Karen K. Crowl, LLC

Tax Service

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INCOME TAX GUIDE
2025 TAX YEAR

PLEASE REMEMBER TO BRING OR MAIL US YOUR W-2'S, 1099'S, DRIVERS LICENSE COPY, AND ANY OTHER TAX REPORTING DOCUMENTS ALONG WITH THIS TAX GUIDE. TO EMAIL ME DOCUMENTS, PLEASE USE MY SECURE SITE KCROWLLLC.SECUREFILEPRO.COM AS A GUEST OR YOUR PORTAL IF ALREADY ESTABLISHED.

Hours We Can Call You _____ **Your Phone Number**_____

Email: _____

FAMILY INFORMATION:

Name _____

Address _____

_____

_____

Social Security No. _____

Occupation _____

Spouse's Name _____

Social Security No. _____

Occupation _____

Date of Birth Yours _____ Spouse _____

Dependents Full Name	Date of Birth	Social Security No.	Relationship	No. of Months in Home

INCOME:

WAGE'S Enclose W-2's $_____

DIVIDENDS $_____

Enclose 1099's Received.

INTEREST $_____

Enclose 1099's Received.

State Refunds $_____

Alimony $_____

Capital Gain/Loss From Sell of Stock/Bonds $_____

(Need Purchase & Sale Information Dates & Amount and Cost Basis)

*Rent or Royalties (Sch. E) $_____

(Will need Expenses)

Unemployment Compensation $_____

IRA/Pension Distributions $_____

Enclose 1099's Received.

*Farm Income $_____

(We will need a full list of income & expenses)

Social Security Benefits $_____

(Social Security can be TAXABLE)

Enclose SSA-1099

Other Income (Gambling Winnings, etc.) $_____

*If we did not prepare last year's return we would appreciate a copy of last year's return and depreciation schedule.

Remember in order to itemize your sch A deductions need to exceed your standard deduction. (SALT has been increated to $40,000)

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

(b) _____
Address

_____

(c) _____
Social Security or Employer's ID No.

(d) Amount Paid $_____

_____

(a) _____
College Tuition (Need 1098T)

_____
Name of School

_____
Year of Attendance

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

Yes _____

No _____

Did you buy a car assembled in the US?
Will need interest paid on car note

2024 Standard

Mileage Rate . . . . . **70¢**
cents per mile

Charitable Rate . . . . . **14¢**

Medical Rate . . . . . **21¢**

Did you pay any Estimated Income Tax?

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

The IRS will no longer be issuing refunds by check.
I will need direct deposit information.

Bank Name _____

RTG No. _____

Acct No. _____

Is this a

Checkings _____

Savings _____

QUESTIONS YOU WANT TO ASK…

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