



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 \_\_\_\_\_

**2024 Standard**

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

**Did you pay any Estimated Income Tax?**

	Federal	State	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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