

Jill A. Crim, EA

"The Tax Lady"

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TAX ORGANIZER 2024 --

BASIC INFORMATION

Taxpayer Information:

Please provide copy of Driver's License.

Name: _____ DOB: _____ SSN: _____

Spouse: _____ DOB: _____ SSN: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Cellphone: _____ E-Mail: _____

Direct Deposit: Bank Routing Number: _____ Account No.: _____

Dependent Children:

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Income

Wages & Salaries – Please provide W-2.

Interest Income – Please provide 1099-INT.

Dividend Income – Please provide 1099-DIV.

IRA & Pension Distributions – Please provide 1099-R.

Social Security Income – Please provide Form SSA-1099.

Capital Gains – Please provide 1099-B, No. of Shares Sold, Date Sold, Income, Date Purchased & Cost.

Unemployment Compensation – Please provide 1099-G.

Health Insurance – Please provide 1095 A, B or C.

Health Savings Account – Please provide 1099-SA and 5498-SA.

Expenses

Must have 1099-T in order to claim Education Credits. Helpful to have bursar's transcript of charges.

Tuition and fees (1099-T) \$ _____ College Supplies \$ _____

Student Loan Interest \$ _____ College Choice 529 \$ _____

Teacher Expenses \$ _____ 529 Account No. _____

Traditional and Roth IRA Contributions – Please provide amount paid or Form 5498.

Estimated Tax Payments – Please provide dates & amounts of payments (April '24 through Jan. '23).

Child and Dependent Care Payments:

Amount paid per child \$ _____ (bring name, address, and tax ID

Amount paid per child \$ _____ number of provider(s))

ITEMIZED DEDUCTIONS

Medical and Dental Expenses:

Prescription medicine and insulin \$ _____
Doctors, dentists, nurses, hospitals _____
Insurance premiums (medical, dental, optical, not Medicare) _____
Long-term care ins. premiums (separate filer/spouse amounts) _____
Medical Mileage (number of miles) _____
Other (e.g. hearing aids, dentures, eye glasses) _____

Taxes:

State and local income taxes or actual sales tax paid in 2024 \$ _____
Real estate taxes for personal residence _____
Excise tax on personal vehicles _____
Other taxes _____

Interest:

Home mortgage interest to financial institution (Bring 1098) \$ _____
Second Mortgage (bring 1098) _____
Home mortgage interest you paid to individuals
(provide name, address and social security number) _____

Charitable Contributions: (must have proof of payment if over \$250)

Cash Contributions (Church, Scuffy, Red Cross, etc.)
Name of donee _____ \$ _____
Name of donee _____
Other than cash contributions _____
Mileage - charitable organization (number of miles) _____

Miscellaneous:

Casualty and theft losses \$ _____
Gambling Losses (up to gambling winnings) \$ _____

STATE OF INDIANA RENTER'S DEDUCTION:

Rental Address _____
Landlord's name & address _____
Number of months rented _____ Amount of rent paid \$ _____