

2013 Tax Worksheet - Please fill out and bring to your appointment!

MEDICAL EXPENSES (deductible if > 10% of income):

Medicine & Drugs \$ _____
Health Insurance \$ _____
Pd. by employer
Pd. by taxpayer
Total Medical Bills paid
(not covered by insurance) \$ _____
Mileage to and from doctor,
hospital, drug store, etc.
_____ miles @ 24¢ \$ _____
Glasses & Contacts \$ _____
Hearing Aids & Upkeep \$ _____
Misc. Medical \$ _____

TAXES:

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 2013 \$ _____
Sales Tax Pd on large purchases \$ _____

MORTGAGE INTEREST/POINTS:

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

CONTRIBUTIONS*:

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

MISCELLANEOUS DEDUCTIONS:

Tax Preparation Fee \$ _____
Safety Deposit Box \$ _____
Union Dues \$ _____
Convention Expenses \$ _____
Mileage traveled on company business (not commuting
to/from work) _____ @ 56.5¢ \$ _____
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 \$ _____

Ponzi Scheme Losses \$ _____

SPECIAL CREDITS: (will discuss at appointment)

Adoption Credit _____

Solar Energy Credit _____

Vehicle Credits _____

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:

