



### Client Information Sheet

(Government Required Information)

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

**All Information Must Be Completed Before We Can Begin Preparing Your Return**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address To Be Used on Tax Return: \_\_\_\_\_

OWN  RENT

<u>Name</u>	<u>Social Security No.</u>	<u>Birthday</u>		
Taxpayer: _____	_____	_____		
Spouse: _____	_____	_____		
Are you or your spouse a dependent of another for tax purposes (Does someone else claim you)?    YES    NO				
Do you have any children or other dependents?    YES    NO    (If Yes, you must complete the Dependent Questionnaire)				
If you are married, do you wish to file:				
_____ Married Filing Jointly                      _____ Married Filing Separately				
Driver License or State ID Information (mandatory for both spouses):				
***If you do not have one, please write "DNH"				
<u>Name</u>	<u>ID Number</u>	<u>State</u>	<u>Issue Date</u>	<u>Expiration Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Estimated / Quarterly Tax Payments: Please list any tax payments that were made towards this year's taxes

1 <sup>st</sup> Qtr Fed _____	3 <sup>rd</sup> Qtr Fed _____	1 <sup>st</sup> Qtr State _____	3 <sup>rd</sup> Qtr State _____
2 <sup>nd</sup> Qtr Fed _____	4 <sup>th</sup> Qtr Fed _____	2 <sup>nd</sup> Qtr State _____	4 <sup>th</sup> Qtr State _____

Did you live in California full time?    YES    NO

If not, what state/country did you live in? \_\_\_\_\_

How much time did you spend there? \_\_\_\_\_

Name of Taxpayer: \_\_\_\_\_

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

Do you own a business? YES NO (If YES, please complete the Business Information Sheet)

If YES, what is the name of the business? \_\_\_\_\_

What type of business is it? Unincorporated LLC Corporation

Did you receive a W2 from the business that you own? YES NO

Did you take any distributions from the business that you own? YES NO

Do you have a home office for the business that you own? YES NO

Do you rent an outside office for the business that you own? YES NO

Do you have an HSA? YES NO (If YES, please provide your 1099-SAs or 5498-SAs)

If YES, what activity is recorded for 2021? Rolled Over to 2022 Used the Money for Medical Expenses

Did you have Health Insurance? YES NO

What tax document did you receive regarding your health insurance? 1095A 1095B 1095C

Did you use Covered California for health insurance? YES NO

If YES, you MUST provide Form 3895 CA Marketplace Health Insurance

Was everyone in your household covered? YES NO

If NO, who wasn't covered? \_\_\_\_\_

Were you covered all year? YES NO

If NO, what months were you not covered? \_\_\_\_\_

Did you contribute to a retirement savings account outside of payroll? YES NO

Total outside payroll contributed to ROTH: \$ \_\_\_\_\_

Total outside payroll contributed to IRA: \$ \_\_\_\_\_

Total outside payroll contributed to SEP \$ \_\_\_\_\_

Did you withdrawal money from a retirement savings account? YES NO

If YES, did you receive COVID Relief? YES NO

Did you make any CASH charitable contributions? YES NO

If YES, what was the annual total? \_\_\_\_\_

Did you make any NON-CASH charitable contributions (clothing, furniture, appliances, books, etc.)? YES NO

If YES, what was the annual total? (Amounts under \$300 single/\$600 married do not need to be itemized) \_\_\_\_\_

If you made contributions over \$300single/\$600 married, you MUST complete the Charitable Contributions Sheet

