

You will need:

- Tax documents such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

- Please complete pages 1-2 of this form (**FRONT and BACK**).
- You are responsible for the information on your return. Please provide complete and accurate information.

Part I – Your Personal Information *(If you are filing a joint return, enter your names in the same order as last year's return)*

1. Your first name:	M.I.:	Last name:	Social Security #:	Daytime Telephone #:		
2. Your spouse's first name:	M.I.:	Last name:	Your spouse's Social Security #:	Your Spouse's Daytime Telephone #:		
3. Mailing address:			Apt #:	City:	State:	ZIP code:
4. Your Date of Birth:	5. Your Job Title:		6. Your email address:		7. Last year, were you a Full-Time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Your spouse's Date of Birth:	9. Your spouse's Job Title:		10. Spouse's email address:		9. Last year, was your spouse a Full-Time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure						
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status?

Never Married/Single

Married

a. If Yes, Did you get married in 2020? Yes No

b. Did you live with your spouse during any part of the last six months of 2020? Yes No

Will or has your spouse filed a tax return with the filing status Married Filing Separate? (MFS) Yes No

Divorced Date of final decree: _____

Separated Date of separation: _____

Widowed Year of spouse's death: _____

Part III – Economic Impact Payment (Stimulus Check)

1. If received, amount of payment issued **beginning April 2020**:

2. If received, amount of payment issued **beginning December 2020**:

2. List names, information, and answer questions for your dependents below.

Name <i>(first, last)</i> Do not enter your name or spouse's name below.	Date of Birth <i>(mm/dd/yy)</i>	Relationship to you <i>(for example: son, daughter, parent, etc.)</i>	Social Security Number: <i>(xxx-xx-xxx)</i>	Number of months lived in your home last year <i>(1-12)</i>	Full-time Student last year <i>(yes/no)</i>	Totally and Permanently Disabled <i>(yes/no)</i>	Can this dependent be claimed by another person?	Did this dependent provide 50% or more of his/her own support last year?	Did this dependent have less than \$4,200 of income?	Did you provide more than 50% of support for this dependent?	Did you pay more than half the cost of maintaining a home for this dependent?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*****PLEASE COMPLETE TO THE BEST OF YOUR KNOWLEDGE**

Additional Information and Questions Related to the Preparation of Your Return

1. If you are due a refund, would you like direct deposit? Yes No Bank Routing # _____ Account # _____
2. Did you or anyone on your return have health coverage through the Marketplace (Covered California/"Obama Care")? **[Provide Form 1095-A]** Yes No Unsure
3. CA State has mandated that beginning January 1, 2020, CA residents must have qualifying health insurance coverage. Do you have proof of insurance? Yes No Unsure

Check appropriate box for each question in each section.

Yes	No	Unsure	Part III – Income – Last year, Did You (or your spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? You: _____ Your Spouse: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Self- Employment income? (Form 1099-MISC, cash, virtual currency [Bitcoin], or other property or services) Cash Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Refund of state/ local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Interest/ Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency, or Real Estate? (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Disability income? (Such as payments from insurance, or workers compensation) (Forms 1099-R, W2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Gambling winnings? (Form W2-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other income? (Tip, Scholarships? [Forms W-2, 1098-T] , lottery, prizes, awards, jury duty, Sch K-1 , royalties, foreign income, other property or services, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Alimony or separate maintenance payments? If yes, recipient S.S.# _____ Date of Agreement: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> ROTH IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. College or post-secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Child or dependent care expenses such as daycare? If yes- You will need Name, EIN or SS#, Address of Care Provider & Amount Spent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. For supplies used as an eligible educator such as teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V– Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have a credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Purchase and install energy efficient solar panels for your primary residence?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Make estimated tax payments or apply last year's refund to this year's tax? If so, how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. File a federal return last year containing a "capitol loss carryover" on Form 1040 Schedule D?

Tax Payer Signature: _____

Date: _____