



# Tax Preparation Instructions

NAME: \_\_\_\_\_

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

TIME: \_\_\_\_\_

At time of appointment, please provide the following documentation listed below. Please fill out the forms as accurately and completely as possible before coming to your appointment. One week prior to your appointment, please check to make sure you have received all the necessary forms and documents to have your Tax Return prepared. If you have not received all of your forms, or for any other reason you cannot keep the appointment, please call 818-814-3933 to cancel your appointment and reschedule. Please leave your name, phone number, and the date of the appointment you need to reschedule, and we will call you back. This should give you more time to get all your forms and allow us to schedule others to take your place.

Please provide the following documentation:

- **Copy of 2023 INCOME TAX RETURN** (last year)
- Copy of Photo ID – Driver’s License or Valid Identification of Taxpayer and/or Spouse
- Copy of Social Security Cards for yourself and all dependents
- ALL 2024 FORMS: W-2, 1099-R, 1099-INT, 1099-DIV, 1099-B, 1099-NEC, 1099K, 1099-MISC, SSA-1099 from Social Security, State Tax Refund, etc.
- Summary of all receipts or cancelled checks if itemizing deductions
- Unemployment Compensation (1099G)
- Form 1098-T Tuition Statement, receipts to substantiate educational expenses, 1098-E student loan interest, if any
- Detail of estimated Tax payments made, if any (Form 1040-ES, 540-ES)  
To claim Earned Income Credit, please provide:
  - Proof of residency of your DEPENDENTS, school records, medical records, church records, rental agreements, etc.
  - Proof of relationship; birth certificate
- Copy of check for direct deposit of refund or payment of taxes owed

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## Tax Preparation Fee Schedule

**(WILL NOT PREPARE TAX RETURNS WITH DEPRECIATION DEDUCTION)**

Simple short form returns: up to 2 (W-2s) or 2 (1099s) including Federal & State plus e-file	\$ 25.00
<b>Additional Fees on top of Basic fee of \$25.00:</b>	
Three (3) or more (W-2s) or three (3) or more (1099s)	\$ 10.00
Schedule A - Itemized Deductions	\$ 20.00
Schedule B - Interest & Dividend Income	\$ 10.00
Schedule C - Net Profit from business, simple small business without depreciation or use of home office expense	\$ 30.00
Schedule SE - Self Employment Tax	\$ 10.00
Schedule D - Capital Gains and Losses (up to 5 transactions)	\$ 20.00
Schedule D - Capital Gains and Losses (up to 10 transactions)	\$ 30.00
Schedule EIC - Earned Income Credit	\$ 30.00
Schedule 1040ES - Estimated Tax	\$ 10.00
Schedule R - Credit for Elderly	\$ 10.00
Form 2441 Child and dependent care expenses	\$ 20.00
Form 5329 Additional Taxes on Qualified Plans	\$ 10.00
Form 8283 Non-cash Charitable Contributions	\$ 20.00
Form 8606 Nondeductible IRAs	\$ 20.00
Form 8812 Child Tax Credit	\$ 20.00
Form 8829 Expenses for Business use of Home	\$ 20.00
Form 8863 Education Credits (Form 1098-T)	\$ 20.00
Form 8880 Credit for Qualified Retirement Savings Contribution	\$ 10.00
Form 8889 Health Savings Accounts	\$ 20.00
IRA Worksheet	\$ 10.00
Qualified Dividend and Capital Gain Worksheet	\$ 20.00
Partnership K-1, Royalties (Sch. E)	\$ 20.00
Alimony received or paid	\$ 10.00
Unemployment Compensation	\$ 10.00
Other Income (1099-misc Box 3)	\$ 10.00
Student loan Interest Deduction (form 1098-E)	\$ 10.00
Educator Expenses	\$ 10.00
Pub 523 Sale of Home	\$ 30.00
NOL Worksheet	\$ 20.00
CA 540-ES	\$ 10.00
FTB NOL 3805V	\$ 20.00
CA 3506 (Child & Dep. Care Expense Credit)	\$ 10.00
CA 3514 (CA Earned Income Tax Credit)	\$ 20.00
CA 3532 (Head of Household - CA)	\$ 10.00
Form 1040NR	\$ 30.00
Form 1040X Amended Return	\$ 20.00



