

**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** \_\_\_\_\_  
**1<sup>st</sup> 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:**

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