

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: \$ <input type="checkbox"/> Traditional <input type="checkbox"/> Roth	Spouse: \$ <input type="checkbox"/> Traditional <input type="checkbox"/> 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 <i>(Both spouses must have worked and/or attended school.)</i>	Third Party Provider: Provider Address:	Provider EIN/SSN: Expense: \$

Non-Business Itemized Deductions

Medical Expenses (see also <i>Health Insurance Worksheet</i>)	\$ Total unreimbursed cost of doctors, dentists, prescriptions, eyeglasses, medical equipment, etc.
	Medical <u>Insurance Premiums</u> : \$
Taxes & Interest Paid <i>Provide 1098(s) for mortgage interest.</i>	Real Estate Tax (<i>If not on 1098</i>): \$
	State Taxes: \$ Balances due paid with any state tax returns filed last year - <u>not</u> from W2s

Charitable Donations	Monetary: \$ <i>*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.</i>
Tax Extensions	Did you file an extension for this tax year? Yes <input type="checkbox"/> No <input type="checkbox"/> Did you make any payment(s) with the extension request(s)? If so, provide amount(s) paid: Federal \$ _____ State \$ _____

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		\$