

Annual Client Worksheet - Page 1 of 2

Please complete all information that applies to you. One worksheet per return. If you complete page 2 and send your documents by fax or e-mail, remember to send both sides. And the correct answer is NEVER "same as last year". Please provide the requested info.

1) Your Name: _____ Best Contact Number: _____

2) Change of address? If so, list updated information here.

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

4) Preschool or Day Care Providers? Provide (1) NAME, (2) ADDRESS, (3) PHONE, (4) AMOUNT PAID, and (5) EIN or SSN, NOT the license #) | _____ |

5) Attend College? Specify cost of books only here \$ _____ and bring form 1098-T

6) TEACHER? Amount spent on your classroom supplies \$ _____

7) Alimony (NOT child support) - amount received \$ _____ or paid \$ _____

8) Make energy-efficiency improvements to your house? Amount spent \$ _____

9) Make 1040-ES / 540-ES payments using payment coupons? - List the amounts here:

Fed 1040-ES (1) \$ _____ (2) \$ _____ (3) \$ _____ (4) \$ _____

State 540-ES (1) \$ _____ (2) \$ _____ (3) \$ _____ (4) \$ _____

10) If you have a refund, do you want to:

e-file, direct deposit - approx. 7-12 days for refunds. Need bank info also.

Routing # (9 digits) _____ Account # _____

e-file, refund check mailed to you - approx 3 weeks.

mail the tax return, direct deposit of refund - approx 4 weeks.

mail the tax return, refund check mailed to you - approx 5-6 weeks

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.

ID Info - Taxpayer
Required!

ID Number: _____
Issue Date: _____
Expiration: _____

Spouse

ID Number: _____
Issue Date: _____
Expiration: _____

12) 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)

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If you own a home or itemize deductions, complete 13 through 18. Otherwise skip to 19.

13) Purchase any vehicles? Sales tax(es) paid on purchase: _____

14) DMV renewal fees paid for each vehicle, list amounts individually, just the amounts:

(1) \$ _____ (2) \$ _____ (3) \$ _____ (4) \$ _____ (5) \$ _____

15) If your medical expenses exceed 10% of your income, list the following expenses.

Also - These must be out-of-pocket cost, NOT payroll deductions from gross wages.

Prescription Drugs \$ _____ Vision / Hearing Aids \$ _____

Hospital Bills \$ _____ Medical Supplies \$ _____

Doctors / Dentist \$ _____ Health Insurance \$ _____

(pre-tax deductions from paychecks are NOT deductible insurance payments)

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

17) 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.

18) Property Taxes - If paid from escrow, list here \$ _____. If not, list below:

2nd Installment 2015/16 bill (paid Feb-Apr) \$ _____ \$ _____

1st Installment 2016/17 bill (paid Nov-Dec) \$ _____ \$ _____

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

19) 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 today.

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. One large pdf preferred, jpg O.K.

And please reduce the resolution to 300 dpi or so when scanning, don't need 20MB files!