

# “UBIQUITY”

1910 W. Redondo Beach Blvd, Gardena, CA 90247  
(Office) 310-323-1222/(Fax) 310-323-1223  
(Residents Outside CA) 800-523-1407

## PART I - PERSONAL INFORMATION

### TAXPAYER

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

### SPOUSE

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

## PART II - DEPENDENT INFORMATION

**(Please write your Child's Name and Social Security Number As It Appears on the Social Security Card)**

<u>FIRST NAME</u>	<u>MIDDLE INITIAL</u>	<u>LAST NAME</u>	<u>SOCIAL SECURITY #</u>	<u>DATE OF BIRTH</u>
1. _____			1. _____	1. _____
2. _____			2. _____	2. _____
3. _____			3. _____	3. _____
4. _____			4. _____	4. _____

**FOR PROOF OF ELIGIBLE EARNED INCOME CREDIT:** Please **ATTACH** copies of your child's **BIRTH CERTIFICATE** and **SOCIAL SECURITY CARDS**.

**FOR PROOF OF RESIDENCY:** Please **ATTACH** copies of your child's **SCHOOL RECORDS**, **MEDICAL RECORDS**, or **REPORT CARD** with the child's name and address on it.

**I DECLARE UNDER PENALTY AND PERJURY THAT THE ABOVE NAMED DEPENDENTS LIVED WITH ME FOR MORE THAN (6) MONTHS LAST YEAR.**

TAXPAYER: \_\_\_\_\_

DATE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Do you or your spouse owe the INTERNAL REVENUE SERVICE (IRS)? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have you or your spouse received an AUDIT letter from the IRS? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you or your spouse owe the FRANCHISE TAX BOARD (FTB)? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Have you or your spouse received an AUDIT letter from the FTB? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you or your spouse owe any STUDENT LOANS? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Did you, your spouse, or dependent attend college? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, please ATTACH copies of your 1098-T for each person.**
6. Did you pay for college books/parking/college supplies? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, how much did you pay for books?** \_\_\_\_\_
- How much did you pay for campus parking?** \_\_\_\_\_
- How much did you pay for laptop/tablet/supplies?** \_\_\_\_\_
7. Do you or your spouse owe CHILD SUPPORT? YES \_\_\_\_\_ NO \_\_\_\_\_
8. Do you or your spouse pay CHILD SUPPORT or SPOUSAL SUPPORT? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, what date did you start paying SPOUSAL SUPPORT?** \_\_\_\_\_
9. Did you or your spouse withdraw money from your 401K? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, please ATTACH a copy of your 1099-R**
10. Were you or your spouse unemployed last year? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, please ATTACH a copy of your 1099-G**
11. Did you or your spouse have GAMBLING WINNINGS last year? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, please ATTACH copies of your W-2G**
12. Did you or your spouse sell stock last year? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, ATTACH copies of your 1099-B**
13. Did you or your spouse lose money by making BAD DEBT financial decisions? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, ATTACH proper documentation showing proof of Bad Debt.**
- Name of Organization or Person Debt was loss to: \_\_\_\_\_
- Date of Debt/Loan: \_\_\_\_\_ Amount of Debt/Loan: \_\_\_\_\_
14. Is this your first year with UBIQUITY TAX AND ACCOUNTING SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_

**PART III - MEDICAL/DENTAL EXPENSES**

1. Did you or your spouse pay for any MEDICAL EXPENSES/PREMIUMS? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, amount of Medical Expenses (Excluding Premiums) \_\_\_\_\_  
If yes, amount of Annual Medical Premiums \_\_\_\_\_
2. Did you or your spouse pay for any DENTAL EXPENSES/PREMIUMS? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, amount of Dental Expenses (Excluding Premiums) \_\_\_\_\_  
If yes, amount of Annual Dental Premiums \_\_\_\_\_
3. Did you or your spouse pay for any VISION EXPENSES/PREMIUMS? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, amount of Vision Expenses (Excluding Premiums) \_\_\_\_\_  
If yes, amount of Vision Premiums. \_\_\_\_\_
4. Did you or your spouse spend money on PRESCRIPTIONS last year? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, how much for the year? \_\_\_\_\_

**PART IV - REAL ESTATE - (Home Owners)**

1. Did you or your spouse buy a house last year? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, **ATTACH** a copy of your 1098 Annual Mortgage Statement
2. Did you or your spouse pay for POINTS on your new Mortgage Loan? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, how much did you pay for points? \_\_\_\_\_  
(Points can be found on your loan docs)
3. Did you or your spouse refinance your principal residence last year? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, how much did you pay for points for refinancing? \_\_\_\_\_  
(Points can be found on your loan docs)  
(If you refinanced last year, please **ATTACH** both 1098 Mortgage Statements)

**PART V - CAR REGISTRATION**

1. Do you or your spouse own a vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- A. Year, Make and Model of CAR 1: \_\_\_\_\_  
How much is the Registration for CAR #1: \_\_\_\_\_
- B. Year, Make and Model of CAR 2: \_\_\_\_\_  
How much is the Registration for CAR #2: \_\_\_\_\_
- C. Year, Make and Model of CAR 3: \_\_\_\_\_  
How much is the Registration for CAR #3: \_\_\_\_\_

