JOHNSON & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

2024 INCOME TAX WORKSHEET

239 WEST 400 NORTH
LINDON, UT 84042
(801) 785-3161 FAX (801) 785-5173

CLIENT INFORMATION

	Taxpayer	Spouse	Contact Information
Last Name			Home Phone #_____
First Name			Work Phone #_____
Cell Phone #			Email Address_____

Add/Remove DEPENDENTS ***BIRTH DATE & SOC. SEC. # REQUIRED***

Add	Del	Name of Dependent	Birth date	Soc. Sec. #	Relationship	Months

ESTIMATED TAX PAYMENTS:	1ST:	2ND:	3RD:	4TH:

INCOME

INTEREST INCOME - PLEASE BRING 1099s

Received from	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____

DIVIDEND INCOME - PLEASE BRING 1099s $_____

ALIMONY RECEIVED(Pre 2019 decree) $_____

STATE TAX REFUND $_____

ITEMIZED DEDUCTIONS

MEDICAL EXP. (Not paid via HSA, FSA or Pretax)

Medicine & Drugs-Prescription Only $_____
Doctors, Dentists & Nurses $_____
Hospitals & Nursing Homes $_____
Medical Insurance Premiums Paid (**Not Pre-Tax**) $_____
Medicare Premiums from Social Security $_____
Long Term Care Premiums Paid (Taxpayer) $_____
Long Term Care Premiums Paid (Spouse) $_____
Medical Travel in Miles $_____
Other Medical Expense Itemized:
_____ $_____
HSA Distribution $_____ all med Direct Cont. $_____

TAXES

State Income Taxes ***Paid*** in 2024 for prior year $_____
Estimated State income tax paid in 2024 (NOT W2) $_____
Sales Taxes on Vehicles, Boats & Other Items $_____
Real Estate Tax on Personal Residence $_____
Real Estate Tax on Investment Property $_____

INTEREST EXPENSE

Home Mortgage Interest on Form 1098:
_____ $_____
_____ $_____
_____ $_____

CHARITABLE CONTRIBUTIONS

(Must have signed receipt for amounts **over $250**.)
Cash Contributions:
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
Out-of-Pocket Volunteer Expenses: $_____
Non-Cash Contributions:
_____ $_____
_____ $_____
Charitable Travel Miles _____

OTHER DEDUCTIONS

Alimony (Pre 2019 decree) Paid to: _____ Social Security #_____ $_____
Payments to an IRA: Taxpayer $_____ Regular / Roth Spouse $_____ Regular / Roth
Qualifying Student Loan Interest $_____ Qualified Educator Expense $_____

CREDITS

CHILD AND DEPENDENT CARE CREDIT (to allow both parents or head of household to work)

Name of Provider	Address (#, Street, City, State, Zip)	Soc. Sec. #	Amount	Child Cared For
_____	_____	_____	$_____	_____
_____	_____	_____	$_____	_____

AMERICAN OPORTUNITY AND LIFETIME LEARNING CREDIT / TUITION DEDUCTION (FORM 1098-T REQUIRED)

Student Name	A.O. or Lifetime Credit	Tuition and Fees	Books	Scholarships/Grants/GI Bill
_____	A.O. Credit Lifetime	$ _____	$_____	$_____
_____	A.O. Credit Lifetime	$ _____	$_____	$_____