

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.