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2025 MEDICAL PROFESSIONAL TAX DEDUCTION CHECKLIST

IF THIS CHECKLIST IS BEING USED FOR YOUR EMPLOYEE BUSINESS EXPENSES ONLY – AND SPOUSE CHECKLIST CONTAINS OTHER TAX INFORMATION (CHARITY, INTEREST, TAXES, ETC.)-DO NOT DUPLICATE, JUST CHECK HERE ☐

_____
NAME(S)

_____
AGENCY/AGENCIES

OK TO COMBINE SPOUSE/RDP EXPENSE

Professional Memberships

CALIFORNIA ONLY

Prof. ~~Associations~~ _____

Board Dues _____

Equipment

Otoscope _____

Stethoscope _____

Online Reference Services _____

Briefcase/Satchel _____

Books and Publications _____

Other Tools & Equipment _____

Ear/Eye Protection _____

Flashlight/Charger _____

Radio Earpiece _____

Uniform Expenses _____

Voice Recorder _____

Unreimbursed Business Miles (Annual)

Temporary work locations (including driving between work locations)

_____miles

Job seeking _____miles

Job related Education _____miles

Cellular Phone Use

Total Monthly Bill (employee portion only) $_____

Percentage of Business Use _____%

Job Related Education[1] (CA ONLY)

Tuition paid _____

Books & Supplies _____

If a degree program, describe course of study

[1] Job related education means the instruction maintains or improves required skills of your present job, and does not qualify you for a new license or certificate. For example, even if you are an LVN, an RN program does not qualify because it is a new license. An MSN program does qualify as a deduction if you are currently an RN.

Charitable Contributions of Money

(By law, you must have either a cancelled check, a credit card receipt or a letter from the charity showing the date of each donation and the amount in order to deduct money-cash donations cannot be deducted)

$_____
TOTAL MONEY CONTRIBUTIONS

Charitable Contribution of Property

Contributions under $250 require a receipt from the charity or records containing the date and type of the donation. For donations of a fair market value over $250 you must have a receipt. All donations should be photographed and a list of donated items must be retained with the source of the valuation of the property- DO NOT JUST "GUESS" A VALUE – if your value is not supported it will not be allowed by the IRS

Charity	*Fair Market Value*

NEW DEPENDENT INFORMATION

New dependent(s) for this year? Yes ☐ No ☐

#1

SSN ___ __ __-__ __-__ __ __ __

*NAME*_____

*DOB*_____

RELATIONSHIP _____

#2

SSN ___ __ __-__ __-__ __ __ __

*NAME*_____

*DOB*_____

RELATIONSHIP _____

CHILD CARE INFORMATION

NO CHILD CARE EXPENSE ☐

Participate in Dependent Care Benefits (pre-tax through payroll)? Yes ☐ No ☐

Provider # 1 Name_____

If provider # 1 is new

Tax ID _____

Address _____

City _____*Zip*_____

Telephone _____

Individuals who are no longer dependents this year

_____

_____

Amount paid to provider #1 _____

Amount paid per child to provider #1

Name *Amount*

_____$_____

_____$_____

_____$_____

Provider #2 Name

_____

If provider # 2 is new

Tax ID _____

Address _____

City _____*Zip*_____

Telephone _____

Amount paid to provider #2 _____

Amount paid per child to provider #2

Name *Amount*

_____$_____

_____$_____

_____$_____

FOREIGN BANK ACCOUNT

No foreign bank accounts ☐ *or Name of country or countries where foreign account are held:*

_____

IF YOUR BANK ACCOUNT FOR DIRECT DEPOSIT OF ANY REFUND HAS CHANGED SINCE LAST YEAR – CHECK HERE ☐ *AND LEAVE ACCOUNT INFO IN THE COMMENTS SECTION*

Total Medical Expenses Paid

(**only** amounts exceeding 10% of adjusted gross income are deductible-7.5% for California-do not include pre-tax insurance premiums deducted from wages)

$_____

Total Property Taxes Paid (do not include rentals)

$_____

Total of All Deductible DMV Fees (Only the Vehicle License Fee)

_____

ALIMONY PAID

$_____

_____

DATE OF ALIMONY ORDER

Total Student Loan Interest Paid

*$*_____

Tuition paid out of pocket for non-job related education (college level)

Note: children must be claimed as dependents to be eligible for the credit

Note: be sure to include the amount actually paid and not the amount billed.

Please use the following codes to indicate the level of school involved:

U-student does not have a bachelors degree-and is a full time student
G-Graduate Student
P-Part time student (less than half time)

ATTACH FORMS 1098-T

Family Member Amount Level

Mortgage Interest Paid on your 1st and 2nd residence- may be houses/timeshares/boats/ RVs (do not include rentals)

Lender	*Amt.*	*HELOC?*
		☐
		☐
		☐
		☐

HELOC=Home Equity Loan

NEW CLIENTS ONLY

Last years tax preparation costs

*$*_____

State tax refunds from prior years received in this year

*$*_____

*State tax paid for prior years in this year $*_____

_____

$_____

Mortgage Insurance Premiums

ADDITIONAL EXPENSES AND DEDUCTIONS NOT LISTED ABOVE
Before completing this section please see below for items which are not deductible

ITEM	COST

COMMENTS AND FURTHER INFO