Name of Taxpayer: \_\_\_\_\_

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

YES    NO

- \_\_\_\_\_    \_\_\_\_\_    1. Did you receive any Social Security or Disability payments in 2021?
- \_\_\_\_\_    \_\_\_\_\_    2. Did you receive any Unemployment payments in 2021?
- \_\_\_\_\_    \_\_\_\_\_    3. Were you or your spouse an active member of the military in 2021?
- \_\_\_\_\_    \_\_\_\_\_    4. Were you or your spouse an educator in 2021?
- \_\_\_\_\_    \_\_\_\_\_    5. Did you receive any Advanced Child Tax Credit payments from the federal government?
- \_\_\_\_\_    \_\_\_\_\_    6. Do you need to report any K-1s in 2021? If so, how many? \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    7. Did you receive any 1099s in 2021? If so, how many? \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    8. Did you receive any W2s in 2021? If so, how many? \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    9. Did you receive any PPP or EIDL loans?
- \_\_\_\_\_    \_\_\_\_\_    10. Did you receive any California GRANTS in 2021?
- \_\_\_\_\_    \_\_\_\_\_    11. Do you have any active rental properties?
- \_\_\_\_\_    \_\_\_\_\_    12. Did you have any gambling winnings or losses?
- \_\_\_\_\_    \_\_\_\_\_    13. Did you pay any qualified tuition or higher education expenses in 2021?
- \_\_\_\_\_    \_\_\_\_\_    14. Did you have any virtual currency activity?
- \_\_\_\_\_    \_\_\_\_\_    15. Did you receive or pay any alimony?
- \_\_\_\_\_    \_\_\_\_\_    16. Did you give any gifts over \$15,000 per person?
- \_\_\_\_\_    \_\_\_\_\_    17. Do you have a Mortgage Credit Certificate (MCC)? (You would have applied during escrow)
- \_\_\_\_\_    \_\_\_\_\_    18. Did you purchase anything outside of California for use in California (ex. cars, boats, equipment, etc.)?
- \_\_\_\_\_    \_\_\_\_\_    19. Did you receive any cancellation of debt? **If so, you MUST provide the 1099-C to our office**
- \_\_\_\_\_    \_\_\_\_\_    20. Did/Do you have financial interest or signature authority over any foreign financial accounts?  
If so, did/do the accounts collectively total over \$10,000?    YES    NO
- \_\_\_\_\_    \_\_\_\_\_    21. Did/Do you have any interest or connection to a foreign trust?
- \_\_\_\_\_    \_\_\_\_\_    22. Did you sell any real estate?
- \_\_\_\_\_    \_\_\_\_\_    23. Did you sell any stocks or other capital assets?
- \_\_\_\_\_    \_\_\_\_\_    24. Did you receive more than \$10 in bank interest?.
- \_\_\_\_\_    \_\_\_\_\_    25. Do you owe the IRS or FTB any money for previous tax years?
- \_\_\_\_\_    \_\_\_\_\_    26. Has the IRS assigned an Identity Protection PIN to your Social Security Number? (for theft protection)  
**(You must provide the document containing the new number assigned every year to our office)**
- \_\_\_\_\_    \_\_\_\_\_    27. Would you like to file an extension? NOTE: Your tax liability must still be paid on April 15<sup>th</sup>.
- \_\_\_\_\_    \_\_\_\_\_    28. Would you like to apply any refunds you may receive towards your 2022 estimated payments?

Name of Taxpayer: \_\_\_\_\_

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

**Direct Deposit and Withdrawal Information**

Please provide the following information for refunds and tax liability payments:

Directly deposit any refunds to the account indicated below

Directly withdraw any tax liabilities from the account indicated below

Routing Number: \_\_\_\_\_

Ckg  Svgs

Account Number: \_\_\_\_\_

**Economic Impact Payment (Stimulus Payments) for 2021**

**IMPORTANT – the following information MUST be exact.**

**Your return will be held for review (delays have been reported up to 12 months) if the information does not match the IRS records. Do NOT rely on any letters received from the IRS. The IRS has reported some information sent to taxpayers is incorrect. Check your bank balance or IRS account for verification.**

How much did you receive in economic impact payments (stimulus payments) in 2021? \_\_\_\_\_

Would you like us to verify the information with the IRS via transcript (\$50)? YES NO

I certify that all the above answers are true and correct.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE SIGNATURE (if applicable)**

\_\_\_\_\_  
**DATE**



**Dependent Questionnaire**

**(Government Required Information)**

**Tax Year:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

<u>Dependent Name (Do NOT include Taxpayer or Spouse)</u>	<u>Social Security No.</u>	<u>Birthday</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please **DO NOT** send any of the documentation mentioned below to our office. We only need to know if you can provide it.

