

2011 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 Jan-Jun @ 19¢ \$ _____
_____ miles Jul-Dec @ 23.5¢ \$ _____
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 2011 \$ _____
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¢/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) Jan-Jun _____ @ 51¢ \$ _____
Jul-Dec _____ @ 55.5¢ \$ _____
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) \$ _____
Casualty & Theft Losses \$ _____

SPECIAL CREDITS: (will discuss at appointment)

Adoption Credit _____
Vehicle Credit _____
Home Energy Credit _____

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 #: _____

NOTES/QUESTIONS I NEED TO ASK:

