

2025 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 2025, 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 an 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.

PART V

BUSINESS USE OF AUTOMOBILES:

Sole-proprietors, Farms, Rentals

Vehicle 1:

Vehicle 2:

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?

Is The Evidence Written?

\$ _____

\$ _____

Yes _____ No _____

Yes _____ No _____

PART VI

ESTIMATED TAX PAYMENTS PAID FOR 2025:

QTR	Date Due	Date Paid	Fed Amount	Due Date	Date Paid	State Amount
1 st	4/18/2025	_____	\$ _____	4/18/2025	_____	\$ _____
2 nd	6/15/2025	_____	\$ _____	6/15/2025	_____	\$ _____
3 rd	9/15/2025	_____	\$ _____	9/15/2025	_____	\$ _____
4 th	1/16/2026	_____	\$ _____	12/31/2026 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, 2026.