

**2020 TAX INFORMATION WORKSHEET**

Personal Information		Taxpayer		Spouse				
First Name & Initial								
Last Name								
Social Security Number								
Date of Birth								
Occupation								
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		
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:**

Did you have any debt forgiveness or cancellation of debt? (Bring 1099-A or 1099-C) \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any signature authority over a foreign bank account or own foreign assets? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you make out of state internet/catalog purchases on which sales tax was not paid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you make any payments in 2020 that would require you to file Form(s) 1099? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you receive a **"Stimulus Payment"** in 2020 (either by check or direct deposit)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Provide a copy of Notice 1444 you received or indicate here how much you received?** \_\_\_\_\_

Did you receive Form 1095A from the Market Place Health Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**(Please provide a copy of your Form 1095A)**

**W-2 and/or W-2G INFORMATION:** Bring all W-2 and or W-2G Forms – Number of Forms Enclosed \_\_\_\_\_

**INTEREST AND DIVIDEND INCOME:** Bring all 1099 Forms - \_\_\_\_\_ Number of Forms Enclosed \_\_\_\_\_  
Please list any source and amount that does not provide a 1099: \_\_\_\_\_

**OIL ROYALTIES, LEASE BONUS, PENSIONS, IRA DISTRIBUTIONS, ALIMONY, ETC:** Bring all 1099 Forms & K-1s  
**Provide: 1099s** received from any source (Please list any source that does not provide a 1099)  
**K-1s Forms from Partnerships, S-Corps, LLCs, Trusts & Estates—Bring all K-1 information.**

**RENTALS:** Please provide **by property** each of the following items. Physical Address, Gross Rents, Repairs, Insurance, Taxes, Mortgage Interest Expenses, Etc. Provide number of days rented by property.

**FARMING/RANCHING:** Please Provide: List of Income and Related Expenses, Detail of Cattle, Equipment, Sales, Purchases, Etc.

**2020 TAX INFORMATION WORKSHEET (Page 2)**

**SMALL BUSINESS – CONSULTING – RETAIL SALES:** Please Provide: Gross Sales/Revenue, Inventory at 12/31/20 (If Applicable), Purchases, Business Related Expenses, Details on any Business Loans, Asset Purchase Receipts – equipment, furniture & fixtures, capital improvements, Etc.

<b>Sale of Stocks, Bonds &amp; Real Estate</b> _____	(Bring 1099-B & 1099-S Forms)
<b>Gross Social Security Benefits – Taxpayer and/or Spouse</b>	(Bring SSA-1099 Form)
<b>Unemployment Compensation Received</b>	(Bring 1099-G Form)
<b>Education Credits/Tuition</b>	(Bring 1098 T-Form) <b>(REQUIRED)</b>
<b>College Books, Supplies, Equipment, etc.</b>	\$ _____ Total Amount (Bring receipts)
<b>529 Plan Contributions</b>	\$ _____ Total Amount
<b>529 Plan Distributions</b>	\$ _____ (Bring 1099-Q for distributions)

**RETIREMENT PLAN CONTRIBUTIONS FOR 2020:**

	<b>Taxpayer</b>	<b>Spouse</b>
Traditional – IRA contributions for 2020	\$ _____	\$ _____
Roth – IRA contributions made for 2020	\$ _____	\$ _____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	\$ _____	\$ _____
HSA Plan Contributions (5498-SA)	\$ _____	Individual Plan <input type="checkbox"/> or Family Plan <input type="checkbox"/>
HSA Plan Distributions (1099-SA)	\$ _____	All used for medical? <input type="checkbox"/> Yes <input type="checkbox"/> No

**MEDICAL EXPENSES - Out of Pocket:** (7.5% of AGI Limitation Applies)

Prescription Drugs	\$ _____	Medical Insurance Premiums Paid	\$ _____
Doctor, Dentist, Hospital	\$ _____	(not flexed - out of pocket)	\$ _____
Long Term Care Expenses	\$ _____	Eyeglasses/Contacts	\$ _____
Medical Lodging	\$ _____	Hearing Aids	\$ _____
Long Term Care Ins. (Taxpayer)	\$ _____	Med. Miles _____ X \$0.17	\$ _____
Long Term Care Ins. (Spouse)	\$ _____	Amount Reimbursed	\$ _____

**CONTRIBUTIONS/DONATIONS<sup>1</sup>:** Check <http://apps.irs.gov/app/eos> to verify deductibility status.

Cash/Contributions/Donations	\$ _____	Charitable Miles (_____ X \$0.14)	\$ _____
(Bring Itemized List & Receipts)			
Non-Cash Donations	\$ _____		
(Bring Receipts)			

**TAXES PAID:**

Personal Property Tax	\$ _____	Real Estate Tax	\$ _____
State Taxes Paid in 2020 for 2019 or earlier years. \$ _____			

**INTEREST PAID:** (Bring 1098 Forms) Provide information showing how all proceeds were used.

First Home Mortgage	\$ _____	Points	\$ _____
Second Home Mortgage	\$ _____	Student Loan Interest	\$ _____
		(Bring 1098-E Form)	

*Seller Financed Mortgages require Name, Address, and SSN of seller*

Did you buy, sell or refinance your home in 2020? If so bring closing statement.

<sup>1</sup> Any contribution of goods (cash or non-cash) requires a receipt which shows the item, name and address of donee, date of gift, date the item was acquired, the cost, and what the item was worth on the date of the gift. Any contributions of goods (cash or non-cash) over \$249 also require contemporaneous written acknowledgment from charity.

**2020 TAX INFORMATION WORKSHEET (Page 3)**

**BUSINESS USE OF AUTOMOBILES:**

Sole-proprietors, Farms, Rentals

Make & Model \_\_\_\_\_

Date Vehicle Was Placed in Service \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Beginning/Ending Odometer Reading(s) \_\_\_\_\_/\_\_\_\_\_

(Bus. Mileage Rate is 57.5¢ Per Mile)

Vehicle 1:

Vehicle 2:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

**Total Miles Driven (PLEASE Provide)**

Business Miles Driven @ 57.5¢ \_\_\_\_\_

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 \_\_\_\_\_

**CHILD CARE/DEPENDENT CARE EXPENSES<sup>2</sup>:**

Number of Children/Dependents \_\_\_\_\_

Amount Paid Per Child/Dependent \$ \_\_\_\_\_

Provider: \_\_\_\_\_ Provider's ID#: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

**ESTIMATED TAX PAYMENTS PAID FOR 2020:**

<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>
			\$ _____			\$ _____
Overpayment Applied from 2020			\$ _____	Overpayment Applied from 2020		\$ _____
1 <sup>st</sup>	7/15/2020	____/____/____	\$ _____	7/15/2020	____/____/____	\$ _____
2 <sup>nd</sup>	7/15/2020	____/____/____	\$ _____	7/15/2020	____/____/____	\$ _____
3 <sup>rd</sup>	9/15/2020	____/____/____	\$ _____	9/15/2020	____/____/____	\$ _____
4 <sup>th</sup>	1/15/2021	____/____/____	\$ _____	12/31/2020 <sup>3</sup>	____/____/____	\$ _____

**FOR A QUICKER AND MORE SECURE REFUND, PLEASE PROVIDE DIRECT DEPOSIT INFORMATION:**

**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)**

<sup>2</sup> To claim child and dependent care expenses for 2020, you must furnish the name, address, social security number or federal identification number of each provider, the amount paid to each, and breakdown of amounts by child/dependent.

<sup>3</sup>If you do not itemize or pay alternative minimum tax, this estimate can be paid by January 15, 2021.