

Name _____

Occupation _____ Tax Year _____

INCOME TAX WORKSHEET

MEDICAL EXPENSES***	UNREIMBURSED EMPLOYEE EXPENSE	BOUGHT A NEW CAR? Yes No	SELF-EMPLOYED INCOME. & EXPENSE
Doctor & Dental Premium \$	For 2nd job, unpaid work-related travel	Date Purchased:	Ask for additional worksheet if you have more than 1 self-employment business
Doctor, Dentist & Hospital Fees \$	CALIFORNIA DEDUCTION ONLY	Purchase Price \$	
Prescription Med. & Drugs \$	Vehicle Date in service:	Sales Tax \$	Business Name (if any):
Medical Aids (eyeglasses, contact lens and hearing aids) \$	Total Miles Driven for the year:	IS IT A HYBRID or PLUG-IN ?	Address:
Medical Parking Fees & Tolls \$	Business Mileage for the yr.:	If yes, Provide Year/Make/Model:	Income Listed on Form 1099's: \$
No. of Medical Miles Driven:	WORK-RELATED EXPENSES	VIN:	Income (not reported on 1099's): \$
Other Medical Expenses (ambulance, medical supplies, etc.) \$	Professional Dues \$	PURCHASED ANY REAL ESTATE? Yes No	Advertising: \$
TAXES YOU PAID (\$10,000 max.)	Job Search Expenses \$	If yes, provide Escrow Statement.	Total Driving/Buss. Miles: mi.
Prior year(s) state & local tax paid \$	Legal Fees Related to Job \$	SOLD A REAL PROPERTY? Yes No	Travel expenses: \$
Real Estate Taxes \$	Professional License \$	If Yes, ask for our Sale of Real Estate Property worksheet	Commissions Paid: \$
DMV Registration \$	Malpractice Ins. Premium \$	RESIDENTIAL ENERGY CREDIT	SE Health Insurance: \$
New Car Sales Tax \$	Med. Exam. Req'd. by Employer \$	(solar, etc.)? Yes No	Insurance (not health): \$
CHARITABLE DONATIONS	Subscription to Prof. Mag./Journals \$	Date of Installation:	Legal & professional fees: \$
No. of volunteering miles:	Tools & Supplies \$	Amount: \$	Office Expense: \$
Other transportation expenses \$	Union Dues \$	ALIMONY: RECEIVED? PAID?	Office Rent/Lease: \$
Cash/Check Donations \$	Work Clothes/Uniforms/Shoes \$	Date of Agreement:	Office Utilities: \$
Non-Cash Donations \$	Laundry/Dry Cleaning & Upkeep \$	Other Party's Name:	Repairs & maintenance: \$
CHILD CARE EXPENSES (12 y/o & under)	Continuing Ed./Seminar \$	SSN: Amount: \$	Supplies: \$
Child's Name (1):	Business Use of Phone/Internet \$	*FEDERAL: Not deductible/treated as income for divorces after 12/31/2018.	Taxes, permits & licenses: \$
Care Expenses \$	Business Gifts \$	*STATE: Deductible/treated as income.	Buss. meals & entertainment: \$
Name of Provider:	Buss. Use of Home? Yes No	CANCELLED DEBTS:	Buss-related gifts: \$
EIN/SSN:	If Yes, ask for our Bus. Use of Home worksheet.	Did you receive 1099-C Form? Yes No	Charitable contributions: \$
Address:	UNREIMBURSED WORK TRAVEL, MEALS & ENTERTAINMENT	If Yes, ask for our Insolvency worksheet.	Postage: \$
Telephone No.:	Lodging \$	You need to complete worksheet for each Form 1099-C received.	Printing and stationery
Child's Name (2):	Meals & Entertainment \$	RENTAL PROPERTY(IES)? Yes No	Professional memberships: \$
Care Expenses \$	Airfare/Car Rent/Taxi \$	If Yes, ask for our Rental Income and Expense Worksheet.	Telephone: \$
Name of Provider:	Other Incidental Expenses \$		Training/seminars/education: \$
EIN/SSN:	POST-SECONDARY EDUCATION:		Wages and salaries: \$
Address:	Did you or any in your household attend post-secondary education during the year? Yes No		Workers compensation: \$
Telephone No.:	Did you receive 1098-T? Yes No		Other expenses (List):
OTHER DEDUCTIONS			
IRA Deductions \$	If Yes, ask for our education credit worksheet.		Self-Employed: Bus. Use of Home? Yes No
Educator Expenses (for teachers) \$			If Yes, ask for our Bus. Use of Home worksheet.

***Only Medical/Dental Expenses that exceed 7.5% of your Adjusted Gross Income (AGI) are deductible medical expenses.