

# Annual Worksheet Tax Year 2024 - 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) Identity Protection PIN (if you applied for one) - Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

4) **Change** of address? If so, list updated information here below.

5) Live in multiple states? List state and months resident (example - Apr-Jul) in each  
\_\_\_\_\_ from \_\_\_\_-\_\_\_\_ / \_\_\_\_\_ from \_\_\_\_-\_\_\_\_ / \_\_\_\_\_ from \_\_\_\_-\_\_\_\_

6) **Change** of dependents? If adding, provide name, SSN, birthdate and relationship

7) Health Savings Account (HSA)? Contributions \$ \_\_\_\_\_ Distributions \$ \_\_\_\_\_

8) Preschool or Child Care Providers? Provide (1) NAME, (2) ADDRESS, (3) PHONE,

(4) AMOUNT PAID, and (5) EIN or SSN, NOT the license #) | \_\_\_\_\_ |

| \_\_\_\_\_ |  
| \_\_\_\_\_ |  
| \_\_\_\_\_ |

(If your employer paid care benefits list amount from W-2 Box 10 here - \$ \_\_\_\_\_

9) Attend College? (you OR your dependents) - Specify cost of books only \$ \_\_\_\_\_

and send form 1098-T. **No form, no credit** - best to download it from the school web site.

10) Enrolled in subsidized health insurance? Provide your form 1095-A (but **not** 'B' or 'C')

11) Are you self-employed? List amount spent on health insurance here \$ \_\_\_\_\_

12) Educator? - Thank you! - and amount spent on your classroom supplies \$ \_\_\_\_\_

13) Alimony (NOT child support) - amount received \$ \_\_\_\_\_ or paid \$ \_\_\_\_\_

14) **Energy Efficiency** Home Improvements? Solar \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

15) Purchase an APPROVED EV vehicle? - Make, Model, Year \_\_\_\_\_

(and e-mail this information along with the VIN - in text format, no pictures - to stacyspink@sbcglobal.net)

16) Sell real property of any kind? Provide the closing statement (2-3 pages max)

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17) Make estimated payments using 1040-ES / 540-ES payment coupons? - List here:

Fed 1040-ES (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_ (4) \$ \_\_\_\_\_  
State 540-ES (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_ (4) \$ \_\_\_\_\_

This is  
Not W2  
Info!

18) Filing Method - ( ) Electronic or ( ) U.S. Mail

19) Refund Method - ( ) Check or ( ) Direct Deposit

Routing # (9 digits) \_\_\_\_\_ Account # \_\_\_\_\_

(NOTE - bank information is erased after transmission and does NOT carry forward year to year)

Account Type - ( ) Checking ( ) Savings ( ) Foreign - Offshore

Check here if you want my fees taken from your refund. Be informed that SBTPG (the company that provides this service) will charge you \$25. You MUST use e-file / direct deposit, MUST have a refund, must NOT owe money to an agency that can garnish your refund, AND must provide ID info is using this service.

ID Info - Taxpayer  
(CA ID or License)  
NOT your SSN!

ID Number: \_\_\_\_\_  
Issue Date: \_\_\_\_\_  
Expiration: \_\_\_\_\_

Spouse

ID Number: \_\_\_\_\_  
Issue Date: \_\_\_\_\_  
Expiration: \_\_\_\_\_

**\* I do NOT need ID info unless you are requesting my fees to be paid from your refund**

20) Do you want to:

- ( ) schedule an appointment in our office when your taxes are ready
- ( ) schedule a telephone interview and have your tax returns mailed to you (\$5 extra)

P.S. I will call when it is less busy - sorry, I cannot schedule those times...

21) You did it! Send us the front and back of this form - e-mail, fax, mail, or drop off - along with your tax documents, and we'll get started on your tax return within 24 hours.

Drop-Off Or Mail (no need to call ahead) - 4266 Gem Avenue, Castro Valley, CA 94546

Fax: 510-583-0555 E-Mail: stacyspink@sbcglobal.net. **If sending by e-mail, use a**

**scanner app and send a PDF file - JPG's are too messy and hard to read.** If 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 vehicle, list amounts individually, just the amounts:

(1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_ (4) \$ \_\_\_\_\_ (5) \$ \_\_\_\_\_  
(6) \$ \_\_\_\_\_ (7) \$ \_\_\_\_\_ (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 paychecks are NOT deductible insurance payments)**

24) Charity - by cash or check - list NAME of organization and AMOUNT donated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ | Travel Miles: \_\_\_\_\_

25) Charity - property donations - list NAME of organization, DESCRIPTION of items donated, and GARAGE SALE VALUE of items donated. If total value of all items exceeds \$500, you must furnish appraisals, 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 payments you made during the calendar year

**This is NOT 1098 Mortgage Interest Box 1 - This is PROPERTY TAXES ONLY! Not Mortgage Interest!**  
**And unless you pay both installments at the same time amounts change mid-year and are NEVER the same!**

(1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_ (4) \$ \_\_\_\_\_

Taxes paid on vacant land or vacation property \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

27) If your home loan balance is over \$750K list total balance \$ \_\_\_\_\_