

Additional Information and Questions Related to the Preparation of Your Return

1. If you are due a refund, would you like direct deposit? Yes No Bank Routing # _____ Account # _____
2. Did you or anyone on your return have health coverage through the Marketplace (Covered California/"Obama Care")? **[Provide Form 1095-A]** Yes No Unsure
3. Do you have proof of health insurance? Yes No Unsure

Check appropriate box for each question in each section.

Yes	No	Unsure	Part III – Income – Last year, Did You (or your spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? You: _____ # of W2's _____ Your Spouse: _____ # of W2's _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Self-Employment income? (Form 1099-NEC, cash, virtual currency [Bitcoin], or other property or services) Cash Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Refund of state/ local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Interest/ Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency, or Real Estate? (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Disability income? (Such as payments from insurance, or workers compensation) (Forms 1099-R, W2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Gambling winnings? (Form W2-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other income? (Tip, Scholarships? [Forms W-2, 1098-T, 1099-MISC] , lottery, prizes, awards, jury duty, Sch K-1 , royalties, foreign income, other property, or services, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Alimony or separate maintenance payments? If yes, recipient S.S.# _____ Date of Agreement: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> ROTH IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. College or post-secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Child or dependent care expenses such as daycare? If yes- You will need Name, EIN or SS#, Address of Care Provider & Amount Spent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. For supplies used as an eligible educator such as teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Purchased or sold your property/residence?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have a credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Contribute to a Health Savings Account (HSA)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Purchased a new or used plug in EV or Fuel Cell Vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Purchase and install energy efficient solar panels for your primary residence and/or make energy efficient upgrades to your house?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Make estimated tax payments or apply last year's refund to this year's tax? If so, how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. File a federal return last year containing a "capitol loss carryover" on Form 1040 Schedule D?

Tax Payer Signature: _____

Date: _____