

INCOME TAX WORKSHEET

NAME _____ **SOCIAL SECURITY NO.** _____

YEAR _____ **EMAIL** _____

Dependents: (list name, social security number and relationship)

Child or Dependent Care Expenses Paid

| NAME | ADDRESS (number, street, state, & Zip Code) | IDENTIFICATION NUMBER | AMOUNT PAID |
|------|--|--------------------------|----------------|
| | | | |
| | | | |

Personal Deductions (list additional details on reverse side)

1. Medical & dental
 - Amount of insurance premiums paid for medical care (excluding long-term care) \$ _____
 - Long-term care premiums _____
 - Medicine & drugs _____
 - Doctors & dentists _____
 - Hospitals _____
 - Other (itemize - eyeglasses, hearing aids, etc. _____

2. Taxes
 - Real estate taxes \$ _____

3. Interest
 - Home Mortgage - to Financial Institutions \$ _____
 - Home Mortgage - to Individuals _____

4. Contributions (Religious, Charitable, Educational, Scientific) \$ _____

5. Miscellaneous Deductions *
 - Union Dues \$ _____
 - Uniforms (if employer required and usually cannot be worn away from work) _____
 - Dues to Professional Organizations _____
 - Safe Deposit Box Rental _____
 - Tax Preparation _____
 - Educational Expense _____
 - Subscriptions to Professional Journals _____
 - Other (itemize) _____

* Miscellaneous: Unreimbursed Employee Business Expenses (reported on form 2106) will be grouped with other allowable miscellaneous deductions and limited to the excess over 2% of adjusted gross income.