

Your Phone Number: _____
 Email Address: _____
 Name: _____ Soc. Sec. #: _____ Birth Date: _____
 Spouse: _____ Soc. Sec. #: _____ Birth Date: _____
 Address: _____ City: _____ Zip Code: _____
 Occupation: Husband: _____ Wife: _____

Dependents: All children need a Social Security Number!

Children : Birth Date
 First Name: _____ Soc. Sec.# _____
 First Name: _____ Soc. Sec.# _____
 First Name: _____ Soc. Sec.# _____
 First Name: _____ Soc. Sec.# _____
 First Name: _____ Soc. Sec.# _____
 First Name: _____ Soc. Sec.# _____

Other dependents living in the household, or parents living outside your home:
 Full Name: _____ Relationship: _____ Birthdate: _____ Soc. Sec. # _____
 Full Name: _____ Relationship: _____ Birthdate: _____ Soc. Sec. # _____
 Did anyone else, not listed above, live with you in 2024? _____ # of Months _____

ESTIMATED TAX PAYMENTS:

FEDERAL:			STATE:		
CHECK #	DATE PD	AMOUNT PAID	CHECK #	DATE PD	AMOUNT PAID
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL PAID FEDERAL		_____	TOTAL PAID STATE		_____
AMT CREDITED FROM LAST YR		_____	AMT CREDITED FROM LAST YR		_____
2023 Balance Due 04/15/2024		_____	2023 Balance Due 04/15/2024		_____
Did you make any estimated payments in 2024? _____					

INCOME: Attach all W-2's
 State Income Tax Refund _____ Pensions (Attach all 1099's or W-2P's) _____
 Unemployment Compensation (Attach 1099's) _____ Social Security Benefits (Attach 1099's) _____
 Lottery Winnings _____
Other Interest, Dividends and Miscellaneous (Bring original paperwork if possible!!!!)
 Any Penalties on early withdrawal of savings: (Should be listed on 1099 from bank) _____

Installment Payments Received:
 Principal: _____ Interest: _____

SALE OF STOCKS, BONDS, RESIDENCE, LAND, etc. Bring original paperwork if possible!!!!

Item Description	Amt Received	Date Sold	Date Purchased	Price Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTES OR QUESTIONS YOU MAY HAVE: _____

WHITE OAK

**TAXSAVER
2024 TAX YEAR**

PHONE (815)758-7111

FAX (815) 758-1870

www.whiteoaktaxes.com

Interest paid on student loans _____ **Name Loan is in** _____

Post high School Tuition Paid in 2024 _____ **Year in School** _____ **Date Paid** _____ **For Whom** _____

We will need a copy of the 1098T and Bursars Statement from the school for 2024.

Dependents K-12:Tuition,Books,Supplies directly related to School Paid _____ Name of School _____

Dependents K-12 Grade level _____

Only Moving Expenses allowed Related To the Armed Forces:

Moving Expenses related to your job: From _____ to _____ Number of Miles Moved: _____

Bring in all expenses related to moving.

Medical Expenses:

Hospital Insurance: _____

Prescription Drugs: _____

Doctors & Dentists: _____

Glasses/Eye exams: _____

Hospitals & Clinics: _____

Transportation & Lodging: _____

Other Medical Expenses: _____

Medical Reimbursement: _____

All Medical Expenses are Subject to 7.5% of Adjusted Gross Income

Donations:

Church: _____

School: _____

Scouts, United Way _____

Heart, Cancer _____

Salvation Army _____

Red Cross: _____

Other than cash: _____

Clothing, Furniture, etc: _____

Charitable Miles Driven: _____

Note: All donations need written receipts!!

Taxes (Personal)

R.E. tax on residence: _____ Sales Tax Paid on Major Purchases: _____

Other non-business R.E. tax: _____ Personal Property Taxes: _____

Copy of Tax Bill

Interest:

Home Mortgage: _____ Land Contract Int. paid: _____

Home Equity: _____ Contract Holder's Name, Address and Soc.Sec.#: _____

Points: _____

Any other interest paid _____ Why _____

Any Loans Forgiven--Bring paperwork!

Casualty Losses(Only in Federally declared areas) _____

Estate Tax Paid on Income: _____

Gambling Losses: _____

(To offset Gambling Winnings) _____

Child Care Expenses:

List Name; Address; Social Security Number or EIN and Amount Paid to each Day Care Provider:

