

2025 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 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 st 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 (PLUG-IN HYBRIDS QUALIFY FOR CREDITS)-PURCHASED BY 9/30/25

(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? (Windows, heating, A/C, water heater, etc)

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.

Did you open a CalSavers account for your employee(s)?

OTHER QUESTIONS / INFORMATION:
