

2024 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

Name:		Spouse:	
DOB:	SS#	DOB:	SS#
Cell#	Job title:	Cell#	Job title:
email:		email:	

Important: If you (or your spouse) are a new client or renewed your drivers license in 2024, please enclose or email a copy of your new Drivers License (front and back). I will need your dependent's DL's if they are also filing a return. Please send to epalmer@eptax.com

Home Address:
City/State/Zip:

Dependents and Family Credits: (Please be certain no one else is claiming the same person for the credits)

Name:	M/F	DOB	SS#	Child/Parent/Other
Name:	M/F	DOB	SS#	Child/Parent/Other
Name:	M/F	DOB	SS#	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 deposit slips please. Please update annually.	Child Care Credit: (See below)
------------------------------------	---	---------------------------------------

Bank Name:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Provider:
------------	-----------------------------------	----------------------------------	-----------

Routing:	Account#	Address:
----------	----------	----------

Total Student Loan Interest Paid last year \$	(Attach 1098-E)	City/State ZIP:
--	-----------------	-----------------

Total Alimony Paid	\$	Recipient SS#	Tax ID:
---------------------------	----	----------------------	---------

(Only for divorces finalized prior to 1/1/2019).			Amount Paid \$
--	--	--	----------------

Alimony Received:	\$		For Which Child:
--------------------------	----	--	------------------

Gambling Winnings:	\$	Please provide form W-2G	*It is recommended that you enclose the annual Child Care statement from your provider(s) if you do, just leave the above blank.
---------------------------	----	--------------------------	---

Gambling Losses:	\$	Up to the extent of winnings. If casino winnings please provide win-loss report.
-------------------------	----	--