

**2020 Tax Worksheet - Please fill out and bring to your appointment!**

**MEDICAL EXPENSES** (deductible if > 7.5% of income):

Medicine & Drugs \$ \_\_\_\_\_  
Health Insurance \$ \_\_\_\_\_  
Pd. Through Employer   
Pd. by taxpayer   
\*Mark if Obamacare Policy   
Total Medical Bills paid  
(not covered by insurance) \$ \_\_\_\_\_  
Mileage to and from doctor,  
hospital, drug store, etc.  
\_\_\_\_\_ miles @ 17¢ \$ \_\_\_\_\_  
Glasses & Contacts \$ \_\_\_\_\_  
Hearing Aids & Upkeep \$ \_\_\_\_\_  
Misc. Medical \$ \_\_\_\_\_

**TAXES: (This Section Limited to \$10,000)**

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 2020 \$ \_\_\_\_\_  
Sales Tax Pd on large purchases \$ \_\_\_\_\_

**MORTGAGE INTEREST/POINTS:**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**CONTRIBUTIONS\*:** (\$300 deduction if not itemizing)

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\*

**MISC DEDUCTIONS: Suspended 2018-2025**

Tax Preparation Fee \$ \_\_\_\_\_ X \_\_\_\_\_  
Safety Deposit Box \$ \_\_\_\_\_ X \_\_\_\_\_  
Union Dues \$ \_\_\_\_\_ X \_\_\_\_\_  
Convention Expenses \$ \_\_\_\_\_ X \_\_\_\_\_  
Mileage traveled on company business (not commuting  
to/from work) \_\_\_X\_\_\_ @ 57.5¢ \$ \_\_\_\_\_ X \_\_\_\_\_  
Employment Fees \$ \_\_\_\_\_ X \_\_\_\_\_

**MISC. DEDUCTIONS (CONT'D):**

Job Search Expenses \$ \_\_\_\_\_ X \_\_\_\_\_  
Work Tools for Job \$ \_\_\_\_\_ X \_\_\_\_\_  
Uniforms \$ \_\_\_\_\_ X \_\_\_\_\_  
Uniform Upkeep \$ \_\_\_\_\_ X \_\_\_\_\_  
Work/Safety Equipment  
(safety shoes, goggles, etc) \$ \_\_\_\_\_ X \_\_\_\_\_  
Educational Expenses to  
maintain present position \$ \_\_\_\_\_ X \_\_\_\_\_  
Professional Dues &  
Publications \$ \_\_\_\_\_ X \_\_\_\_\_  
Expenses Away from Home  
overnight, not reimbursed \$ \_\_\_\_\_ X \_\_\_\_\_

**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: \$ \_\_\_\_\_

\*STIMULUS PMT RECEIVED\* \$ \_\_\_\_\_

**OTHER DEDUCTIONS:**

Ponzi Scheme Losses \$ \_\_\_\_\_  
Casualty Losses (Only in Disaster Zones)

**SPECIAL CREDITS:** (will discuss at appointment)

Adoption Credit \_\_\_\_\_  
Solar Energy Credit \_\_\_\_\_  
Electric/Hybrid Vehicle Credits \_\_\_\_\_

**HEALTH INSURANCE FORMS:**

**Form 1095-A, required for all health  
insurance policies purchased through  
the Market Place (Obamacare), before  
taxes can be  
completed**



**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 #: \_\_\_\_\_