

INDIVIDUAL/PERSONAL WORKSHEET 2025

NAME _____ SOC. SEC. # _____ - _____ - _____ BIRTHDATE _____
 OCCUPATION _____ CELL PHONE _____
 SPOUSE _____ SOC. SEC. # _____ - _____ - _____ BIRTHDATE _____
 OCCUPATION _____ CELL PHONE _____
 EMAIL _____ SP.EMAIL _____
 PHYSICAL ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 MAILING ADDRESS IF DIFFERENT _____

DEPENDENTS: (MANDATORY FOR ALL DEPENDENTS)

NAME	BIRTHDATE	LIVE w/YOU?	SOCIAL SECURITY #	RELATIONSHIP
_____	_____ - _____ - _____	_____	_____ - _____ - _____	_____
_____	_____ - _____ - _____	_____	_____ - _____ - _____	_____
_____	_____ - _____ - _____	_____	_____ - _____ - _____	_____

ESTIMATED TAX PAYMENTS: (MADE FOR TAX YEAR 2025)

	DATE PAID	FED AMOUNT	DUE DATE	DATE PAID	STATE AMOUNT
1ST QUARTER	_____	_____	4/18/25	_____	_____
2ND QUARTER	_____	_____	6/15/25	_____	_____
3RD QUARTER	_____	_____	9/15/25	_____	_____
4 TH QUARTER	_____	_____	1/15/26	_____	_____

PLEASE PROVIDE ALL COPIES OF W-2'S FOR WAGES RECEIVED DURING THE YEAR ALONG WITH FINAL PAYSTUB FOR EACH W-2 IF OVERTIME OR TIPS RECEIVED

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 2024)	_____	_____
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 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)

OTHER MISCELLANEOUS INCOME NOT REPORTED PREVIOUSLY:

SALE OF ASSETS:

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 CRYPTOCURRENCY INFORMATION MUST BE INCLUDED ALSO-Provide F-8949 and 1099-DA 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 APPRAISAL

PLEASE PROVIDE K-1'S FOR PARTNERSHIPS, LLC'S, S CORPS AND ESTATES & TRUSTS.

OTHER MISCELLANEOUS DEDUCTIONS, TAXES AND CREDITS:

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***

RETIREMENT and BENEFIT PLANS:

AMOUNT

SELF

SPOUSE

IRA CONTRIBUTIONS <i>(INCLUDE NON-WORKING SPOUSE)</i>	_____	_____
SEP-IRA-SIMPLE CONTRIBUTIONS	_____	_____
KEOGH CONTRIBUTIONS	_____	_____
HEALTH/MEDICAL SAVINGS ACCOUNT (MSA/HSA)	_____	_____
QUALIFYING PENSION OR PROFIT-SHARING PLAN?	_____	_____
SOLO 401k (SELF EMPLOYMENT)	_____	_____

ROTH IRA CONTRIBUTIONS AND CONVERSIONS

ROTH IRA CONTRIBUTION _____

TOTAL INCOME FROM IRA CONVERTED TO A ROTH (1099-R) _____

IN 2025, DID YOU CONTRIBUTE TO A NON-DEDUCTIBLE IRA THEN IMMEDIATELY CONVERT TO A ROTH IRA? _____

(PLEASE PROVIDE FORMS F1099R / 5498)

STUDENT LOAN INTEREST EXPENSE (F-1098-E)

ALIMONY PAID: WILL NOT BE DEDUCTIBLE OR INCLUDED FOR AGREEMENTS AFTER 12/31/18

RECIPIENT'S NAME _____ DATE OF DIVORCE _____

AMOUNT PAID _____ SOCIAL SECURITY # _____ - _____ - _____

DIRECT DEPOSIT/WITHDRAWAL INFORMATION:

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 VOIDED CHECK 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: _____
