# *INDIVIDUAL/PERSONAL WORKSHEET 2023*

NAME ___________________________________ SOC. SEC. #_____-____-______ BIRTHDATE______
OCCUPATION ___________________________ CELL PHONE _______________________________
SPOUSE _________________________________ SOC. SEC. #_____-____-______ BIRTHDATE______
OCCUPATION ___________________________ CELL PHONE _______________________________
EMAIL ____________________________________________________________________________
PHYSICAL ADDRESS ________________________________________________________________
CITY ______________________________________ STATE ___________ ZIP CODE ________________
TELEPHONE (DAY)_________________________ EVENING___________________________________
MAILING ADDRESS IF DIFFERENT_____________________________________________________
EMAIL___________________________________________________________________ __________

**DEPENDENTS:** (***MANDATORY FOR ALL DEPENDENTS)***

| *NAME* | *BIRTHDATE* | *LIVE w/YOU?* | *SOCIAL SECURITY #* | *RELATIONSHIP* |
|---|---|---|---|---|
| ________________________ | ___________ | _____ | _____-____-______ | ______________ |
| ________________________ | ___________ | _____ | _____-____-______ | ______________ |
| ________________________ | ___________ | _____ | _____-____-______ | ______________ |

**ESTIMATED TAX PAYMENTS:** (***MADE FOR TAX YEAR 2020)***

| | *DATE PAID* | *FED AMOUNT* | *DUE DATE* | *DATE PAID* | *STATE AMOUNT* |
|---|---|---|---|---|---|
| 1ST QUARTER | ___________ | ____________ | 4/18/23 | _________ | _____________ |
| 2ND QUARTER | ___________ | ____________ | 6/15/23 | _________ | _____________ |
| 3RD QUARTER | ___________ | ____________ | 9/15/23 | _________ | _____________ |
| 4TH QUARTER | ___________ | ____________ | 1/16/24 | _________ | _____________ |

**PLEASE PROVIDE ALL COPIES OF W-2'S FOR WAGES RECEIVED DURING THE YEAR.**

**CALIFORNIA RESIDENT ALL YEAR? ______ IF NOT, DATES OF RESIDENCY___________**
**What other states did you work in or have income from? ______________________________________**

**INTEREST INCOME** (***PLEASE PROVIDE ALL 1099's)***

| ***FROM WHOM RECEIVED*** | ***TYPE OF ACCOUNT*** | ***AMOUNT*** |
|---|---|---|
| ______________________________ | __________________ | ______________ |
| ______________________________ | __________________ | ______________ |
| ______________________________ | __________________ | ______________ |

**DIVIDEND INCOME** (***PLEASE PROVIDE ALL 1099's FOR PROPER TAX TREATMENT)***

| ***FROM WHOM RECEIVED*** | ***TYPE OF ACCOUNT*** | ***AMOUNT*** |
|---|---|---|
| _______________________________ | _________________ | _____________ |
| _______________________________ | _________________ | _____________ |
| _______________________________ | _________________ | _____________ |

***(DO NOT LIST INTEREST OR DIVIDENDS FROM IRA's, KEOGH's, SEP's, SIMPLE's or other TAX DEFERRED PLANS)***

******DO YOU HAVE CONTROL OVER ANY FOREIGN BANK ACCOUNTS OR OTHER ASSETS WORTH OVER $10,000 AT ANY TIME DURING THE YEAR? _________________________******
******(NON-DISCLOSURE CAN BE SUBJECT TO FBAR / FINCEN REPORTING PENALTIES) ******

**Any virtual currency transactions – Sell or exchange must now be reported-please provide crypto wallet**
**Include Services, Mining, Staking, Hard Forks**
***Please provide holdings in any virtual foreign wallet***

| | SELF | SPOUSE |
|---|---|---|
| GRANTS FROM CITY, COUNTY OR STATE | __________ | __________ |
| STATE REFUND ***(IF ITEMIZED IN 2022)*** | __________ | __________ |
| ALIMONY RECEIVED **(NOT *CHILD SUPPORT)*** | __________ | __________ |
| Date of Divorce________________________________________ | | |
| FOREIGN EARNED INCOME (country ____________________) | __________ | __________ |
| PENSION OR ANNUITY (Retried Public Safety Officer - PSO)1099-R | __________ | __________ |
| IRA DISTRIBUTIONS **(SEE REVERSE FOR ROTH CONVERSION)** | __________ | __________ |
| UNEMPLOYMENT COMPENSATION (All copies of 1099 of 1099 G) | __________ | __________ |
| PURCHASE ANY SAVINGS BONDS? | __________ | __________ |
| SOCIAL SECURITY (please provide forms 1099-SSA) | __________ | __________ |
| BONUS/PRIZES/AWARDS/REIMBURSEMENTS **(NOT IN W-2)** | __________ | __________ |
| LOTTERY AND GAMBLING WINNINGS (W-2G) | __________ | __________ |
| TAXABLE DISABILITY NOT INCLUDED ELSEWHERE | __________ | __________ |
| TIP INCOME NOT REPORTED TO EMPLOYER | __________ | __________ |
| CANCELLATION OF DEBT (provide detail & Forms 1099-C/A) | __________ | __________ |
| OTHER ____________________________________________ | __________ | __________ |

**(PLEASE PROVIDE ALL 1099's, W-2P's OR OTHER DOCUMENTATION OF INCOME)**

**<u>OTHER MISCELLANEOUS INCOME NOT REPORTED PREVIOUSLY:</u>**

**<u>SALE OF ASSETS:</u>**

FOR SALE OF STOCK, THE FOLLOWING INFORMATION WILL BE NECESSARY:

