

Tax Write-Offs & Deductions Worksheet

Primary Taxpayer Name: _____ Last 4 SSN: _____

New Tax Deductions

- ☐ No Tax on Tips Deduction (voluntarily paid by customers & reported) \$ _____
- ☐ No Tax on Overtime ("half" portion of time-and-a-half & reported on w2) \$ _____
- ☐ No Tax on Personal Car Loan Interest (Final assembly of car must have been in the U.S. & car must weigh less than 14,000 pounds: VIN # _____
Date Car Purchased _____ Qualified Interest Paid \$ _____

Medical & Dental Expenses

- ☐ Glasses \$ _____ ☐ Physicals \$ _____ ☐ Prescriptions \$ _____
- ☐ Co-Pay \$ _____ ☐ Braces \$ _____ ☐ Bandages \$ _____
- ☐ Fees \$ _____ ☐ Insulin \$ _____ ☐ Nurse Assist. \$ _____
- ☐ Equip. \$ _____ ☐ Premiums \$ _____ ☐ Guide Dog \$ _____
- ☐ Nursing Home \$ _____ ☐ Pregnancy Kits \$ _____ ☐ Vasectomy \$ _____
- ☐ Therapy \$ _____ ☐ Wig (help mental health if hair loss from disease) \$ _____
- ☐ Surgery (include cosmetic if improves a deformity, disfiguring disease, etc.) \$ _____
- ☐ Special Education tutor for a person with mental or physical disability \$ _____
- ☐ Weight-Loss program (for treatment for obesity, hypertension, etc.) \$ _____
- ☐ Trip to receive medical care (lodging: up to \$50/or \$100 each night) \$ _____
- ☐ Travel/Transportation to medical care (gas, oil, or standard milage rate) \$ _____

Interests, State & Local Income Taxes Paid

- ☐ Home Mortgage Interests \$ _____ ☐ Investment Interests \$ _____
- ☐ Real Estate/Property Taxes \$ _____ ☐ DMV License Tax \$ _____
- ☐ Sales Taxes Paid (Purchase of vehicle, boat, motorcycle, etc.) \$ _____
- ☐ Actual state & local taxes paid (food, clothing, medical supplies) \$ _____
- ☐ Prior Year State Income Taxes Paid in 2025 (Ex: 2024 state balance in 2025) \$ _____

Charity Donations

Specify description if Cash/Check/Non-Cash donation of clothing, furniture, car, etc.

Charity Name: _____ Description: _____ Amount/FMV \$ _____

Charity Name: _____ Description: _____ Amount/FMV \$ _____

Charity Name: _____ Description: _____ Amount/FMV \$ _____

Carryover Charity Contributions from Prior Year \$ _____

Casualty/Theft Losses

Date of Loss: _____ Description: _____

Value before loss: _____ Value after loss: _____ Insurance Reimbursement: \$ _____

Cause of the loss (Ex: Flood, Fire, Earthquake, etc.): _____

Moving Expenses

☐ Transportation & Storage of household goods (trailer, packing, insurance, etc.) \$ _____

☐ Travel (Including Lodging, hotel, airfare cost from old home to new home) \$ _____

☐ Vehicle expenses (gas, oil, parking fees, tolls, or standard mileage rate) \$ _____

of Miles from: old home to old workplace _____ Old home to new workplace _____

Will you be working full-time after your move? ☐ Yes ☐ No

Active-Duty Member of the Armed Forces with permanent change of station? ☐ Yes ☐ No

Home Energy Credit

Available for qualified expenses through December 31, 2025

☐ Windows/Skylights \$ _____ ☐ Exterior Doors \$ _____

☐ Hot water boiler \$ _____ ☐ Heat Pumps/Propane \$ _____

☐ Central Air Conditioner \$ _____ ☐ Solar Electric Property \$ _____

☐ Solar Water Heating \$ _____ ☐ Home Energy Audits \$ _____

☐ Installation/Air Sealing \$ _____ ☐ Battery Storage Tech \$ _____

☐ Improvements or Replacement of Panelboards, Branch circuits, Feeders \$ _____

Electric Vehicle Credit

This credit is available if you purchased a new or used electric vehicle before September 30, 2025.

Date of Purchase: _____ Year, Make, Model: _____

VIN _____ Cost \$ _____

Do you have a time-of-sale report from the dealer: ☐ Yes ☐ No

Is this a new or used vehicle? ☐ New Clean Vehicle ☐ Used Clean Vehicle

Education Credit

School expenses must be required for the course at an eligible institution. List expenses:

Tuition \$ _____ Books \$ _____ Equipment \$ _____
Fees \$ _____ Supplies \$ _____ Other \$ _____

Did you receive a form 1098-T? ☐ Yes ☐ No

Type of Institution: ☐ College ☐ University ☐ Vocational School ☐ Other _____

Adoption Credit

Did you adopt a child in 2025? ☐ Yes ☐ No Final Adoption Date: _____

Is this person considered a Special Needs person? ☐ Yes ☐ No

☐ Adoption Fees \$ _____ ☐ Attorney Fees \$ _____ ☐ Court Cost \$ _____

☐ Expenses paid before identifying an eligible child, such as home study fees \$ _____

☐ Travel expenses (including meals & lodging) \$ _____

☐ Other expenses related to legal adoption \$ _____

☐ Prior year Adoption Credit Carry-over \$ _____

Other Deductions/Credits

☐ Contributions to 401K-Plan \$ _____

☐ Contributions to Traditional IRA \$ _____

☐ Contributions to Health Savings Account (HSA) \$ _____

☐ Student Loan Interests \$ _____

☐ Prior year Tax Preparation Fees paid in 2025 \$ _____

☐ Unlawful Discrimination (Attorney Fees and Court Cost) \$ _____

☐ Nonbusiness Bad Debt: (Must be totally worthless) \$ _____

☐ Alimony Payments: Date Agreement Finalized: _____ \$ _____

☐ Refueling Property Credit (Electric Vehicle charger) Date of Purchase: _____ \$ _____

☐ Estimated Tax Payments 1st _____ 2nd _____ 3rd _____ 4th _____

☐ Have you or your spouse ever been in foster care from age 13 up? ☐ Yes ☐ No

☐ Renters Credit: Did you pay rent in CA for at least half the year? ☐ Yes ☐ No

Job-Related Tax Deductions

Unreimbursed Job Expenses:

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> License/Renewals | \$ _____ | <input type="checkbox"/> Business Gifts | \$ _____ |
| <input type="checkbox"/> Uniforms | \$ _____ | <input type="checkbox"/> Dry Cleaning | \$ _____ |
| <input type="checkbox"/> Union Dues | \$ _____ | <input type="checkbox"/> Supplies | \$ _____ |
| <input type="checkbox"/> Education/Training | \$ _____ | <input type="checkbox"/> Small Tools | \$ _____ |
| <input type="checkbox"/> Meals (Business Meetings with Clients, Staff, Vendors) | | \$ _____ | |

Travel Overnight Job-Related Unreimbursed Expenses:

- | | | | |
|---|----------|--------------------------------------|----------|
| <input type="checkbox"/> Hotel/Lodging Cost | \$ _____ | <input type="checkbox"/> Meals | \$ _____ |
| <input type="checkbox"/> Transportation/Uber | \$ _____ | <input type="checkbox"/> Tips, Other | \$ _____ |
| <input type="checkbox"/> Per Diem Rate (Based on area traveled to) How many days of travel: _____ | | | |

Car & Truck Expenses:

Business Use Percentage _____ Personal Use Percentage _____

Beginning Odometer Reading _____ Ending Odometer Reading _____

Date placed vehicle in service for this purpose: _____ Do you have another vehicle available for off-duty hours? ☐ Yes ☐ No Vehicle Purchase Price \$ _____

☐ Business Miles _____ ☐ Other Miles _____

☐ Gas \$ _____ ☐ Insurance \$ _____ ☐ Repairs \$ _____

☐ DMV Fees \$ _____ ☐ Tires \$ _____ ☐ Oil Change \$ _____

☐ Washing/Polishing ☐ Parking Fees and Tolls \$ _____

☐ Vehicle Purchase Price \$ _____

Home Office / Business Use of Home Expenses:

Square footage of home _____ Square footage of home office _____

☐ Rent/Mortgage Interest \$ _____ ☐ Utilities \$ _____ ☐ Insurance \$ _____

☐ Real Estate Property Tax \$ _____ ☐ Repairs \$ _____ ☐ Other _____

I certify under penalty of perjury that the information on this form is true and complete to the best of my knowledge; and I understand that I must keep records to prove I qualify for all deductions and credits.

Taxpayer Signature _____ Date _____ Spouse Signature _____ Date _____