Annual Worksheet Tax Year 2023 - Page 1 of 3

Please complete all information that applies to you. One worksheet per return. If you file schedule "A" (Itemized Deductions, the "Long Form") complete page 3 also. Send your documents by fax, e-mail, or 24/7 drop off. I don't ask you for info I have - if it's blank and it applies to you, fill it out. And the correct answer is NEVER "same as last year".

1) Your Name:	Spouse's last name if different			
Best Contact Number:	Latest time I can call :			
2) Current County of Residence	State (if not CA)			
3) Change of address? If so, list updated information here below.				
	and months resident (example - Apr-Jul) in each from from			
5) Change of dependents? If adding	, provide name, SSN, birthdate and relationship			
6) Health Savings Account (HSA)?	Contributions \$ Distributions \$			
7) Preschool or Child Care Providers	Provide (1) NAME, (2) ADDRESS, (3) PHONE,			
(4) AMOUNT PAID, and (5) EIN or	SSN, NOT the license #)			
	<u> </u>			
1				
1	¦			
(If your employer paid care benefits l	list amount from W-2 Box 10 here - \$			
8) Attend College? (you OR your dep	pendents) - Specify cost of books only \$			
and send form 1098-T. No form, no	credit - best to download it from the school web site			
9) Enrolled in government subsidized	health insurance plan? Provide your form 1095-A			
10) Are you self-employed? List am	ount spent on health insurance here \$			
11) Educator? - Thank you! - and am	ount spent on your classroom supplies \$			
12) Alimony (NOT child support) - a	mount received \$ or paid \$			
13) Energy Efficiency Home Improv	ements? Solar \$ Other \$			
14) Purchase an APPROVED EV vel	nicle? - Make, Model, Yearail this information along with the VIN to stacyspink@sbcglobal.net)			
	Provide HUD-1 closing statement (2-3 pages max)			

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16) Make estimated pay	ments using 1040-ES / 54	0-ES paymen	t coupons? - List	here:
Fed 1040-ES (1) \$	(2) \$	(3) \$	(4) \$	
	(2) \$			Not W2 Info!
17) Filing Method - () Electronic or () U.S	S. Mail		L
18) Refund Method - (Routing # (9 digit (NOTE - bank info) Check or () Directs) rmation is erased after transmis) Checking () Saving	t Deposit Account # ssion and does	NOT carry forward	year to year)
Identity Protection PIN	(if you applied for one) - 7	Гахрауег	Spouse _	
(the company the direct deposit, MUST h	at provides this service) will ave a refund, must NOT of t provide ID info is using t	ll charge you we money to	\$25. You MUST	Γ use e-file
ID Info - Taxpayer	ID Number:	Spouse	ID Number:	
(CA ID or License)	Issue Date:	rii. Tarah umur	Issue Date:	
NOT your SSN!	Expiration:		Expiration:	
* I do NOT need ID in	nfo unless you are request	ting my fees	to be paid from	your refund
19) Do you want to:				
() schedule a te	appointment in our office velephone interview and have all when it is less busy - so	e your tax ret	urns mailed to yo	
20) You did it! Send u	s the front and back of this	s form - e-ma	il, fax, mail, or d	lrop off -
along with your tax doo	cuments, and we'll get start	ed on your ta	x return within 2	4 hours.
Drop-Off Or Mail (no r	need to call ahead) - 4266	Gem Avenue,	Castro Valley, C	CA 94546
Fax: 510-583-0555 E-I	Mail: stacyspink@sbcgloba	l.net. If send	ling by e-mail, u	se a
scanner app and send	a PDF file - JPG's are to	o messy and	hard to read. I	f you

itemize deductions (use Schedule "A", AKA the "Long Form") be sure to complete and

send us Annual Client Worksheet Page 3 as well. Keep going!

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(complete this page only if you do the long form - Schedule "A" - and itemize deductions)

21) Purchase any vehicles? Sales tax(es)	paid on purchase:
22) DMV renewal fees paid for each vehice	cle, list amounts individually, just the amounts:
(1) \$ (2) \$ (3	3) \$ (4) \$ (5) \$
(6) \$ (7) \$ (8	8) \$ (9) \$ (10)
23) If your medical expenses exceed 7.5%	of your income, list the following expenses:
Prescription Drugs \$	_ Vision / Hearing Aids \$
Hospital Bills \$	_ Medical Supplies \$
Doctors / Dentist \$	_ Health Insurance \$
LTC / In-Home Care \$	_ Travel Miles or \$
(pre-tax deductions from paycheck	ks are NOT deductible insurance payments)
24) Charity - by cash or check - list NAM	IE of organization and AMOUNT donated:
¦	
¦	
	Travel Miles:
25) Charity - property donations - list NA	ME of organization, DESCRIPTION of items
donated, and GARAGE SALE VALUE of	of items donated. If total value of all items
exceeds \$500, you must furnish appraisals	s, pictures, purchase receipts, or proof of value.
(low \$ cash donations / high \$ property	donation are a red flag - be realistic in this area)
26) Property Taxes Non-Rental Property -	If paid from escrow, list amount from form 1098
here \$ Otherwise, list pay	
This is NOT 1098 Mortgage Interest Box 1 - Thi	is is PROPERTY TAXES ONLY! Not Mortgage Interest!
	time amounts change mid-year and are NEVER the same
(1) \$ (2) \$	
	perty \$ \$
27) If your home loan balance is over \$75	OUK list total balance \$ i