



920-469-1650

Tax Worksheet

Non-Farm Income

Tax Year 2024

E-Mail Address: _____

Wages and Pensions - attach W-2 forms and 1099-R forms

NAME: _____

Did you have any reportable gain on any cryptocurrencies? If so please provide information.

Did you make any energy efficient updates to your home? If so please provide information.

Did you receive a refund of health insurance premiums paid? Amount received \$ _____

Interest and Dividends (attach 1099 forms if available):

If you have included Form(s) 1099, you do not have to fill out this section.

Payer	Interest amount	Dividend amount
1 _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____
	Taxpayer	Spouse

Unemployment Compensation received (attach statements)

\$ _____ \$ _____

Social Security benefits received (attach statements)

\$ _____ \$ _____

If you have included Form(s) 1099, you do not have to fill out this section.

Education expense: \$ _____
(tuition paid in 2024) (attach 1098T)

Year in college (ie- 1st,2nd,3rd or 4th) _____

Books & Fees Expense \$ _____
Provide receipts Not included in Tuition Expense above

State college is located in _____

Name of student _____

Name of School _____

Rental Real Estate Property:

Rent income \$ _____ Property description: _____

Rental Expenses:

Advertising	\$ _____	Supplies	\$ _____
Insurance	\$ _____	Taxes	\$ _____
Legal and accounting fees	\$ _____	Utilities	\$ _____
Mortgage interest	\$ _____	Wages and Salaries	\$ _____
Other interest	\$ _____	Other	\$ _____
Repairs	\$ _____	Other	\$ _____

Total (we will fill in) _____

Itemized Deductions:

Prescription medicine and drugs	\$ _____	Home Mortgage Interest	\$ _____
Doctors, dentists, optical etc	\$ _____	Name & SSN if paid to Individual	_____
Hospitals and nursing homes			_____
Health insurance premiums	\$ _____	Charitable Contributions	\$ _____
(do not include if already included in employee benefits for spouse)		(Receipt or Bank Record Required)	
Long-term care premiums	\$ _____	Contributions (non-cash)	\$ _____
		(Must have verification that items were in good used condition or better)	\$ _____
Transportation miles - medical	_____	Miles driven for charity	_____
Medical Reimbursement	\$ _____	Personal Casualty Losses	\$ _____
State Income Tax paid for last year	\$ _____	Give details of loss	_____
Real Estate Tax on home	\$ _____		
Other personal Real Estate Tax	\$ _____		

	Taxpayer	Spouse
Deposits to IRA, Roth IRA, SIMPLE or SEP (Please Circle Type of Account)	\$ _____	\$ _____

House or Apartment rent paid	\$ _____	Did you pay the heat? _____
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Child Care Payments	\$ _____	Name of provider _____
Provider EIN or SS#	_____	Address _____

Private School Tuition paid

Student name	K to 8th grade Tuition paid	High School Tuition paid
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Loan interest expense:	\$ _____
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Estimated Tax Payments:

		<u>Federal</u>		<u>State</u>	
<u>Due Date</u>		<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>
Prior Year	01/15/24	_____	\$ _____	Prior Year	_____
1st Quarter	04/15/24	_____	\$ _____	1st Quarter	_____
2nd Quarter	06/15/24	_____	\$ _____	2nd Quarter	_____
3rd Quarter	09/15/24	_____	\$ _____	3rd Quarter	_____
4th Quarter	01/15/25	_____	\$ _____	4th Quarter	_____