**PART VI - CHARITABLE CONTRIBUTIONS**

1. Did you or your spouse donate CASH money to any organization? YES \_\_\_\_\_ NO \_\_\_\_\_  
(EXAMPLE: Church, United Way, etc.) (Attach proof of donations)
- Name of Organization: \_\_\_\_\_  
Amount of Donation: \_\_\_\_\_
2. Did you or your spouse make a NON-CASH contribution to any organization? YES \_\_\_\_\_ NO \_\_\_\_\_  
(EXAMPLE: Clothes, Furniture, etc...) (Attach proof of contribution)
- Name of Organization: \_\_\_\_\_  
Value Amount of Contribution: \_\_\_\_\_

**PART VII - CASUALTIES AND THEFT LOSSES**

1. Did you or your spouse have a BURGLARY or THEFT valued over \$5000.00? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Attach proof of Burglary or Theft)
- Type of Loss: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_  
Amount of Loss: \_\_\_\_\_
- Did the Insurance Company reimburse you? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, how much was the reimbursement? \_\_\_\_\_

**PART VIII - JOB RELATED EXPENSES**

1. Did you or your spouse pay **UNION DUES** last year? YES \_\_\_\_\_ NO \_\_\_\_\_

Amount of UNION DUES paid: \_\_\_\_\_

2. Did you or your spouse buy **TOOLS/EQUIPMENT** last year? YES \_\_\_\_\_ NO \_\_\_\_\_

Amount paid for TOOLS/EQUIPMENT \_\_\_\_\_

3. Did you or your spouse pay for **MATERIALS or SUPPLIES** last year for work? YES \_\_\_\_\_ NO \_\_\_\_\_

Amount paid for MATERIALS or SUPPLIES: \_\_\_\_\_

4. Did you or your spouse pay for **UNIFORMS** last year? YES \_\_\_\_\_ NO \_\_\_\_\_

How much for:

Uniform Purchase \_\_\_\_\_ Uniform Cleaning \_\_\_\_\_ Work Shoes \_\_\_\_\_

5. Did you or your spouse pay for **CONTINUED EDUCATION** relating to your job? YES \_\_\_\_\_ NO \_\_\_\_\_

Amount of CONTINUED EDUCATION: \_\_\_\_\_

6. Did you or your spouse use your car for work related business trips? YES \_\_\_\_\_ NO \_\_\_\_\_

How many miles traveled in between jobs? \_\_\_\_\_

(If you worked 2 or more jobs)

How many days weekly in between jobs? \_\_\_\_\_

**PART IX - CHILDCARE EXPENSES**

1. Did you or your spouse pay for **CHILDCARE** last year? YES \_\_\_\_\_ NO \_\_\_\_\_

(Please make sure to request from your daycare provider an annual letter or receipt stating the amount of money you paid for daycare)

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_

Provider Federal I.D. or Social Security #: \_\_\_\_\_

Amount of Childcare Paid for last year: \_\_\_\_\_

**PART X - MOVING EXPENSES**

1. Did you or your spouse move last year? YES \_\_\_\_\_ NO \_\_\_\_\_
- Distance from OLD home to OLD job: \_\_\_\_\_
- Distance from OLD home to NEW job: \_\_\_\_\_
- Amount Paid for Storage Expense: \_\_\_\_\_
- Amount Paid for Hotel Expenses: \_\_\_\_\_
- Amount Paid for Travel Expenses: \_\_\_\_\_

**PART XI - COLLEGE EXPENSES**

1. Did you or your spouse attend college less than 2 years? YES \_\_\_\_\_ NO \_\_\_\_\_
- Who attended college? Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_
2. Did you or your spouse attend college more than 2 years?
- Who attended college? Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_
2. Did you or your spouse pay interest on any student loans last year? YES \_\_\_\_\_ NO \_\_\_\_\_
- Amount of Interest Paid: \_\_\_\_\_

**(BUSINESS EXPENSE/RENTAL PROPERTY WORKSHEET AVAILABLE UPON REQUEST)**

- If you get a refund, do you want direct deposit to your bank? YES \_\_\_\_\_ NO \_\_\_\_\_
- If yes, ROUTING #: \_\_\_\_\_ ACCT #: \_\_\_\_\_
- Do you want us to take our fees out of your refund? YES \_\_\_\_\_ NO \_\_\_\_\_
- How would you like to receive copies of your tax return? EMAIL: \_\_\_\_\_ PAPER \_\_\_\_\_

**I DECLARE UNDER PENALTY AND PERJURY THAT ALL PROVIDED INFORMATION AND DOCUMENTATION PROVIDED IN THIS INFORMATION WORKSHEET IS TRUE AND CORRECT.**

TAXPAYER: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF YOU WERE NOT HERE LAST YEAR, PLEASE PROVIDE A COPY OF LAST YEAR'S TAX RETURN**