

2019 Tax Worksheet - Please fill out and bring to your appointment!

MEDICAL EXPENSES (deductible if > 10% 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 @ 20¢ \$ _____
 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 2019 \$ _____
 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

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¢ \$ _____ 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 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 #: _____