

Return Worksheet

Income Items - no forms

<input type="checkbox"/> Un-reported Tips _____ <input type="checkbox"/> Jury Duty _____ <input type="checkbox"/> Alimony Received _____ <input type="checkbox"/> Royalties _____ <input type="checkbox"/> VA Benefits & % Disabled _____% _____ <input type="checkbox"/> Child Support _____	<input type="checkbox"/> Gambling Income _____ <input type="checkbox"/> Prizes and Awards _____ <input type="checkbox"/> State payments (adult care or child care) _____ <input type="checkbox"/> Scholarships & fellowships _____ <input type="checkbox"/> Tax Refund (prior year) State: _____ City: _____ <input type="checkbox"/> Any other income: _____
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Miscellaneous Items

<input type="checkbox"/> Health Savings Account Contributions _____ <input type="checkbox"/> IRA Contributions _____ <input type="checkbox"/> Roth IRA Contributions _____ <input type="checkbox"/> Other retirement contributions _____ <input type="checkbox"/> Student Loan Interest paid _____ <input type="checkbox"/> Self-Employed health insurance _____	<input type="checkbox"/> Military or Military Reserve Expenses _____ <input type="checkbox"/> Military or Military Reserve Mileage _____ <input type="checkbox"/> Early withdrawal penalty for CD's _____ <input type="checkbox"/> Moving expenses for moves over 50 miles _____ <input type="checkbox"/> Moving Mileage _____ <input type="checkbox"/> Employer moving reimbursements _____
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Deductions

<input type="checkbox"/> Doctor, Dentist, Hospital, and Ambulance _____ <input type="checkbox"/> Prescriptions _____ <input type="checkbox"/> Health Insurance Premiums _____ <input type="checkbox"/> Other Medical: _____	<input type="checkbox"/> Eyeglasses, Contacts, and Hearing aides _____ <input type="checkbox"/> Medical Supplies _____ <input type="checkbox"/> Auto Mileage for care _____ <input type="checkbox"/> Medical Travel expenses _____
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Federal Estimated Tax

Date Pd.	Amount Pd.
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

State Estimated Tax

Date Pd.	Amount Pd.
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

City Estimated Tax

Date Pd.	Amount Pd.
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

<input type="checkbox"/> Home Property Taxes: Paid Y N _____ <input type="checkbox"/> Other Property Taxes paid _____	<input type="checkbox"/> Actual Sales Tax paid _____ <input type="checkbox"/> Personal Property Tax (license tabs) _____
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<input type="checkbox"/> Mortgage Interest paid _____ <input type="checkbox"/> Land Contract interest _____ Receipt & Address: _____ <input type="checkbox"/> Interest paid on Condo, Camper or Boat _____	<input type="checkbox"/> Home equity interest _____ Paid to: _____ Interest paid _____ SSN or Fed ID# _____ <input type="checkbox"/> Investment Interest Expense _____
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<input type="checkbox"/> Church & Charity (list separately) _____ <input type="checkbox"/> Other than Cash donations _____	<input type="checkbox"/> Charitable & Volunteer mileage _____ <input type="checkbox"/> Other donations: _____
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<input type="checkbox"/> Business / Rental Income _____ Work Miles _____ <input type="checkbox"/> Advertising _____ <input type="checkbox"/> Insurance _____ <input type="checkbox"/> Safety Gear / Uniforms _____ <input type="checkbox"/> Phone _____ <input type="checkbox"/> Legal & Accounting _____	<input type="checkbox"/> Internet _____ <input type="checkbox"/> Tools / Equipment _____ <input type="checkbox"/> Meals / Entertainment _____ <input type="checkbox"/> Labor paid out _____ <input type="checkbox"/> Loan Interest Paid _____ <input type="checkbox"/> Business Property Taxes _____ <input type="checkbox"/> Other: _____
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