

Remember in order to itemize your sch A deductions need to exceed your standard deduction.

1. MEDICAL BILLS YOU PAID

Prescription \$ _____
 Ambulance \$ _____
 Dentist \$ _____
 Eyeglasses \$ _____
 Hearing Aids \$ _____
 Hospital \$ _____
 Laboratory Fees \$ _____
 X-Rays \$ _____
 Long Term Care Ins. \$ _____
 Orthopedic Shoes-Braces \$ _____
 Therapy \$ _____
 Hospitalization Insurance \$ _____
 Dr. _____ \$ _____
 Dr. _____ \$ _____
 Dr. _____ \$ _____
 Dr. _____ \$ _____

Total Miles to and from Doctors and For Medicine _____

Did you receive payment for any of the above from your insurance? Amount \$ _____

2. TAXES YOU PAID

Real Estate Taxes \$ _____
 Personal Property Taxes \$ _____
 State/City Income \$ _____

3. INTEREST YOU PAID

Home Mortgage Interest \$ _____
 2nd Mortgage Interest \$ _____
 Mortgage Ins Premium \$ _____
 Vacation Home Interest \$ _____
 Student Loan Interest \$ _____
 Investment Interest \$ _____

4. CONTRIBUTIONS YOU MADE

_____ Church \$ _____
 _____ Church \$ _____
 American Cancer Society \$ _____
 Boys & Girls Scouts \$ _____
 Multiple Sclerosis \$ _____
 Muscular Dystrophy \$ _____
 Salvation Army \$ _____
 United Fund \$ _____
 Veterans Organization \$ _____

Acknowledgment from Charity If Greater than \$250.00 (Receipts needed for all Contributions) _____ \$ _____

Do you use your car in any Charitable Work? _____ \$ _____

5. BABY SITTING/CHILD CARE

(a) _____ Name of Babysitter/Child Care Provider
 _____ Address
 (c) _____ Social Security or Employer's ID No.
 (d) Amount Paid \$ _____

(a) _____ College Tuition (Need 1098T)
 _____ Name of School
 _____ Year of Attendance

QUESTIONS YOU WANT TO ASK...

Please let me know if you sold, purchased, hold, or used any crypto currency (i.e. bitcoin).

Yes _____
 No _____

2022 Standard

Mileage Rate **65.5¢** cents per mile
 Charitable Rate **14¢**
 Medical Rate **22¢**

Please provide mileage in before & after totals.

Did you pay any Estimated Income Tax?

| Federal | State | Date |
|---------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

KAREN K. CROWL, LLC
 TAX SERVICE

PHONE (816) 836-1040

FAX (816) 252-7430

19401 E. 40 Hwy, suite 153

INDEPENDENCE, MO 64055

karencrowltaxoffice.com

kkpcrowl@gmail.com