

**2024**

Taxpayer: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ Occupation \_\_\_\_\_

Current Address: \_\_\_\_\_

Filing Status Married: \_\_\_\_\_ Head of Household: \_\_\_\_\_ Single: \_\_\_\_\_ Email Address: \_\_\_\_\_

County of Residency Jan 1<sup>st</sup>, 2024: \_\_\_\_\_ Tele: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

School District (Ohio) Jan 1<sup>st</sup>, 2024 \_\_\_\_\_

Children and Other Dependents (if not sure if you can claim do not hesitate to ask)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Mo In Home \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Dependent Income \_\_\_\_\_ How many yrs in college \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Interest Income – Earned</u>		<u>Dividend Income</u>		<u>Other Income</u>	
<u>From Whom</u>	<u>Amounts</u>	<u>From Whom</u>	<u>Amounts</u>	<u>From Whom</u>	<u>Amounts</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

To assist us in claiming all deductions and credits due you and in reporting all income items:

Please check the following questions if they apply to you and bring the supporting data.

- |   |                       |  |
|---|-----------------------|--|
| <b><u>Income Type</u></b>                             | <b><u>Amounts</u></b> | <b><u>Credits, Deductions &amp; Info Con't</u></b>                               |
| ___ Tax Exempt Interest (Municipal)...                | _____                 | ___ List Num. of Dep. In College: ___ Bring Form 1098-T and <u>tuition stmts</u> |
| ___ Social Security Benefits (Yours)...               | _____                 | ___ Tuition Paid or Financed: _____ Amount                                       |
| ___ Social Security Benefits (Spouse)...              | _____                 | ___ Are you legally blind? (H) ___ (W) ___                                       |
| ___ Number of W-2s Self _____ Spouse _____            |                       | ___ Sell Home-Bring Closing Statement for taxes paid                             |
| ___ Baby sitting income .....                         | _____                 | ___ Pay over \$2,200 to household / in-home service                              |
| ___ Unemployment Compensation...                      | _____                 | ___ Pay / Receive Alimony / Periodic Payments                                    |
| ___ Sell Stocks –Need Cost and Statements _____       |                       | ___ Own any worthless stock? _____   |
| ___ Rentals – List Income / Include Expenses _____    |                       | ___ Buy goods or Magazines out of state\$ _____                                  |
| ___ Gambling Winnings / Prizes / Bring W2-G _____     |                       | ___ Travel over 100 miles for Reserve Training                                   |
| ___ Partnership / Sub S – Bring K-1..... _____        |                       | ___ Start a new Business? Call us for details!                                   |
| ___ Estate / Trust ---Bring K-1..... _____            |                       | ___ If a new client – Please bring last year’s return                            |
| ___ Withdrawal from IRA-TRA/ROTH (Circle) _____       |                       | ___ Did you barter in 2024 or belong to barter group?                            |
| ___ Pay \$600 for rent or service in bus./ farm _____ |                       | ___ Buy special license plate (note if an IN College)                            |
| ___ Jury Duty / Odd Jobs..... _____                   |                       | ___ Schedule C filers list 12/31 Inventory                                       |
| ___ Online sales ..... 1099K _____                    |                       | ___ Rec. any notices from IRS /State <b><u>ALWAYS CALL US!</u></b>               |

**Credits, Deductions & Information**

- |  |   |
|--|---|
| ___ Teachers / Aides class supplies..... _____         | ___ Please bring blank VOIDED check for E-File if new |
| ___ Pay rent (please see list on other side info)      | ___ List 12/31/2024 IRA Balance if over 73            |
| ___ 2024 IRA TRAD/ROTH (Circle) Contr (H) _____        | IRA Balance (H) _____ (W) _____                       |
| ___ 2024 IRA TRAD/ROTH (Circle) Contr (W) _____        | ___ List Incentive Stock Options (ISO) issued in 2024 |
| ___ Pay Child Care (please list on reverse side) _____ | ___ Sales tax paid on Cars/Trucks/Boats               |
| ___ Adoption Expenses .....                            | ___ Moving Expenses for Armed Forces                  |
| ___ Pay Long Term Care Ins. that qualifies for         | ___ Any demutualized insurance Co Stock sold / held   |
| Indiana Partnership credit                             |   |
| ___ HSA Contributions: Amount Paid After Tax _____     | ___ 529 Contributions by 12/31/2024 (bring statement) |