# 2024 Taxpayer Organizer

Your first name		M.I.	Last name		U.S. Citizen?	
					Yes	No
Your spouse's first name		M.I.	Last name		U.S. Citizen?	
					Yes	No
Present address				City	State	Zip code
Cell Phone		Home Phone		Work Phone		
Your Date of Birth	Occupation	Full time student		Yes	No	
		Totally and permanently disabled		Yes	No	
		Legally blind		Yes	No	
Your Spouse's DOB	Occupation	Full time student		Yes	No	
		Totally and permanently disabled		Yes	No	
		Legally blind		Yes	No	

Have you or your spouse been a victim of identity theft? Yes      No

If yes, bring **IP Pin from IRS**.

Can anyone claim you or your spouse as a dependent on their Tax Return? Yes      No

Did you or any member of your household enroll in a qualified health plan offered through the Marketplace in 2024? If yes, bring **Form 1095-A**. Yes      No

At any time during 2024, did you (a) receive (as a reward, or payment for property or services) or (b) sell, exchange, gift, or otherwise dispose of a DIGITAL ASSET (or a financial interest in a digital asset)? Yes      No

Do you (or your spouse) want to designate \$3 to the Presidential Election campaign fund? (Does not change amount due or refund) Check box only for yes. Taxpayer      Spouse

**Filing Status (as of December 31, 2024, were you?):**

Never Married

Married

a.) Did you live with your spouse during any part of the last six months of 2024? Yes      No

b.) Did you pay for over half the cost of keeping up your house in 2024? Yes      No

Divorced or Legally Separated: Date of final decree or separate maintenance agreement: \_\_\_\_\_

Widowed: Year of spouse's death: \_\_\_\_\_

**State Information:**

Full year resident      Part-year resident      Non-resident

## 2024 Taxpayer Organizer (cont.)

Dependents (do not enter your name or your spouse's name below):

Print Name		SSN	Birth Date	Relationship	# of months resided in your home in 2024	Did you provide more than 50% of support for this person? (Yes/No)	Received less than \$5,050 income in 2024 (Yes/No)	Single or Married as of 12/31/24 (S/M)	Full-time student in 2024 (Yes/No)	U.S. Citizen or resident of the U.S., Canada, or Mexico in 2024 (Yes/No)
First	Last									
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

## 2024 Taxpayer Organizer (cont.)

### These Questions Pertain to Calendar Year 2024:

#### INCOME

Yes      No

- 1 Wages or Salary? (Form(s) W-2) How many jobs did you have last year? \_\_\_\_\_
- 2 Tip Income not reported on Form W-2?
- 3 Scholarship? (Forms W-2, 1098-T)
- 4 Interest/Dividends from checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID), DO YOU HAVE A FOREIGN BANK ACCOUNT?
- 5 Refund of state/local income taxes? (Form 1099G)
- 6 Alimony Income? Amount \_\_\_\_\_
- 7 Self-Employment income (such as cash received for services, small business)? (Form 1099-MISC, 1099-NEC)
- 8 Income (or loss) from the sale of Stocks, Bonds, Virtual Currency or Real Estate (including your home)? (Forms 1099-S, 1099-B)
- 9 Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
- 10 Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
- 11 Unemployment Compensation? (Form 1099-G)
- 12 Social Security or Railroad Retirement Benefits? (Forms SA-1099, RRB-1099)
- 13 Rental and Royalty Income? (K-1, 1099-Misc)
- 14 Other Income: (gambling, lottery, prizes, awards, jury duty, Virtual Currency, cash/check payments not reported on Forms W-2 G or 1099 MISC) Specify: \_\_\_\_\_

