

Taxpayer Name _____

2023 Personal Credits & Itemized Deduction Worksheet

1) Homeowner Information: Primary Home

***Provide copy of HUD Settlement Statement**

Original Purchase Date: _____ Purchase Price: _____ ^a

What is the Loan Balance Now (payoff of Mortgage)? \$ _____ ^b

Did you make a down payment originally? Amount: \$ _____ ^c

Have you **ever** done a refinance or loan modification? Yes No

***Provide copy of HUD Settlement Statement from any Refinance(s)**

Did you use any of that money for improvements? Yes No

_____ Total of improvements: \$ _____ ^d

***Save improvement invoices & receipts with long -term home records**

Did you make any improvements to the home in 2023? Yes No

_____ Total of 2023 improvements: \$ _____

2) Home Tax Documents

Primary Home - Primary Mortgage

1098 Mortgage Interest: _____

\$ _____ Mortgage Interest

\$ _____ Mortgage Insurance

\$ _____ Real Estate Taxes

Primary Home - Loan Refi or Loan Sale

1098 Mortgage Interest: _____

\$ _____ Mortgage Interest

\$ _____ Mortgage Insurance

\$ _____ Real Estate Taxes

Home Equity Line

1098 Mortgage Interest: _____

\$ _____ Mortgage Interest

3) Energy Efficiency Credits (including Solar)

What energy efficient property did you purchase? _____

Purchase Price: \$ _____ (eqmt & labor) _____

Did you receive any rebates, discounts, promotions or incentives?

When was the equipment installed and operational? _____

Are you leasing equipment or in an arrangement with power company?

***Provide copy of Financing Agreement and Purchase Paperwork**

5) Taxes Paid

\$ _____ DMV Registration

\$ _____ Property Taxes

\$ _____ Other Taxes

\$ _____ Sales Taxes on New Motor Vehicle

4) Clean Vehicle Credit

What is the make, model, and year of the vehicle that you purchased?

Was the vehicle primarily used inside of the US? Yes No

Did you acquire this vehicle for personal use? Yes No

Is the vehicle a new vehicle? Yes No

Purchase Price: \$ _____

***Provide a copy of the Form 15400 Clean Vehicle Seller Report provided to you by the dealer**

6) Medical and Dental Expenses

_____ Miles Traveled for Medical

\$ _____ Doctors and Dentists

\$ _____ Hospitals and Labs

\$ _____ Medical Supplies and Eyeglasses

\$ _____ Prescription

\$ _____ Health Insurance Premiums (out of pocket)

\$ _____ Long term Care

\$ _____ Expenses to Stop Smoking

7) Gambling Winnings

\$ _____ Total Winnings (including W2G's received)

\$ _____ Total Losses for Year Gambling Wksht Attached

Locations Gambled	W2-G Winnings	Total Gain/Loss on the YE Gambling Statement

8) Child and Dependent Care

Child Care Provider Name: _____

Address: _____

Social Security Number/EIN: _____

Childcare Amount Spent: \$ _____

Child Care Provider Name: _____

Address: _____

Social Security Number/EIN: _____

Childcare Amount Spent: \$ _____

Do you pay a housekeeper? Yes No \$ _____

***Provide Copy of Statement from Childcare Provider**