

McCoy Tax & Accounting, LLC

155 Diplomat Drive

Columbia City, Indiana 46725

(260) 244-6132

chad@mccoytaxaccounting.com

jody@mccoytaxaccounting.com

Please note:

- If we have not received all necessary information from you by April 1st, we cannot guarantee your tax return will be completed and filed by the IRS filing deadline. If necessary, we will file an extension on your behalf. Be aware that this is an extension of time to file, not a payment extension. Any tax balance due would need to be paid with the extension in order to avoid potential late payment penalties. We assume no liability for late filing or late payment penalties that are beyond our control.

INDIVIDUAL INCOME TAX INFORMATION FOR 2024

TAXPAYER

Name _____ Soc. Sec. No. _____ Birth Date _____

SPOUSE

Name _____ Soc. Sec. No. _____ Birth Date _____

Address _____ Phone #1 _____

Occupation: Taxpayer _____ Spouse _____ Phone #2 _____

County of Residence on Jan. 1, 2024 _____ Email (print clearly) _____

DEPENDENTS *

Name (First, Middle Initial, Last)	College Student	Birth Date	Soc. Sec. No.	Relationship	Months in your home in 2024

*Please be sure that this is "your year" to claim a dependent whose exemption alternates between different taxpayers.

*IRS Form 8332, signed by the custodial parent, is required in order for a non-custodial parent to claim a child as a dependent.

SOURCES OF INCOME

Salaries & Wages (attach W-2s)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Interest & Dividends (attach 1099s)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Other Income (attach forms)

(Social Security, Pension, Unemployment, Gambling, Canceled Debt)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

For Schedule C Self Employment income,

**Schedule E Rental income, and
 Schedule F Farm income, please include
 necessary records of income and expenses.**

(Organizers specific to these activities are available online as a printable pdf at www.mccoytax.com)

- Please let us know if some or all of a Required Minimum Distribution (RMD) amount is a Qualified Charitable Distribution (QCD)

Capital Gain/Loss from sale of stocks or other assets

Please attach Form 1099-B, brokerage statements, and any other relevant documents showing sale price and basis information. We MUST have basis information to accurately calculate reportable gain or loss.

ADJUSTMENTS TO INCOME

Educator Expenses \$ _____
Student Loan Interest Paid \$ _____
HSA Contributions (not through payroll) \$ _____
Type of HSA: Individual _____ Family _____
HSA Distributions \$ _____
Indiana Private/Homeschool # of children K-12 _____

IRA Contributions:
Traditional - Taxpayer \$ _____
- Spouse \$ _____
Roth - Taxpayer \$ _____
- Spouse \$ _____
Indiana 529 Plan: Contributions \$ _____
Acct. # _____

2024 QUARTERLY ESTIMATED TAX PAYMENTS (not W-2 withholdings)

Federal:
Due Date Date Paid Amount Paid
April 15, 2024 (1st Qtr) _____ \$ _____
June 15, 2024 (2nd Qtr) _____ \$ _____
Sept. 15, 2024 (3rd Qtr) _____ \$ _____
Jan. 15, 2025 (4th Qtr) _____ \$ _____

State:
Date Paid Amount Paid
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

SCHEDULE A - ITEMIZED DEDUCTIONS

Medical Expenses (out-of-pocket) **Amount**
Drs., Hospitals, Prescriptions, etc. \$ _____
Medical Travel -- Miles _____
Health Insurance (not through employer) \$ _____
* Including membership in a health sharing ministry
* If health insurance was through the Healthcare.gov
Marketplace, you must include Form 1095-A

Long-term Care Insurance \$ _____

Interest Paid (attach 1098) **Amount**
Mortgage Interest Paid – Residence \$ _____
Investment Interest Paid \$ _____

Taxes Paid
Real Estate Tax – Personal Residence \$ _____
Real Estate Tax – Other Property \$ _____
Vehicle – County Wheel/Excise Tax \$ _____

Contributions (attach receipt or statement)
_____ \$ _____
_____ \$ _____
_____ \$ _____
Contributions to an Indiana College/Univ. \$ _____
_____ \$ _____

CHILD CARE EXPENSE

Number of Children Under 13 _____
Total Childcare Paid in 2024 \$ _____
Provider Name _____
Provider Address _____
Provider ID Number _____

COLLEGE TUITION & EXPENSES

(attach Form 1098-T and Tuition Statement)
If a taxpayer or dependent attended college in 2024 we will need information indicating amounts paid for tuition and qualified expenses paid in 2024 in order to determine available tax credits. Form 1098-T alone may not be sufficient.

RENT PAID - PERSONAL RESIDENCE

Indiana Property Location _____
Landlord's Name & Address _____
Number of Months Rented in 2024 _____ Total Rent Paid in 2024 \$ _____

COMPLIANCE

The IRS requires all filers to answer the following question: "At any time during 2024 did you receive, sell, exchange, or otherwise dispose any financial interest in any virtual currency? (Bitcoin for example) Yes _____ No _____
If you answer Yes, we will need additional information.

Contribution to Presidential Election Fund? Taxpayer _____ Spouse _____ or Indiana Endangered Wildlife Fund? Amount \$ _____

If you would like your refund to be direct deposited, please include the necessary information below or attach a voided check.

Bank Name _____ 9-digit Routing Number _____
Type of Account: _____ Checking _____ Savings _____ Account Number _____
If we prepared your return last year and you would like to use the same direct deposit account, check here _____

- Please note that our office will be closed for lunch from 12:30 to 1:30 during tax season. A drop box is available outside our door.
- Please drop off or mail tax forms and information to our office in advance. We will call or email with questions and offer review appointments as needed before finalizing the tax return.