**Questions or Concerns:**

\_\_\_\_\_  
\_\_\_\_\_

**Hartley Tax & Accounting, LLC**  
6066 East State Blvd  
Fort Wayne, IN 46815

**Telephone 260.749.0444**  
Secure Client Portal link online@  
hartleytaxaccounting.securefilepro.com

**Fax 260.749.4002**  
Tax checklists also online @  
hartleytaxaccounting.com

2024

Itemized Deductions and Credits

Medical and Dental Expenses (must exceed 7.5% of AGI) Amt

Medical Insurance Premium .....
Long Term Care Insurance Premium .....
Indiana Partnership Long Term Care Insurance.....
College and School Insurance Premium.....
Medicare Insurance Premium.....
Medicare Drug Coverage Insurance.....
Contact Lens/Vision Insurance .....
Prescription Drugs / Insulin.....
Eyeglasses and Repairs.....
Hearing Aids and batteries.....
Hospitals.....
Nursing Home Expenses.....

Lab and X-Ray Fees.....
Doctors / Dentists.....
Parking Fees and Lodging Expenses for Medical.....
Miles Driven for Medical Purposes ..... miles

Taxes

Real Estate – Home .....
Condo or Lake Property Taxes.....
Personal Property and Boat Excise.....
Vehicle Excise Tax Veh 1 Veh 2 Veh 3 Veh 4
Excise Tax

Estimated State and Federal taxes you Paid by Check

Due Date 04/24 06/24 09/24 01/25
Federal
State

\*Would you like 2025 vouchers and envelopes?

Yes No

Interest Paid to Others

Home Mortgage – (if paid to an individual List Name,
Address, and Social Security Number)

Mortgage Insurance Premium.....
Home Equity / 2nd Mortgage.....
Time Share / Lake Property.....
Investment Interest.....
Vehicle Interest / Schedule C Filers Only
Credit Card Interest / Schedule C Filers Only
Student Loan Interest (bring statements)
Points Paid On Home Refinance or Purchase

Credits and Other Deductibles

Day Care Business – List on Separate Sheet Please

Daycare Information (for Children through age 12)

(This Includes Sitter, Preschool and Maid Services)

Name Address Social Security Number or EIN (Required) Amount Paid

Contributions – Gift to Charity Amount

Church (must have acknowledgement) .....
College – (list University).....
Special License Plate (Note if IN College)..
Foreign Exchange Student \_\_\_X \$50 mo..
Other Charitable Contributions.....
Miles driven for charity ..... miles
In Kind (household goods given to charity (if \$500 or more
must have acknowledgement from Charity and detailed list
of items in order to take)\_\_\_\_\_

FOR ALL MILEAGE DEDUCTIONS record ODOMETER READINGS AND
PURPOSE –

Business mileage rate is \$.67 Per Mile

Other Potential Items:

Bad Debt or Worthless Stock.....
Gambling Losses if Reporting Wins.....
Teaching Supplies (K-12).....

Home Residential Energy Credit Items that meet standards:

Windows, Doors, HVAC, Hot water heaters and Boilers.
Solar, Geothermal and Wind.

BRING RECEIPTS OF PURCHASE

Websites for making Estimated Payments online:

Federal - https://www.irs.gov/payments

Indiana- https://intime.dor.in.gov/eServices/\_/#1

Other states available upon request

If claiming a child that did not live with you, you must have
a signed Form 8332.

American Opportunity and Lifetime Learning

Credit Tuition Paid or Financed.....

Renters Deduction-Landlord Name, Address, Rent
(\$3000 Maximum allowed in Indiana)

Standard Deduction: Single \$14,600 - HOH \$21,900 - Joint \$29,200 - Additional if over 65/or Blind \$3,100(M), \$1,950(S)

Please see other side