

Tax Year \_\_\_\_\_

# TAX WORKSHEET

**CLIENT NAME:** \_\_\_\_\_

Please list & **RETURN THIS WORKSHEET.**

1. Personal Information		Taxpayer		Spouse	
Driver's License	DL#:	Issue Date	Expire Date	DL#:	Issue Date Expire Date
Bank for Direct Deposit/Debit	Bank Name/Routing #:		Account #:		
Occupation					
Date of birth					
E-mail address					
Cell phone					
Home phone					
Address					
City, Co, State, Zip					
Marital status					

Please list any dependents for the current tax year.

2. Dependents (Children & Others)				
Name	Relationship	Date of Birth	Social Security Number	Child care amount/include information

## FORMS NEEDED FOR YOUR TAX APPOINTMENT:

**Health Insurance:** Please provide compliant ACA health insurance during the year. (Include any of the following: Form 1095-A, 1095-B and/or 1095-C)

**Income:** W-2s, W-2G, any 1099s (e.g., 1099-INT, 1099-DIV, 1099-R, 1099 Composite, etc.)

**Tuition or other education expenses:** Must include Form 1098-T, Student loan interest Form 1098-E

**Unemployment income:** Include Form 1099-G

**Government Payments Received Notices** attached:

- Stimulus IRS (amounts only)
- Stimulus CA (amounts only)
- Child tax credit (amounts only)

**NAME:** \_\_\_\_\_

**Medical/Dental Expenses:**

Medical insurance premiums (paid by you) \$ \_\_\_\_\_  
Medical & copays \$ \_\_\_\_\_  
Prescription drugs \$ \_\_\_\_\_  
Long Term Care insurance \$ \_\_\_\_\_  
Medical equipment, supplies \$ \_\_\_\_\_  
Nursing care \$ \_\_\_\_\_  
Vision \$ \_\_\_\_\_  
Hearing \$ \_\_\_\_\_  
Dental \$ \_\_\_\_\_  
Mileage: miles driven \_\_\_\_\_

**Taxes Paid**

Real property tax (April/December of same year) \$ \_\_\_\_\_  
DMV \$ \_\_\_\_\_  
Estimated taxes: include dates & amounts paid

	IRS	CA
Date: _____	\$ _____	\$ _____
Date: _____	\$ _____	\$ _____
Date: _____	\$ _____	\$ _____
Date: _____	\$ _____	\$ _____

**Charitable Contributions**

Cash (Church, nonprofits) \$ \_\_\_\_\_  
Non-Cash (Salvation Army, Goodwill, etc.) \$ \_\_\_\_\_

**Miscellaneous/Unreimbursed Expenses (only deductible on State)**

Dues: Union, professional \$ \_\_\_\_\_  
Professional Licenses/CEU, uniforms \$ \_\_\_\_\_  
Safe deposit box \$ \_\_\_\_\_