

# Lina's Tax Team

## Client Information Sheet

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

Spouse: \_\_\_\_\_

SSN#: \_\_\_\_\_

SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

(To use on your tax return for IRS or FTB correspondence)

Cell Phone: \_\_\_\_\_

Who is primary contact for questions / portal: \_\_\_\_\_

**Dependents:**

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security#</u>	<u>Relationship</u>	<u>College (Y/N)</u>
_____	__ - __ - ____	___ / ___ / ____	_____	_____
_____	__ - __ - ____	___ / ___ / ____	_____	_____

Refund Direct Deposit  Yes  No

(If yes, pick one of three options below)

**To pay: Go to [www.irs.gov](http://www.irs.gov) and [www.ftb.ca.gov](http://www.ftb.ca.gov)**

Use bank information from prior year return  Cancelled check provided  Bank information provided below

Bank Name: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

- |  |  |
|--|--|
| 1. Self-employed / 1099MISC? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 12. Purchased electric car? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 2. Pay / mail estimated taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 13. Solar panels / home improvements? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 14. Dependent/child care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 4. K-1 from partnership, trust or S-corporation / investments?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                 | 15. Principal/rental home purchase or sale? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| 5. Short sale / foreclosure / 1099C / refi? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | 16. Stocks, ESPP, RSU sales? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 6. Gaps in health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 17. Receive Social Security / Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 7. Health insurance through Covered California / received 1095A?<br><input type="checkbox"/> Yes <input type="checkbox"/> No               | 18. Withdraw funds early from 401k / IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 8. Foreign bank account, trust or business? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | 19. IRA Conversion or "Backdoor" ROTH? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 9. Did you receive interest in foreign acct? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | 20. Moved from another state or more than 50 miles for work or health reasons?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Births, deaths, marriages, divorces or adoptions in your immediate family?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 21. HSA contribution or distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 11. Gave gift of more than \$14,000? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 22. College tuition for you or dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No   |