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:

_____
_____
_____
_____
_____