**YES**    **NO**

- \_\_\_\_\_    \_\_\_\_\_    1. Are any of your dependents married?
- \_\_\_\_\_    \_\_\_\_\_    2. Can you provide documentation that verifies your relationship to your dependent(s)? (ex. birth certificate)
- \_\_\_\_\_    \_\_\_\_\_    3. Did your dependent(s) live with you for more than half the year? (Note: College kids "live" with you)  
If not, please provide names: \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    4. Did your dependent(s) live with you for all 12 months?
- \_\_\_\_\_    \_\_\_\_\_    6. Can you provide documentation that reflects your dependent(s) lived with you for more than half the year?  
Ex. school records, medical records, daycare records, official signed letter, social service records, etc.
- \_\_\_\_\_    \_\_\_\_\_    5. Did your dependent(s) between the ages of 18-23 attend school full-time for 5 months this tax year?  
If so, please provide names: \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    5. Did your dependent(s) utilize childcare that you paid for and want to claim on your tax return?  
(Must provide Childcare EIN/SSN, name, address, and amounts paid)
- \_\_\_\_\_    \_\_\_\_\_    6. Do any of your dependent(s) have a permanent disability?  
If so, please provide names: \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    7. Did your dependent(s) work? If so, please provide names and total earned: \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    8. Can anyone else (not included on your tax return) claim any of your dependent(s)?  
If so, please provide names of dependents: \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    9. Have you ever had a Child Tax Credit or Earned Income Credit disallowed or reduced by the IRS?

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SPOUSE SIGNATURE (if applicable)** \_\_\_\_\_

**DATE** \_\_\_\_\_



**Advanced Child Tax Credit**

**(Government Required Information)**

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

Last Name: \_\_\_\_\_

Did you receive money in 2021 from the US government for Advanced Child Tax Credit?      YES      NO

Did you request to suspend the payments?      YES      NO

How many children were you receiving payments for? \_\_\_\_\_

Do you have documentation to back up the information?      YES      NO

Please list the months you received money and the amounts you received:

Month

Amount Received

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all the above answers are true and correct.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE SIGNATURE (if applicable)**

\_\_\_\_\_  
**DATE**



**Non-Cash Charitable Contributions**

**Tax Year:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**This information is required if you have donated over \$300 (\$600 if married) in non-cash contributions (clothing, furniture, appliances, books, etc.) and you are itemizing your deductions.**

<u>Item Donated</u>	<u>Thrift Store Value</u>	<u>Original Cost</u>	<u>Date Donated</u>	<u>Location</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide for each LOCATION listed above:

<u>Name of Location</u>	<u>Federal ID Number</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all the above answers are true and correct.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE SIGNATURE (if applicable)**

\_\_\_\_\_  
**DATE**



**Rental Properties**

(Please provide one sheet for each property)

**Tax Year:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Property Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

**Date Started as a Rental:** \_\_\_\_\_

**Type of Property:**      Single Family                      Multi-Family                      Vacation/Air B&B                      Land                      Commercial

**YES**      **NO**

- \_\_\_\_\_      \_\_\_\_\_      1. Do you co-own this property with another person besides your spouse?
- \_\_\_\_\_      \_\_\_\_\_      2. Are separate books kept for this property reflecting income and expenses?
- \_\_\_\_\_      \_\_\_\_\_      3. Does a management company oversee this property?
- \_\_\_\_\_      \_\_\_\_\_      4. Have at least 250 hours been used on this property in 2021 (includes management, rentals, repairs, maintenance, etc.)?  
\_\_\_\_\_      \_\_\_\_\_                      If not, have at least 250 hours per year been used on this property in 3 of the last 5 years?  
\_\_\_\_\_      \_\_\_\_\_                      Do you have records of the 250 hours used? If NO, losses cannot be taken.
- \_\_\_\_\_      \_\_\_\_\_      5. Did you sell this property in 2021? If YES, please provide the Settlement Statement.
- \_\_\_\_\_      \_\_\_\_\_      6. Were you required to issue any 1099s for work on this property in 2021?
- \_\_\_\_\_      \_\_\_\_\_      7. Do you still hold a mortgage on this property? If YES, please provide the mortgage interest statement.
- \_\_\_\_\_      \_\_\_\_\_      8. Does this property belong to an HOA?
- \_\_\_\_\_      \_\_\_\_\_      9. Were any capital improvements completed in 2021?

I certify that all the above answers are true and correct.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE SIGNATURE (if applicable)**

\_\_\_\_\_  
**DATE**