*Tax Worksheet 2024 Date: \_\_\_\_\_\_\_\_*

New Client: Yes /No (**if, yes need a copy of 2023 taxes**)

1. Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_
3. Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Filing Status: **Single / Head of household / Married Filing jointly / Married Filing Separate**
5. Routing #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. Social Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**spouse**)
7. Dependents: **Yes / No** 8. Name of dependents: **Date of birth & social security**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Donations: **Yes/ No** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Church tithes: **Yes /No** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. DMV Registration fees: **Yes/No** $\_\_\_\_\_\_\_\_\_\_\_
11. New car: **Yes/ No (**if, yes) sales price $\_\_\_\_\_\_\_\_\_\_\_\_\_ Car sales tax: $\_\_\_\_\_\_\_\_\_\_
12. Lottery or gambling winnings: **Yes /No** $ \_\_\_\_\_\_\_\_\_ 16. Medical Expenses:\_\_\_\_\_\_\_\_\_

17. Social Security benefits: $ \_\_\_\_\_\_\_\_\_\_ Social Security benefits: $ \_\_\_\_\_\_\_\_\_\_ spouse

18. Covered California Insurance: Yes / No (**IF**, **yes include form 1095A)**

1. Homeowner: **Yes / No** (If, yes) Property tax $ \_\_\_\_\_\_\_\_\_\_\_ Mortgage interest $\_\_\_\_\_\_\_
2. Rental property tax: \_\_\_\_\_\_\_\_\_\_\_\_ Rental Mortgage interest:\_\_\_\_\_\_\_\_\_

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Only complete this section if you are self-employed (Schedule C)

1. **Self-employed Income:\_\_\_\_\_\_\_\_\_\_** Equipment: $\_\_\_\_\_\_\_\_\_\_ Supplies: $\_\_\_\_\_\_\_\_
2. Car: Mileage amount: \_\_\_\_\_\_\_\_\_ Car Insurance: $\_\_\_\_\_\_\_\_ Legal fees: $ \_\_\_\_\_\_\_\_\_
3. Cell phone: $\_\_\_\_\_\_\_\_ Uniforms/work shoes: $\_\_\_\_\_\_\_ Business license fee: $\_\_\_\_\_\_
4. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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