

PERSONAL TAX WORKSHEET for _____

Year: _____

Please provide us with all your tax documents including Forms W-2, 1099, 1098, K-1, 1095, etc.
 This worksheet contains deductions and other information that might provide a tax benefit on your return.

Federal Estimated Tax Paid			State Estimated Tax Paid			Education Expenses	
	Amount	Date Paid		Amount	Date Paid		Form 1098-T
Due 4/15	_____	_____	Due 4/15	_____	_____	Tuition & Fees	_____
Due 6/15	_____	_____	Due 6/15	_____	_____	Books	_____
Due 9/15	_____	_____	Due 9/15	_____	_____	Other (list): _____	_____
Due 1/15	_____	_____	Due 1/15	_____	_____	_____	_____

ITEMIZED DEDUCTIONS

The main itemized deductions are home mortgage interest, state/local taxes (including property taxes), charitable donations, and medical expenses (if more than 7.5% of income). Itemized Deductions will benefit you on your federal or state tax return, if they are more than the standard deduction.

* The federal standard deduction is \$13,850 if you file Single, \$27,700 if you file married, and \$20,800 if you file Head of Household.
 * In California, the standard deduction is \$5,363 if you file Single and \$10,726 if you file Married or Head of Household.

HEALTH CARE	TAXES PAID	Other Personal Deductions
<i>Deductible if more than 7.5% of your income.</i>		<i>Deductible if more than 2% of your income.</i>
Health/Dental Insurance _____	Property Taxes _____	Gambling Losses _____
Doctor/Dental Bills _____	Vehicle Registration _____ <i>A portion of vehicle registration is deductible. In CA, the vehicle license fee is deductible. You can lookup your VLF at dmv.ca.gov/wasapp/ FeeCalculatorWeb/vlfForm.do</i>	<i>Deductible only if offsetting gambling winnings.</i>
Prescriptions _____	Sales Tax on Major Purchase(s) _____ <i>Sales Tax on major purchases, such as a car or boat.</i>	<i>Deductible on State return only</i>
Medical Mileage _____		Income Tax Prep _____
Other (list): _____		Safe Deposit Box _____

CHARITABLE DONATIONS			
Cash/Check/Credit Card Donations: _____		Charitable Mileage: _____	
Non-Cash/Item Donations (Please List)			
Date	Description	Donee Organization	FMV (Value)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Notes for Preparer:			

Job Expenses (not reimbursed):	_____
Union Dues	_____
Professional Memberships	_____
Subscriptions	_____
Licenses & Certifications	_____
Tools (Work Related)	_____
Safety Equipment	_____
Job Supplies	_____
Uniforms (cost)	_____
Uniforms (cleaning)	_____
Travel	_____
Meals (away from home)	_____
Education (Improve Job)	_____

**For more information about deducting your personal auto or a home office as job expenses, visit www.prospecttax.com/taxdocs*

Claiming Child related Tax credits? For taxpayers who claim child related tax credits, we are required to 'verify' that the dependents on your return are actually your dependents and reside in your home. Please provide one of the following documents that includes the name and address of your dependents (their address must match your address):

- * Form 1095 (Health Insurance Tax Form)
- * Statement from Medical Provider (for example, name of dependent on a prescription order)
- * Statement from School or Daycare Provider
- * Social Security Administration document
- * Other document showing name and address of your dependent(s)

If you have questions, please contact our office. (909) 797-3140

Child Care Expense				
Provider's Name	Provider's Address	Provider's Phone Number	EIN/SSN	Amount Paid
_____	_____	_____	_____	_____

Have a small business or received a 1099?
 Visit www.prospecttax.com and click "[Business/Sole Prop \(Schedule C\)](#)" under the 'Client Resources' menu.

Do you have rental real estate?
 Visit www.prospecttax.com and click "[Rental \(Schedule E\)](#)" under the 'Client Resources' menu.