

2024 TAX INFORMATION WORKSHEET

1. If Part I remains unchanged from the prior year, *fill in your name(s)*, check the box, and skip Part I. Go on to Part II
2. If you did NOT make estimated tax payments, then check the box and skip Part VI.
3. If you want your refund direct deposited or if your direct deposit bank information has changed, fill out Part VII.
 Otherwise, check the box and skip Part VII.

PART I

Personal Information	Taxpayer	Spouse					
First Name & Initial							
Last Name							
Social Security Number							
Date of Birth							
Occupation							
Address				Apt/Suite			
City	State	ZIP	County				
Dependents (Children & Others) If you have added a dependent, please bring a copy of their Social Security Card							
Name (First, MI, & Last)	Relationships	Date of Birth	Social Security Number	Months Lived With You This Year	Disabled (Y or N)	Full Time Student (Y or N)	Dependent's Gross Income

General Questions:

Do you have any signature authority over a foreign bank account or own foreign assets? _____ Yes _____ No
 At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? _____ Yes _____ No

PART II

Personal Information	Taxpayer			Spouse		
Driver's License #						
DL Issue Date and DL Expiration Date	Issue Date	Expiration Date		Issue Date	Expiration Date	
E-mail Address						
Work Phone	Cell		Work	Cell		
Home Phone	Fax		Home	Fax		

PART III

Please bring the following forms (if applicable):

W-2's, 1099's, 1098's, K-1's, 5498's, 1095-A's, W-2G's

If you have Rentals, a Farming Operation, or a Sole-Proprietor (Schedule C) Business, please provide us detailed information concerning income, expenses, fixed asset purchases, and business-use vehicle information and mileage (if applicable). *See Part V for Business-Use Vehicle Information.*

If you contributed to a 529 plan, enter the amount here: _____

If you contributed to a HSA plan, enter the amount here: _____ Individual Plan or Family Plan

If you incurred Child Care expenses for a dependent, please give us the dependent's name, the childcare provider's name, Tax ID # and Address, and the amount paid to that provider for childcare services for that specific dependent. We need an itemized list breaking down dependent care expenses for each child to each provider.

PART IV

- MEDICAL EXPENSES - Out of Pocket:** Please provide us a list of any out-of-pocket (not flexed) medical expenses incurred during the tax year. If you incurred mileage and lodging expenses while traveling to and from doctor's appointments, please provide us the miles driven and the lodging costs. *If you had Marketplace Insurance, please provide us with Form 1095-A.*
- CONTRIBUTIONS/DONATIONS:** If you made charitable contributions, please provide an itemized list of your cash and non-cash donations, as well as your donation receipts. It is the taxpayer's responsibility to maintain accurate records of donations and for discerning whether such contributions are deductible. Check <http://apps.irs.gov/app/eos> to verify deductibility status.
- TAXES PAID:** If you paid Real Estate Taxes or Personal Property tax, please provide us with the amounts and dates.
- INTEREST PAID:** If you had home mortgage interest, please provide us a 1098 or list the amount you paid.

PART V

BUSINESS USE OF AUTOMOBILES:

<u>Sole-proprietors, Farms, Rentals</u>	<u>Vehicle 1:</u>	<u>Vehicle 2:</u>
Make & Model	_____	_____
Date Vehicle Was Placed in Service	___/___/___	___/___/___
Beginning/Ending Odometer Reading(s)	_____/_____	_____/_____
Total Miles Driven (PLEASE Provide)	_____	_____
Business Miles Driven	_____	_____
Commuting Miles Driven	_____	_____
Personal Miles Driven	_____	_____
Actual Gas, Oil, Repairs, Insurance & Interest	\$ _____	\$ _____
Do You Have Evidence To Support Business Use Claimed?	Yes _____ No _____	
Is The Evidence Written?	Yes _____ No _____	

PART VI

ESTIMATED TAX PAYMENTS PAID FOR 2024:

<u>QTR</u>	<u>Date Due</u>	<u>Date Paid</u>	<u>Fed Amount</u>	<u>Due Date</u>	<u>Date Paid</u>	<u>State Amount</u>
1 st	4/18/2024	___/___/___	\$ _____	4/18/2024	___/___/___	\$ _____
2 nd	6/15/2024	___/___/___	\$ _____	6/15/2024	___/___/___	\$ _____
3 rd	9/15/2024	___/___/___	\$ _____	9/15/2024	___/___/___	\$ _____
4 th	1/16/2025	___/___/___	\$ _____	12/31/2024 ¹	___/___/___	\$ _____

PART VII

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

NAME OF FINANCIAL INSTITUTION: _____

IS THIS A SAVINGS ACCOUNT OR A CHECKING ACCOUNT

(WITHOUT THIS INFORMATION THE STATE OF OKLAHOMA WILL ISSUE A DEBIT CARD)

¹ If you do not itemize or pay alternative minimum tax, this estimate can be paid by January 15, 2025.