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Non-Business Deductions

All Professions

⚠ Joint Filers: Except where noted, please combine your expenses on this worksheet.
Please round all amounts to the NEAREST $1.00.
(For example, enter $42 for a deduction of $42.49. Enter $43 for a deduction of $42.50)

Name: *Tax Year:*

Adjustments & Credits

IRA Contributions *(not 401K / 403B, etc.)*	Taxpayer: $ ❑ Traditional ❑ Roth	Spouse: $ ❑ Traditional ❑ Roth
Education Expenses	**Tuition:** Please provide Form(s) 1098-T **Student Loan Interest:** Please provide Form(s) 1098-E	**529 Plan Contributions:** $
Child & Dependent Care Expenses *(Both spouses must have worked and/or attended school.)*	Third Party Provider: Provider Address: Child Name:	Provider EIN/SSN: Expense: $

Non-Business Itemized Deductions

Medical Expenses *(see also Health Insurance Worksheet)*	$ *Total **unreimbursed** cost of doctors, dentists, perscriptions, eyeglasses, medical equipment, etc.* Medical Insurance Premiums: $
Taxes & Interest Paid *Provide 1098(s) for mortgage interest.*	Real Estate Tax *(If not on 1098)*: $ State Taxes: $ *Balances due paid with any state tax returns filed last year - not from W2s*
Charitable Donations	Monetary: $ *Non-monetary: $ **Non-monetary means clothing, furniture, etc. @ **resale** value, not original value. $500 limit on non-monetary donations: if higher, please provide receipts with donee name & address.*
Prior Year Tax Preparation Fees	$

Quarterly Estimated Taxes Paid *(Not from W2 withholding)*

Federal			State Paid:		
	Date Paid	**Amount**		**Date Paid**	**Amount**
1st Quarter		$	1st Quarter		$
2nd Quarter		$	2nd Quarter		$
3rd Quarter		$	3rd Quarter		$
4th Quarter		$	4th Quarter		$