1. 1099-B'S, SALES, AND PURCHASE CONFIRMATIONS (or sales summary from broker)
2. PURCHASE DATE, PURCHASE PRICE (INCLUDING COMMISSION)
3. RECORDS OF PUT AND CALL ACTIVITY
4. SALES DATE, SALES PRICE (INCLUDING COMMISSION)
5. ANY <u>CRYPTOCURRENCY</u> INFORMATION MUST BE INCLUDED ALSO-Provide F-8949 from virtual wallet – INCLUDING SERVICES, MINING, STAKING AND HARD FORKS

FOR REGULAR SALES, SHORT SALES, OR FORECLOSURES/REPOSSESSIONS OF RENTAL PROPERTY, PERSONAL OR SECOND RESIDENCES OR OTHER INVESTMENT PROPERTY, THE FOLLOWING WILL BE NECESSARY ***(please provide all forms 1099-S, 1099-C and/or 1099-A)***

1. ORIGINAL PURCHASE ESCROW SETTLEMENT STATEMENT
2. TOTAL COST OF IMPROVEMENTS MADE ON ORIGINAL PROPERTY FOR PERIOD OF TIME OWNED BY YOU
3. SALES ESCROWS/REPOSSESSION OR FORECLOSURE SETTLEMENT PAPERS
4. PURCHASE ESCROW OF ANY REPLACEMENT PROPERTY IF APPLICABLE
5. TOTAL COST OF IMPROVEMENTS TO BE MADE TO NEW PROPERTY WITHIN 2 YEAR PERIOD (FOR TAX DEFERRAL OR PERSONAL RESIDENCE)

***IF INHERITED PROPERTY, NEED FAIR MARKET VALUE ON DATE OF DEATH OR VALUATION***

**<u>PLEASE PROVIDE K-1'S FOR PARTNERSHIPS, LLC's, S CORPS AND ESTATES & TRUSTS.</u>**

**<u>OTHER MISCELLANEOUS DEDUCTIONS, TAXES AND CREDITS:</u>**

***ACA -*** *DID ALL MEMBERS OF YOUR HOUSEHOLD HAVE HEALTH INSURANCE FOR THE ENTIRE YEAR?*
**__________ *Company?* ______________________ *Policy #* ______________**
***If no, list household members with dates who were not covered*** **__________________________________**

*****PLEASE PROVIDE ALL FORMS 1095-A/B/C***

**<u>RETIREMENT and BENEFIT PLANS</u>:**

| | AMOUNT SELF | SPOUSE |
|---|---|---|
| IRA CONTRIBUTIONS *(INCLUDE NON-WORKING SPOUSE)* | __________ | ________ |
| SEP-IRA-SIMPLE CONTRIBUTIONS | __________ | ________ |
| KEOGH CONTRIBUTIONS | __________ | ________ |
| HEALTH/MEDICAL SAVINGS ACCOUNT (MSA/HSA) | __________ | ________ |
| QUALIFYING PENSION OR PROFIT-SHARING PLAN? | __________ | ________ |
| SOLO 401k (SELF EMPLOYMENT) | __________ | ________ |

**<u>ROTH IRA CONTRIBUTIONS AND CONVERSIONS</u>**

| | | |
|---|---|---|
| ROTH IRA CONTRIBUTION | __________ | _________ |
| TOTAL INCOME FROM IRA CONVERTED TO A ROTH | __________ | _________ |

IN 2023, DID YOU CONTRIBUTE TO A NON-DEDUCTIBLE IRA THEN IMMEDIATELY CONVERT TO A ROTH IRA? _______________________ ___________ _________
(PLEASE PROVIDE FORMS F1099R / 5498)

**<u>STUDENT LOAN INTEREST EXPENSE</u> (**F-1098-E)

**<u>ALIMONY PAID:</u>** WILL NOT BE DEDUCTIBLE OR INCLUDED FOR AGREEMENTS AFTER 12/31/18
RECIPIENT'S NAME _______________________________________ DATE OF DIVORCE_____________
AMOUNT PAID __________ _________________ SOCIAL SECURITY # ________-______-_______

**<u>DIRECT DEPOSIT INFORMATION:</u>**

**We recommend direct deposit – decreases time to receive refund and less chance of check getting lost in the mail.** *(IF REFUND IS TO BE DIRECTLY DEPOSITED TO YOUR ACCOUNT. PLEASE PROVIDE A <u>VOIDED CHECK</u> TO VERIFY ACCOUNT WHERE REFUND WILL BE DEPOSITED. NOTE, THE RTN IS GENERALLY THE FIRST 9 DIGITS OF THE NUMBER ON YOUR CHECK, THE DAN IS THE SECOND SET)*

NAME OF FINANCIAL INSTITUTION _______________________________________________
ROUTING TRANSIT NUMBER (RTN) _______________________________________________
DEPOSITOR ACCOUNT NUMBER (DAN)_______________________________________________
TYPE OF ACCOUNT (savings or checking) _______________________________________________
WHO IS THE OWNER OF ACCOUNT? SELF _______ SPOUSE ______ JOINT ______
IS ANYONE ELSE BESIDES YOUR SPOUSE LISTED ON THE ACCOUNT? _____ YES ____ NO
**OTHER INFORMATION OR QUESTIONS:** _______________________________________________
_____________________________________________________________________________