

Taxpayer Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ C W H (circle) Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Are you a Registered Domestic Partner (RDP) in CA? Yes No

Spouse Name: \_\_\_\_\_ Sp SSN: \_\_\_\_\_ Sp DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dependent(s)?  Yes  No If yes, please provide the information requested below for each dependent:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

What are your primary sources of income?  W-2  Self-Employed  Retirement  
 Social Security Other \_\_\_\_\_

Did you receive any of the following?  Disability  Unemployment  Paid Family Leave

Did you and your dependents have health insurance for the full year? ( ) Yes ( ) No

If yes, what was the source of coverage?  Employer  Medicare  Self  
 Exchange (Covered CA)  N/A

Did you receive any distribution from a profit-sharing plan, retirement, or IRA during the year?  Yes

Did you operate a business during the year or acquire an interest in a Partnership, S-Corp or Trust?  Yes

Did you use your car on the job? (Other than to and from work)  Yes

Did you use any part of your home for business purposes during the year?  Yes

Did you open a Roth IRA and / or rollover an existing traditional IRA into the new Roth IRA?  Yes

Did you buy or sell any stocks, bonds, or 'crypto-currencies' during the year?  Yes

Did you have a financial interest in or signature authority over a foreign account?  Yes

Did you incur any daycare expenses for your dependent(s)?  Yes

Are you paying back student loans?  Yes

Did you incur educational expenses during the year?  Yes

Did you purchase, sell or refinance a home?  Yes

Did you own or operate a rental property or subleased room?  Yes

Did you have any debt canceled or forgiven?  Yes