

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 milage 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 \$ _____

<input type="checkbox"/> Business Miles	_____	<input type="checkbox"/> Other Miles	_____		
<input type="checkbox"/> Gas \$	_____	<input type="checkbox"/> Insurance \$	_____	<input type="checkbox"/> Repairs \$	_____
<input type="checkbox"/> DMV Fees \$	_____	<input type="checkbox"/> Tires \$	_____	<input type="checkbox"/> Oil Change \$	_____
<input type="checkbox"/> Washing/Polishing	_____	<input type="checkbox"/> Parking Fees and Tolls \$	_____		
<input type="checkbox"/> Vehicle Purchase Price \$ _____					

Home Office / Business Use of Home Expenses:

Square footage of home _____ Square footage of home office _____

<input type="checkbox"/> Rent/Mortgage Interest	\$ _____	<input type="checkbox"/> Utilities \$	_____	<input type="checkbox"/> Insurance \$	_____
<input type="checkbox"/> Real Estate Property Tax	\$ _____	<input type="checkbox"/> Repairs \$	_____	<input type="checkbox"/> 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 _____