

*Sheet to be taken to your tax accountant  
(2024 Tax Year)*

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

**Total Medical: 7.5% - 2024**

\_\_\_\_\_ Prescriptions

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

\_\_\_\_\_ Health Insurance Premiums: Medical, Dental, Vision,  
Prescriptions, Contact Lens - **NOT** paid by employer **NOT** pre-  
tax deductions – need last **2024 pay stubs**

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

\_\_\_\_\_ Medicare Premiums: Taxpayer \_\_\_\_\_  
(From Social Security SSA-1099's) Spouse \_\_\_\_\_

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

\_\_\_\_\_ Self Employed Medical Ins. **NOT** deducted from W-2 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: Number of Days in Facility # \_\_\_\_\_

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

Contacts \_\_\_\_\_

\_\_\_\_\_ Medical equipment and supplies: Hearing aids, braces, crutches, wheel chairs, and personal use **guide/therapy animal expenses**.

\_\_\_\_\_ Total **Miles** for medical expenses (.21 for '24) and (.21 for '25)

\_\_\_\_\_ 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: \*\* Please note: Remember that the January payment is for the prior year's taxes.**

\_\_\_\_\_ 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 personal 2024 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.\*

\_\_\_\_\_ Rental Property Real Estate Taxes on **Business Plan**

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

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

\_\_\_\_\_ 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, Social Security 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.) \*1098  
Nominee is due by January 31, 2024***

\_\_\_\_\_ Qualified Mortgage Insurance Premiums (PMI) January  
1, 2008 and thereafter.

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

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

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## Gifts to Charity: 501 (c) 3

\_\_\_\_\_ 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**  
(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 and pictures preferred**

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

\_\_\_\_\_ QCD (Qualified Charitable Deductions)

### 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...)

### Tax Preparer Fees

\_\_\_\_\_ Returns

\_\_\_\_\_ 1099's, Payroll, Zoom (and Postage)/Seminar

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

\_\_\_\_\_ 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**

**Municipality and School District Taxes may be affected by your relocation(s).**

***\*PLEASE SUPPLY THE PAYSTUB***

***(at day of move and end of year).***

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

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

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

**IMPORTANT:** This form calculates a “temporary” tax provision. This credit will be calculated for eligible payees prior to the expiration date shown below. If the expiration date shows “Expired” – this information will not be used in any calculations or included in your return. Expired temporary provisions are sometimes renewed retroactively, so completing info for expired provisions will allow this return to automatically be updated if/when this provision is renewed.