

2025 DEDUCTION INFORMATION WORKSHEET
Must Be Filled Out As Completely As Possible
(Use Your 2024 Return As a Guide)

MEDICAL

(Enter Amounts Not Reimbursed by Insurance)

Drugs and Medicines (Only Prescription Drugs
and Insulin) \$ _____

Doctors, Dentists and Nurses..... \$ _____

Hospitals and Nursing Homes \$ _____

Health & Dental Insurance Premiums
(not paid through your employer) \$ _____

Medicare premiums..... \$ _____

Long-Term Care Insurance..... \$ _____

Glasses-Hearing Aids-Contact Lenses, Etc. \$ _____

Other (Ambulances, Shoes, etc.):
_____ \$ _____
_____ \$ _____

Miles Traveled for Medical Care \$ _____

TAXES

State Income Taxes Paid by Personal Check in 2025
(2024 Balance Due, 4th Quarter Estimated Taxes Paid
in 2025 & Delinquent Taxes) **DO NOT INCLUDE** Amounts
Withheld From Paychecks \$ _____

Property Taxes: Home & Vacant Land:
(**DO NOT INCLUDE** Taxes on Rental Property) \$ _____

Auto and Vehicle License Fees \$ _____

Boat or Plane Personal Property Taxes..... \$ _____

INTEREST PAID (Please Bring Forms 1098)

Home Mortgage Paid to Financial Institutions..... \$ _____

Home Mortgage Paid to Individual..... \$ _____

Individual's
Name: _____

Individual's
Social Security Number: _____

Individual's
Address: _____

2nd Mortgage on Home \$ _____

Interest Paid on Second Residence..... \$ _____

Investment Interest (Brokerage Accounts, etc.) \$ _____

Interest Paid on **Student Loans** \$ _____

MOVING EXPENSE: If you moved 50 miles or more due to changing your job
location, bring all information related to the costs of moving. **NOTE:** Moving after
retiring is not tax deductible.

ENERGY EFFICIENT UPGRADES: For example, exterior doors, water
heater/furnace, Air Conditioner, windows and/or solar panels. Please provide proof of
purchase and installation date. **NOTE:** Manufacturer's PIN is required. Please provide.

Child Care Information - Please Complete as Accurately as Possible—IRS will disallow deduction without this information.

Name of Care Provider	Address of Care Provider	Phone Number of Care Provider	Soc. Sec. Number or FEIN of Care Provider	Amount Paid

Additional Information or Questions:

CONTRIBUTIONS—IRS IS REQUIRING PROOF (RECEIPTS)

House of Worship..... \$ _____

Payroll Deduction..... \$ _____

Miscellaneous Donations..... \$ _____

Used Clothing & Furniture \$ _____

Other Donations:
_____ \$ _____ \$ _____
_____ \$ _____ \$ _____

Miles Driven for Charity \$ _____

***Check this box if you made a Charitable Donation directly from your IRA to
a charitable organization.** ☐

MISCELLANEOUS DEDUCTIONS
(Not on Other Worksheets)

Union Dues \$ _____

Tax Preparation Fees..... \$ _____

Uniforms Purchased for Employment..... \$ _____

Cleaning of Uniforms..... \$ _____

Work Tools Expense \$ _____

Professional Supplies \$ _____

Job Related Education Expense..... \$ _____

Trade Publications and Technical Books..... \$ _____

Professional License Fee (Business Related -
Does NOT include Driver's License) \$ _____

Professional and Technical Societies..... \$ _____

Safety Equipment (Shoes, Helmets, Gloves, etc.)..... \$ _____

Employment Agency Fees \$ _____

Other Job Seeking Expenses..... \$ _____

Employee Non-reimbursed Expenses \$ _____

Business Use of Auto - Miles Driven \$ _____

Safe Deposit Box Rental \$ _____

Investment Expenses & Aids (IRA Fees, etc.) \$ _____

Other Miscellaneous Deductions:
_____ \$ _____
_____ \$ _____
_____ \$ _____