

**2022 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 @ 18¢ thru 6/30 \$ \_\_\_\_\_  
 22¢ 7/1-12/31  
 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 2022 \$ \_\_\_\_\_  
 Sales Tax Pd on large purchases \$ \_\_\_\_\_

**MORTGAGE INTEREST/POINTS:**

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

**CONTRIBUTIONS\*:** (must show receipts)

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) \_\_\_\_\_ @ 58.5 \$ \_\_\_\_\_ 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: \$ \_\_\_\_\_

**OTHER DEDUCTIONS:**

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

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

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

**HEALTH INSURANCE FORMS:**

**Form 1095-A, required for all health  
 insurance policies purchased through  
 the Market Place**

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

**\*\*PLEASE REQUEST OTHER WORKSHEETS FOR  
 BUSINESS INCOME AND EXPENSES\*\***