

## **Non-Business Deductions**

All Professions

Joint Filers: Except where noted, please <u>combine</u> your expenses on this worksheet.

Please round all amounts to the NEAREST \$1.00.

(For example, enter \$42 for a deduction of \$42.49. Enter \$43 for a deduction of \$42.50)

Name:		Tax Year:				
			Adjustments	& Credits		
	Contributions	Taxpayer: \$	☐ Trad.	Roth	Spouse: \$	Trad. Roth
Mov	ving Expenses	\$ Must be work-related and meet distance requirement.				
Educa	tion Expenses	Tuition: Please provide Form(s) 1098-T  Student Loan Interest: Please provide Form(s) 1098-E  529 Plan Contributions: \$				
Child & Dependent Care Expenses (Both spouses must have worked and/or attended school.)		Third Party Provider: EIN/SSN:				
		Address:				
		Child Name: Expense: \$				
		(Note additional providers and/or children on reverse.)				
		Non	-Business Itemi	ized Deductio	ns	
<b>Medical Expenses</b> (see also Health Insurance Worksheet)		\$ Total <b>unreimbursed</b> cost of doctors, dentists, Rx, eyeglasses, med. equip., etc.				
		Med. <u>Insurance</u> Premiums: \$				
Taxes & Interest Paid Provide 1098(s) for mortgage interest.		Real Estate Tax (If not on 1098): \$ Mortgage Insurance Premium: \$ (not interest)				
		State Taxes: \$ Balances due paid with any state tax returns filed last year - <u>not</u> from W2s				
Charitable Donations		Cash: \$ *Non-Cash: \$ (Clothing, furniture, etc. @ resale value.)				
		*\$500 limit on non-cash donations: if higher, please provide receipts with donee name & address				
Tax Pre	paration Fees	\$				
		Estimated <sup>*</sup>	Taxes Paid ( <u>No</u>	<u>t</u> from W2 with	holding)	
Federal				State		
	Date Pa	id	Amount		Date Paid	Amount
1st Quarter		\$		1st Quarter		\$
2nd Quarter		\$		2nd Quarter		\$
3rd Quarter		\$		3rd Quarter		\$
4th Quarter		\$		4th Quarter		\$