

## 2023 Tax Credits/ Other Taxes Worksheet

**AFFORDABLE CARE ACT / HEALTH INSURANCE PREMIUM SUBSIDY / SHARED RESPONSIBILITY PAYMENT:**

1. Did you get health insurance through your job for all members of your household? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did you purchase health through Covered California or other insurance agency? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Were you and all members of your household covered by health insurance all year? Yes \_\_\_\_\_ No \_\_\_\_\_
4. If no, provide a list of months when you lacked coverage \_\_\_\_\_
5. Please provide name of insurer and policy#. Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**PLEASE PROVIDE ALL FORMS 1095-A, 1095-B AND 1095-C**

**HAVE YOU REC'D CORRECTED FORMS 1095-A/B OR C FOR PRIOR YEARS? IF SO, PLEASE PROVIDE**

**CHILD TAX CREDIT** (Depending on income level, you may be eligible for the Child Tax Credit, please list your dependent children below who were under age 17 at the end of 2023)

First and Last Name	Birthdate	SSN	Relationship	Citizen/Resident
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CHILD AND DEPENDENT CARE CREDIT:** (Please breakdown expenses by caregiver and dependent – (MANDATORY))

CAREGIVER'S NAME/FACILITY #1 \_\_\_\_\_  
 TAX ID# or SSN# \_\_\_\_\_ (Form W-10 can be used to secure mandatory number from caregiver)  
 ADDRESS \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_  
 AMOUNT PAID \_\_\_\_\_ FOR CARE OF: \_\_\_\_\_  
 AMOUNT PAID \_\_\_\_\_ FOR CARE OF: \_\_\_\_\_

CAREGIVER'S NAME/FACILITY #2 \_\_\_\_\_  
 TAX ID# or SSN# \_\_\_\_\_ (Form W-10 can be used to mandatory secure number from caregiver)  
 ADDRESS \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_  
 AMOUNT PAID \_\_\_\_\_ FOR CARE OF: \_\_\_\_\_  
 AMOUNT PAID \_\_\_\_\_ FOR CARE OF: \_\_\_\_\_

***Did you have a cafeteria or flexible spending account (FSA) for child or medical expenses thru your employer? Yes \_\_\_ No \_\_\_***  
*(to deduct child care you must provide the name, address, telephone number and tax identification number of person/facility caring for child /dependent. Call us if you need Form W-10 - no credit for child/dependent over 13 unless disabled)*

**EDUCATION CREDITS** The law provides two different types of post secondary education tax credits, the American Opportunity Tax Credit and the Lifetime Learning Credit. Please provide the following information for each student in the household. Note, the student can be yourself, your son, daughter, spouse or other dependent. (Form 1098-T is required to claim the credit).

Student	Date 1 <sup>st</sup> Attended	Tuition and Fees	Books, Supplies, & equipment	Attended at least ½ time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were any of these students receiving any scholarships/grants? \_\_\_\_\_ if so, please provide details.

Were any of these expenses paid by GI Bill benefits or any other excludible income source? \_\_\_\_\_  
 If so, please provide details. \_\_\_\_\_

**PLUG-IN ELECTRIC VEHICLE CREDIT** (HYBRIDS NO LONGER QUALIFY FOR CREDITS)

(Please provide contract and manufacturer's documentation)

**MUST** have VIN# \_\_\_\_\_, ALL CLEAN ENERGY INFO AND MSRP

Date of purchase \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Cost \_\_\_\_\_ Did you purchase it new or used? \_\_\_\_\_

Do you use the vehicle for business purposes? \_\_\_\_\_ (Note: LEASES DO NOT QUALIFY FOR THIS CREDIT)

Did you install a charging station? Please provide documentation

**FOREIGN TAX CREDIT:**

COUNTRY \_\_\_\_\_ CURRENCY \_\_\_\_\_ TYPE OF INCOME \_\_\_\_\_

EXCHANGE RATE \_\_\_\_\_ FOREIGN INCOME \_\_\_\_\_ FOREIGN TAX / VAT \_\_\_\_\_

Are the above numbers listed in U.S. or Foreign currency? \_\_\_\_\_

Did you receive a gift, inheritance, or foreign trust from a foreign person? \_\_\_\_\_

**ENERGY EFFICIENT HOME CREDIT – SOLAR, FUEL CELL AND GEOTHERMAL ONLY**

PERSONAL RESIDENCE ONLY – Please provide contract that shows what was installed and how much was paid. Additionally, you need to obtain a manufacturer's certificate regarding the qualified energy efficiency improvements. Property eligible for a 30% credit includes Solar water heating equipment, photovoltaic electricity generating property, small wind and geothermal heat pumps and qualified fuel cell property (main home only for fuel cells).

Did you install any energy improvements to your home? Please provide documentation

**EARNED INCOME CREDIT** (Please provide the following required information)

1. Have you ever had the Earned Income Credit disallowed through an audit by the IRS? \_\_\_\_\_
2. If you have qualifying dependents, are the Social Security Numbers you have listed for these dependents, correct? \_\_\_\_\_
3. Did these dependents reside with you for more than 1/2 the year and did you provide over 1/2 the cost of the residence?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. Did you have Investment Income from Interest, Dividends and the like? \_\_\_\_\_ \$ \_\_\_\_\_
5. Is anyone else claiming either yourself or any qualifying dependent on their tax returns? \_\_\_\_\_
6. Did you live in the U.S. all year? \_\_\_\_\_

**ADOPTION CREDIT: (no stepparent adoptions qualify)**

NAME OF CHILD \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SSN / ATIN \_\_\_\_\_

EXPENSES PAID: Year paid \_\_\_\_\_ Amount \_\_\_\_\_ Year paid \_\_\_\_\_ Amount \_\_\_\_\_

DATE ADOPTION WAS FINAL \_\_\_\_\_ (please provide adoption order or court decree)

WAS THIS AN ADOPTION OF A FOREIGN-BORN CHILD? \_\_\_\_\_

WAS THIS AN ADOPTION OF A SPECIAL NEEDS OR HARD TO PLACE CHILD? \_\_\_\_\_

(Please provide statement from court / agency regarding adopted child's placement status)

DOES YOUR EMPLOYER HAVE AN ADOPTION ASSISTANCE PROGRAM? \_\_\_\_\_ AMOUNT \_\_\_\_\_

**RENTER'S CREDIT (INCOME LIMITATION APPLIES)**

Did you rent in the State of California during the past year? If so, please provide dates \_\_\_\_\_

Have you claimed the Homeowner's exemption on any property you currently own? \_\_\_\_\_

**NANNY OR HOUSEHOLD EMPLOYMENT TAX INFORMATION**

1. Do you have any household employees that you paid wages to? \_\_\_\_\_
2. Name of employee \_\_\_\_\_ SSN#: \_\_\_\_\_
3. Wages paid during the year \_\_\_\_\_ Was this employee included in quarterly 941's? \_\_\_\_\_
4. Please provide all 941's and W-2's filed.

**OTHER QUESTIONS / INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

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