

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____
 Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer
Spouse

 Social security number _____
 First name _____
 Last name _____
 Occupation _____
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____
 Mark if legally blind _____
 Mark if dependent of another taxpayer _____
 Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____
 Date of birth _____
 Date of death _____
 Work/daytime telephone number/ext number _____
 Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact **Present Mailing Address**

Address _____
 Apartment number _____
 City/State postal code/Zip code _____
 Foreign country name _____
 Foreign phone number _____
 Home/evening telephone number _____
 Taxpayer email address _____
 Spouse email address _____

General: 1040 **Dependent Information**

| First Name | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | Care expenses paid for dependent |
|------------|-----------|---------------|---------------------|--------------|----------------|----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:
 Business name _____
 First and Last name _____
 Street address _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____
 Amount paid to care provider in 2020 _____

Taxpayer
Spouse

 Employer-provided dependent care benefits that were forfeited _____

Credits: Rebate

Economic Impact Payment (EIP)/Stimulus Payment

Please provide all copies of Notices 1444 and 1444-B that you receive.

| | | |
|---|-----------------|---------------|
| | Taxpayer | Spouse |
| Economic impact payment(s) (EIP) received (also known as the stimulus payment): | _____ | _____ |
| EIP 2 | _____ | _____ |

Mark if taxpayer or spouse, if married, was member of US Armed Forces in 2020 _____

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

| T/S/J | Description | Form | Mark if no longer applicable |
|-------|-------------|-------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

| T/S/J | Payer Name | Interest Income | Prior Year Information |
|-------|------------|-----------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2020 _____ Amount received in 2019 _____

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

| T/S/J | Payer Name | Ordinary Dividends | Qualified Dividends | Prior Year Information |
|-------|------------|--------------------|---------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price (Less expenses of sale) | Cost or Other Basis |
|-------|-------------------------|---------------|-----------|--|---------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Income: Income **Other Income**

Please provide copies of all supporting documentation.

| | | | | |
|--|-------|----------------|------------------|------------------------|
| State and local income tax refunds | | | 2020 Information | Prior Year Information |
| | | | _____ | _____ |
| Alimony received | T/S | Agreement Date | 2020 Information | Prior Year Information |
| | _____ | _____ | _____ | _____ |
| | | Taxpayer | Spouse | Prior Year Information |
| Unemployment compensation | | _____ | _____ | _____ |
| Unemployment compensation repaid | | _____ | _____ | _____ |
| Social security benefits | | _____ | _____ | _____ |
| Medicare premiums to be reported on Schedule A | | _____ | _____ | _____ |
| Railroad retirement benefits | | _____ | _____ | _____ |
| T/S/J | | | 2020 Information | Prior Year Information |
| Other Income: | | | _____ | _____ |
| _____ | | | _____ | _____ |
| _____ | | | _____ | _____ |

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Traditional IRA Contributions for 2020 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2020

Roth IRA Contributions for 2020 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2020

Taxpayer

Spouse

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2020 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

| T/S | Qualified student loan interest paid | 2020 Information | Prior Year Information |
|-----|--------------------------------------|------------------|------------------------|
| ___ | _____ | _____ | _____ |
| ___ | _____ | _____ | _____ |

Complete this section if you paid qualified education expenses for higher education costs in 2020. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

| T/S | Ed Exp Code* | Student's SSN | Student's First Name | Student's Last Name | Qualified Expenses | Prior Year Information |
|-----|--------------|---------------|----------------------|---------------------|--------------------|------------------------|
| ___ | ___ | _____ | _____ | _____ | _____ | _____ |
| ___ | ___ | _____ | _____ | _____ | _____ | _____ |
| ___ | ___ | _____ | _____ | _____ | _____ | _____ |
| ___ | ___ | _____ | _____ | _____ | _____ | _____ |

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

| T/S | Date* | Recipient name | Recipient SSN | 2020 Information | Prior Year Information |
|--------------------------|-------|----------------|---------------|------------------|------------------------|
| ___ | ___ | _____ | _____ | _____ | _____ |
| Street address | | _____ | | | |
| City, State and Zip code | | _____ | | | |

*Enter the divorce/separation agreement date

| | Taxpayer | Spouse | Prior Year Information |
|--------------------|----------|--------|------------------------|
| Educator expenses: | _____ | _____ | _____ |
| Other adjustments: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

ITEMIZED DEDUCTIONS

Itemized: A1 **Medical and Dental Expenses**

| T/S/J | | 2020 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | Medical and dental expenses | _____ | _____ |
| — | Medical insurance premiums you paid*** | _____ | _____ |
| — | Long-term care premiums you paid*** | _____ | _____ |
| — | Prescription medicines and drugs | _____ | _____ |
| — | Miles driven for medical items | _____ | _____ |

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

| T/S/J | | 2020 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | State/local income taxes paid | _____ | _____ |
| — | 2019 state and local income taxes paid in 2020 | _____ | _____ |
| — | Sales tax paid on actual expenses | _____ | _____ |
| — | Real estate taxes paid | _____ | _____ |
| — | Personal property taxes | _____ | _____ |
| — | Other taxes | _____ | _____ |

