

2025 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	<input type="checkbox"/>
Pd. by taxpayer	<input type="checkbox"/>
*Mark if Obamacare Policy	<input type="checkbox"/>
Total Medical Bills paid (not covered by insurance)	\$ _____
Mileage to and from doctor, hospital, drug store, etc. _____ miles @ 21¢	\$ _____
Glasses & Contacts	\$ _____
Hearing Aids & Upkeep	\$ _____
Misc. Medical	\$ _____

TAXES: (This Section Limited to \$40,000)

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 2025	\$ _____
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)	\$ _____
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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) _____ @ 70¢	\$ _____ 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**