

**Jill A. Crim, EA**

*"The Tax Lady"*

**3705 N 775 E**

**Manilla, IN 46150**

**(765) 544-2373; Fax (765) 544-2574 [jill@jillcrim.com](mailto:jill@jillcrim.com); [www.jillcrim.com](http://www.jillcrim.com)**

**TAX ORGANIZER 2025 --**

**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. Must have last paystub for overtime deduction.**

**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 '25 through Jan. '26).**

**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 2025 \$ \_\_\_\_\_  
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 \$ \_\_\_\_\_