Itemized: A2 **Interest Expenses**

| T/S/J | | 2020 Information | Prior Year Information |
|-------|--|-------------------------|-------------------------------|
| — | Home mortgage interest From Form 1098 | _____ | _____ |
| T/S/J | Other home mortgage interest paid to individuals: | | |
| | Payee's Name | SSN or EIN | 2020 Information |
| | _____ | _____ | Prior Year Information |
| | Address | City | State Zip Code |
| | _____ | _____ | _____ |
| T/S/J | Investment interest expense, other than on Sch K-1s: | 2020 Information | Prior Year Information |
| | Refinancing Information: Refinance #1 | _____ | _____ |
| | Refinance #2 | _____ | _____ |
| T/S/J | Recipient/Lender name | _____ | _____ |
| | Total points paid at time of refinance | _____ | _____ |
| | Date of refinance | _____ | _____ |
| | Term of new loan (in months) | _____ | _____ |
| | Reported on Form 1098 in 2020 | _____ | _____ |

Itemized: A3 **Charitable Contributions**

| T/S/J | | 2020 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | Contributions made by cash or check | _____ | _____ |
| — | Volunteer miles driven | _____ | _____ |
| — | Noncash items, such as: Goodwill, Salvation Army | _____ | _____ |

Itemized: A3, A-St **Miscellaneous Deductions**

| T/S/J | | 2020 Information | Prior Year Information |
|-------|--|-------------------------|-------------------------------|
| — | Other expenses | _____ | _____ |
| — | Gambling losses (enter only if you have gambling income) | _____ | _____ |
| | ***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA | | |
| T/S/J | Unreimbursed expenses*** | 2020 Information | Prior Year Information |
| — | Union dues, other than amounts reported on Form W-2*** | _____ | _____ |
| — | Tax preparation fees*** | _____ | _____ |
| — | Other expenses, subject to 2% AGI limitation***: | _____ | _____ |
| — | _____ | _____ | _____ |
| — | Safe deposit box rental*** | _____ | _____ |
| — | Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT*** | _____ | _____ |

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

NOTES/QUESTIONS:

California General Information

Prior year last name

Taxpayer _____ [1]

Spouse _____ [2]

Health Care Coverage

Entire family covered for full year with minimum essential health care coverage (1 = Yes, 2 = No) _____ [3]

Use Tax

Item purchased

Purchase price

County (City)

Sales Tax paid _____ [4]

| Item purchased | Purchase price | County (City) | Sales Tax paid |
|----------------|----------------|---------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Contributions

Amount of contributions you wish to make to:

| | |
|--|--|
| Seniors Special Fund _____ [5] | State Parks Protection Fund _____ [16] |
| Alzheimer's Disease/Related Dementia Fund _____ [6] | Protect Our Coast and Oceans Fund _____ [17] |
| Rare and Endangered Species Preservation Program _____ [7] | Keep Arts in Schools Fund _____ [18] |
| Breast Cancer Research Fund _____ [8] | Prevention Animal Homelessness & Cruelty _____ [19] |
| Firefighters' Memorial Fund _____ [9] | California Senior Citizen Advocacy Fund _____ [20] |
| Emergency Food for Families Fund _____ [10] | Native California Wildlife Rehabilitation _____ [21] |
| Peace Officer Memorial Foundation Fund _____ [11] | Rape Backlog Kit Fund _____ [22] |
| Sea Otter Fund _____ [12] | Schools Not Prisons _____ [23] |
| Cancer Research Fund _____ [13] | Suicide Prevention Fund _____ [32] |
| School Supplies for Homeless Children Fund _____ [14] | |
| Parks Pass Purchase (\$195) _____ [15] | |

Renter Information

Number of months rented principal residence in California in 2020 _____ [33]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____ [34]

Property rented was exempt from property tax in 2020 _____ [35]

Taxpayer claimed homeowner's property tax exemption in 2020 _____ [36]

Spouse claimed homeowner's property tax exemption during 2020 _____ [37]

Maintained separate residencies for the entire year _____ [38]

Addresses if more than one or different from mailing address _____ [39]

Address _____ [39]

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [40]

Address _____

City _____

State _____

Zip Code _____

Telephone _____

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident

| | Taxpayer | Spouse |
|--|------------|------------|
| State of domicile | _____ [1] | _____ [2] |
| Number of days spent in California | _____ [3] | _____ [4] |
| Owned California home or property | _____ [5] | _____ [6] |
| Part-year resident: | | |
| Date moved into California | _____ [7] | _____ [9] |
| Prior state of residence | _____ [8] | _____ [10] |
| Date moved out of California | _____ [11] | _____ [13] |
| New state of residence | _____ [12] | _____ [14] |
| Nonresident or full-year resident for entire year: | | |
| State of residence | _____ [15] | _____ [16] |

Prior Year Residency Information

| | Taxpayer | Spouse |
|------------------------------|------------|------------|
| Prior residency information: | | |
| From | _____ [17] | _____ [19] |
| To | _____ [18] | _____ [20] |

Military Personnel

Part-year, Nonresident

| | Taxpayer | Spouse |
|--------------------------|------------|------------|
| State in which stationed | _____ [21] | _____ [22] |

Electronic Filing Information for Military

| | Taxpayer | Spouse |
|---|------------|------------|
| Date deployed overseas or entered combat zone/QHDA | _____ [23] | _____ [26] |
| Date returned from overseas or combat zone/QHDA | _____ [24] | _____ [27] |
| Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard) | _____ [25] | _____ [28] |
| Combat Zone/QHDA Operation/Area served | | |
| Taxpayer | _____ [29] | |
| Spouse | _____ [30] | |

NOTES/QUESTIONS: