

INCOME TAX WORKSHEET

NAME _____ **SOCIAL SECURITY NO.** _____

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

State Income Tax _____

Real estate taxes \$ _____ (Limited to \$10,000 for itemized)

Sales Taxes paid on vehicle,
boats, and other special items _____

3. Interest

Home Mortgage - to
Financial Institutions \$ _____

Home Mortgage - to Individuals _____

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

***With the changes and greatly increased standard deduction rates; Joint rates at \$24,000 and Single rates at \$12,000, it is very important, if you can use an AgriPlan or BizPlan, in your own business, do so. If you don't own a business, then discuss with your employer about putting a FlexSystem/ Cafeteria Plan into action. If available, take full advantage of it. Our office can help setup these plans for you or your employers use.