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*Sheet to be taken to your tax accountant  
(2022 Tax Year)  
Tax Cuts and Jobs Act*

**Schedule A – *NON Business Related* Expenses**

**Total Medical: 7.5% - 2022**

\_\_\_\_\_ Prescriptions

\_\_\_\_\_ Physician prescribed supplements

\_\_\_\_\_ Health Insurance Premiums: Medical, Dental, Vision,  
Prescriptions, Contact Lens - NOT paid by employer NOT pre-  
tax deductions – need last **2022 pay stub**

\_\_\_\_\_ 1095-A Premiums: Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_

\_\_\_\_\_ Medicare Premiums: Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_

\_\_\_\_\_ Long term health care insurance premiums: Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_  
Dependent or child under 27 \_\_\_\_\_

\_\_\_\_\_ Self Employed Medical Ins. NOT deducted as adj to income

\_\_\_\_\_ Physicians, Chiropractors, massage therapists

\_\_\_\_\_ Dentist, Oral surgeon, Orthodontist

\_\_\_\_\_ Hospitals/Clinics/Therapeutic Centers/Nursing Homes/  
Assisted Living etc. (medical care)

\_\_\_\_\_ Lab and x-ray fees

\_\_\_\_\_ Qualified Long-Term Care

\_\_\_\_\_ Glasses \_\_\_\_\_

Contacts \_\_\_\_\_

\_\_\_\_\_ Medical equipment and supplies: Hearing aids, braces,  
crutches, wheel chairs, guide dogs, and maintenance  
costs.

\_\_\_\_\_ Total **Miles** for medical expenses (.18/.22) Split 1/1-6/30 and  
7/1 – 12/31

\_\_\_\_\_ Other medical transportation costs: parking, ambulance fees, etc.

\_\_\_\_\_ Medical lodging: up to \$50 per night per person

\_\_\_\_\_ Medical Savings Account (HSA) (Need 1099 SA)

**State and Local Taxes: (the greater of) \*\***

\_\_\_\_\_ Estimated taxes paid per quarter (dates needed) **Federal**

1<sup>st</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Estimated taxes paid per quarter (dates needed) **State**

1<sup>st</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Estimated taxes paid per quarter (dates needed) **School District**

1<sup>st</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

Estimated taxes paid per quarter (dates needed) **Municipal/RITA**

1<sup>st</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ General Sales Taxes paid on all 2020 purchases \*  
list all large purchases separately and designate:

\_\_\_\_\_ Car/Truck/Motorhome/Motorcycle, etc.  
(Includes Leased Vehicles)

\_\_\_\_\_ Appliances/Cruise/Vacation Package

**Real Estate Taxes: \*\***

\_\_\_\_\_ Residence: Limits apply to Office in the Home\*

\_\_\_\_\_ 2<sup>nd</sup> Residences, including Vacation Properties.\*

\_\_\_\_\_ Other Taxes: Personal Property – List Vehicles separately

**Interest You Paid: (\$10,000 or \$5,000 if MFS) Limit**

*1098 MA's and Form 1098 – should never exceed more than  
the homeowner actually paid for Mortgage Interest,  
Mortgage Insurance and Real Estate Taxes.*

\_\_\_\_\_ Home Mortgage Interest Reported to You on Form 1098  
\$1 Million or less debt limit.\* (Before December 16, 2017  
\$750,000 (375,000 MFS) limit\* (After December 15, 2017)  
(2<sup>nd</sup> Homes, trailers, or boats).

\_\_\_\_\_ Home Mortgage Interest **Not** Reported to You on Form  
1098

Show that person's name, identifying number, and  
Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (limit 20 characters)

(If two people or more receive the interest but only one  
received the 1098; then this is the area to report it.)\*

\_\_\_\_\_ Qualified Mortgage Insurance Premiums (PMI) January 1, 2008 and thereafter. (Reinstated 12/20/2019)

\_\_\_\_\_ Points not reported to you on Form 1098\*refinance – Settlement sheet required

\_\_\_\_\_ Investment Interest

### **Gifts to Charity:**

\_\_\_\_\_ Service Charitable Mileage (.14)

\_\_\_\_\_ Non-cash mileage (.14) -such as Goodwill, Salvation Army

\_\_(LIST) \_ Charitable Contributions by Cash or Check need a receipt if \$250.00 or more) **\*List separately on back** (Tickets to Colleges or universities for tickets or seats at athletic events are eliminated.)

\_\_\_\_\_ Disaster Relief Contributions

\_\_(LIST) \_ Charitable Contributions other than Cash **\*Contribution receipt required**

\_\_\_\_\_ Vehicle contribution need a 1098C from the donor organization

### **Other Miscellaneous Deductions:**

*For State Use Only: Employee Business Expenses subject to 2% limitation*

\_\_\_\_\_ Gambling Losses (to the extent of reported Winnings) (Limited to like-kind gambling)

### **Casualty and Theft Loss: Form 4684 Required**

*Personal theft losses no longer deductible unless....*

\_\_\_\_\_ Casualty losses in Federally Declared Areas only.

\_\_\_\_\_ Casualty & Theft Loss (water, hail, storm, theft...)

**Educator/Teacher Expenses: \*see additional handout**

\_\_\_\_\_ Classroom Supplies

\_\_\_\_\_ Educational Tools

*Educator: Kindergarten through grade 12 teachers, instructors, counselors, principals, or aides (900 hours a school year)*

**Child Care/Daycare Expense: (per Dependent) Caregiver**

Caregiver \_\_\_\_\_ EIN/SSN \_\_\_\_\_

Address \_\_\_\_\_

(List Separately)

**Also need to know if there is a Pre-Tax Deduction for Child Care Expenses**

\*\*\*Please Prorate wages if you moved during the year

Date moved \_\_\_\_\_

Moved to \_\_\_\_\_

(We need total income *at* the move if you moved).

***\*PLEASE SUPPLY THE FINAL PAYCHECK***