycle \$ _____
 Additional State Income Tax
 paid in 2009 \$ _____
 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)
 _____ Miles @ .55/mile \$ _____
 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)

Vehicle Credits _____
1st Time Home Buyer _____
Long-Time Resident 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:

