Annual Worksheet Tax Year 2025 - 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. <u>I don't ask you for info I have - if it's blank and it applies to you, fill it out.</u> 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 from / from from / from from from / from
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

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17) Make estimated pay	ments using 1040-ES / 540-E	S paymen	t coupons? - List	here:			
Fed 1040-ES (1) \$	(2) \$ (3)) \$	(4) \$	This is Not W2			
State 540-ES (1) \$	(2) \$ (3)) \$	(4) \$				
				LJ			
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							
20) Qualified Overtime - \$ 21) Qualified Vehicle Interest - \$							
22) Qualified Tip Income - \$							
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 /							
	•						
• •	ave a refund, must NOT owe provide ID info is using this	•		_			
your refund, AND must	-provide 1D lino is using this	SCIVICE.	NO LONGER A	VAILABLE			
ID Info - Taxpayer (CA ID or License) NOT your SSN!	ID Number:	Spouse	ID Number:				
	Issue Date:		Issue Date:	·			
	Expiration:		Expiration:				
20) Do you want to:							
	appointment in our office whe	en your tax	es are ready				
40 00 00 00 00 00 00 00 00 00 00 00 00 0	lephone interview and have y	•		ou (\$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 vehicle	es? Sales ta	ax(es) paid on pu	ırchase:	
22) DMV renewal fees	paid for eac	h vehicle, list an	nounts individua	ally, just the amounts:
(1) \$((2) \$	(3) \$	(4) \$	(5) \$
(6) \$((7) \$	(8) \$	(9) \$	(10)
23) If your medical expe	enses exceed	d 7.5% of your in	ncome, list the	following expenses:
Prescription Drugs	\$	Vision	n / Hearing Aid	s \$
Hospital Bills	\$	Medic	cal Supplies	\$
Doctors / Dentist	\$	Healt	h Insurance	\$
LTC / In-Home C	are \$	Trave	el Miles c	or \$
(pre-tax deductio	ns from pa	ychecks are NO	T deductible in	surance payments)
24) Charity - by cash or	check - list	NAME of orga	nization and AN	MOUNT donated:
	10	fightings	MARIE NA	posals egul við atheati s
	n.	HAM (1) about	L farsbivoni sa	Travel Miles:
25) Charity - property d	onations - li	ist NAME of org	ganization, DES	CRIPTION of items
donated, and GARAGE	SALE VA	LUE of items do	onated. If total	value of all items
exceeds \$500, you must	furnish app	raisals, pictures,	purchase receip	ots, or proof of value.
	<u> </u>			
	(F	When I limited a	fas et detected ou	a historogalogas mov a
	pad to sas-	Section 1	OK your depen	(you Cobege? (you
(low \$ cash donations	/ high \$ pro	operty donation a	are a red flag - l	be realistic in this area)
	ROFTHROFT.	(37) (37) (37) (38) (38) (38) (38)	TEMPO MESSO D	
26) Property Taxes Non	-Rental Pro	perty - If paid fro	om escrow, list	amount from form 1098
here \$ (THE PERMIT		
This is NOT 1098 Mortgage	e Interest Box	1 - This is PROPE	RTY TAXES ONL	Y! Not Mortgage Interest!
				r and are NEVER the same!
(1) \$ (2)		and the second second	7. 7	Φ
Taxes paid on vacant la		a presenta mesa atua		фi
27) If your home loan b	alance is ov	er \$ / JUK list tot	ai balance	Ф i