## **2023 TAX SEASON WORKSHEET**

## Please include this form with all tax paperwork

Along with this form, please provide me all W-2's, 1099s, 1098s, Social Security Statements, K-1s and other tax documents sent to you by employers, government agencies, financial institutions and child care providers. Don't forget 1099-B (Stock sales) and Form 1098 (Mortgage Interest Statement). Please do not send sales or medical receipts (List totals on this form)

Last year's clients please check box if Spouse and Dependents information are the same as last year $\ \square$							
Name				Crowney			
Name:				Spouse:			
DOB:	SS#			DOB:	SS#		
Cell# Job title:			Cell#	l# Job title:			
email:				email:			
Important: If you (or you	r spouse) are	a new cliei	nt or renewed yo	our drivers lic	cense in 2023, please enclos	e or email a copy of your new	
Drivers License (front and	d back). I will	need your	dependent's DL's	s if they are a	also filing a return. Please se	end to epalmer@eptax.com	
Home Address:				City/State,	/7in·		
Home Phone:				Note: If you collected NY State Unemployment: Print out Form 1099-G from the Dept of Labor website. They will not			
Dependents and Family Credits: (Please be certain no one else is					mail it unless requested.		
claiming the same person for the credits)				inan it un	iless requested.		
Name:		M/F	DOB		SS#	Child/Parent/Other	
Name:		M/F	DOB		SS#	Child/Parent/Other	
Name:		M/F	DOB	SS# Ct		Child/Parent/Other	
Name:		M/F	DOB	SS#		Child/Parent/Other	
Name:		M/F	DOB		SS#	Child/Parent/Other	
Direct Deposit Information: Or provide voided check - no please. Please update annua				• •	Child Care Credit: (See below)		
		Checking					
Bank Name:			Savings		Provider:		
Routing: Account#					Address:		
Total Student Loan Interest Paid last year \$ (At				ttach 1098-E	City/State ZIP:		
					Tax ID:		
Total Alimony Paid	\$	Recipier	nt SS#				
(Only for for divorces finalized prior to 1/1/2019).					Amount Paid \$		
Alimony Received:	imony Received: \$				For Which Child:		
Gambling Winnings:	\$	\$ Please provide form			*It is recommended that you enclose the annual Child Care statement from your provider(s) If you do, just leave		
	4	Up to the extent of winnings. If c		asino winnings			
Gambling Losses:	\$	please prov	ide win-loss report.				