

# **Sheet to be taken to your tax accountant (2025 Tax Year)**

*At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset?)*

\_\_\_\_\_ yes      \_\_\_\_\_no

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

**Total Medical:** (Federal) 7.5% - 2025 (can positively affect your Ohio Tax)

\_\_\_\_\_Prescriptions

\_\_\_\_\_Physician prescribed supplements

\_\_\_\_\_Health Insurance Premiums: Medical, Dental, Vision,  
Prescriptions, Contact Lens – **Mandatory Last 2025 pay stub**

\_\_\_\_\_1095-A Forms: needed for Taxpayer & Spouse

\_\_\_\_\_Medicare Premiums: Must supply Social Security SSA-1099's or  
personally paid by: Taxpayer \_\_\_\_\_ 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)

\_\_\_\_\_ Qualified Long-Term Care: Number of Days in Facility #

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

\_\_\_\_\_ Glasses \_\_\_\_\_, Contacts \_\_\_\_\_

\_\_\_\_\_ Medical equipment and supplies: Hearing aids, braces,  
crutches, wheel chairs.

\_\_\_\_\_ Personal use guide/therapy animal expenses.

\_\_\_\_\_ Total **Miles** for medical exp. (.21 for '25) and (.20.5 for '26)

\_\_\_\_\_ Medical: \_\_\_\_\_ Parking, \_\_\_\_\_ Ambulance fees,

\_\_\_\_\_ Medical lodging \_\_\_\_\_ Number of nights

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

**Estimated Tax Payment:** \_\_\_\_\_ April 2025, \_\_\_\_\_ June 2025,  
\_\_\_\_\_ Sept. 2025, \_\_\_\_\_ Jan. 2026

**Federal tax payments** per quarter (dates needed)

1<sup>st</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_  
3<sup>rd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

**State tax payments** per quarter (dates needed)

1<sup>st</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_  
3<sup>rd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

**School District tax payments** per quarter (dates needed)

1<sup>st</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_  
3<sup>rd</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_ Date \_\_\_\_\_

**RITA tax payments** per quarter (dates needed)

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 2025 purchases\*

List all **large** purchases separately and designate:

\_\_\_\_\_ Car, \_\_\_\_\_ Truck, \_\_\_\_\_ Motorhome

\_\_\_\_\_ Motorcycle, etc. (Includes Leased Vehicles)

\_\_\_\_\_ Appliances, \_\_\_\_\_ Cruise, \_\_\_\_\_ Vacation Package

**Real Estate Taxes:**

\_\_\_\_\_ Residence:

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

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

**Interest You Paid:**

\_\_\_\_\_ Home Mortgage Interest (**You must provide**) Form 1098

\_\_\_\_\_ Qualified Mortgage Insurance Premiums (PMI) 2026 and thereafter.

\_\_\_\_\_ Points not reported to you on Form 1098\*refinance – Need the Actual Form

\_\_\_\_\_ 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)

\_\_\_\_\_ Vehicle Interest – 2 wheels + under 14000 lbs.

\_\_\_\_\_ Vin #, \_\_\_\_\_ Date of purchase

## **Gifts to Charity: 501 (c) 3**

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

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

\_\_(LIST) \_ Charitable Contributions by Cash or Check need a receipt if \$250.00 or more) **\*List separately**

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

\_\_(LIST) \_ Charitable Donations other than Cash  
**\*Donation with receipt (pricing list) and pictures preferred**

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

\_\_\_\_\_ QDC (Qualified Charitable Deductions) – 1099-R Required

## **Other Miscellaneous Deductions:**

\_\_\_\_\_ Gambling Losses (to the extent of reported Winnings)  
(Limited to like-kind gambling)- 1099-G Required

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

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

\_\_\_\_\_ Casualty losses in Federal or State Declared Areas only

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

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

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

\_\_\_\_\_ Educational Tools and Home School – certified curriculum

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

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

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

Address \_\_\_\_\_

(List Separately) \_\_\_\_\_ Amount paid to each

**Pre-Tax Deduction for Child Care Expenses listed on final paystub.**

**Final Paystub required for overtime deduction**

**Residency Changes**

**Municipality and School District Taxes may be affected.**

***\*PROVIDE THE PAYSTUB (day of move and end of year).***

Date 1/1/25 Address: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Moved to Address: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Moved to Address: \_\_\_\_\_

\_\_\_\_\_

(We need total income ***at*** the date of move verified by a paystub.)

“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.