#### EXPENSES

Yes      No

- 1 Did you pay alimony? If yes to:  
Name \_\_\_\_\_ SSN \_\_\_\_\_ Amount \_\_\_\_\_
- 2 Contributions to a retirement A/C?                      IRA                      Roth IRA                      401K                      Other  
Self: Traditional IRA \$ \_\_\_\_\_ ROTH IRA \$ \_\_\_\_\_  
Spouse: Traditional IRS \$ \_\_\_\_\_ ROTH IRA \$ \_\_\_\_\_
- 3 Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc? (Form 1098-T) If yes, complete Education Expenses on page 4.
- 4 Child/dependent care expenses, such as day-care? If yes, complete dependent information on page 4.
- 5 Any student loan interest? (Form 1098-E)
- 6 Expenses related to self-employment income? If yes, complete page 4.
- 7 If you have any of the following expenses and would like to itemize deductions, please complete the Itemized Deduction Worksheet. (medical expenses; home mortgage interest; real estate taxes for your home or personal property taxes for your vehicle; charitable contributions)

### The following items may affect your Tax Returns. Please answer carefully

Yes      No

- 1 Have a Health Savings Account? (Form 5498-SA, 1099-SA, W-2 with code W in Box 12)
- 2 Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form 1099-C)
- 3 Buy, sell or have a foreclosure of your home? (Form 1099-A)
- 4 Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? \_\_\_\_\_
- 5 Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
- 6 Make estimated tax payments (complete estimated tax payment on page 4) or apply last year's refund to your 2024 tax? If so, how much? \_\_\_\_\_
- 7 File a federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?
- 8 Are you a teacher? If yes, did you incur out-of-pocket classroom costs? Amount \$ \_\_\_\_\_
- 9 Have health coverage through the Market Place, (provide Form 1095-A)

## 2024 Taxpayer Organizer (cont.)

### Self-Employed Income/Expenses

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### Education Expenses (attach Form 1098-T and detailed expenses)

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### Child/Dependent Care Expenses

Name	Care Provider's Address	Taxpayer I.D. # SSN or EIN	Phone No.	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### 2024 Estimated Tax Payments

Date Paid	Federal	Date Paid	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Refund/Balance Due

Yes      No

If you are due a refund, would you like a direct deposit? If yes, we need to see a copy of actual check.  
If you have a balance due, would you like to make a payment directly from your bank account?

### Additional Comments:

### Tax Return Preparation

We will prepare your return based on information you provided. In the event your return is audited, you will be responsible for verifying the items reported. It is very important that you review the return carefully to make sure that the information is correct.

All information I/we have given is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Spouse's signature)

\_\_\_\_\_  
(date)



# Complete this form **ONLY** if you plan to itemize

## SCHEDULE A

### **ITEMIZED DEDUCTIONS (Round all figures to the nearest dollar.)**

*Note: Complete this form only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below).*

#### 2024 Standard Deduction

<b>Filing Status</b>	<b>Standard Deduction</b>	<b>+</b>	<b>Add for Blind and/or Over 65</b>
Married Filing Jointly or Qualifying Widow(er)	\$ 29,200	+	\$ 1,550
Single	14,600		1,950
Head of Household	21,900		1,950
Married Filing Separately	14,600		1,550

#### Medical Expenses

Deductible only if net expenses exceeds 7.5% of Adjusted Gross Income (AGI)

*Note: Do not include amounts paid for or reimbursed by insurance, or health insurance premiums paid with pre-tax income.*

Did you pay medical expenses for a person you cannot claim as a dependent?	Yes	No
Health Insurance Premium		\$ _____
Medicare Insurance Premiums (Form SSA-1099)		_____
Long-Term Care Insurance Premiums		_____
Vision Insurance Premiums		_____
Dental Insurance Premiums		_____
Prescribed Drugs and Insulin		_____
Doctors and Clinics		_____
Dentists and Orthodontists		_____
Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery		_____
Hospitals, Nurses, Ambulance		_____
Nursing or Long-Term Care Facility		_____
Medical Transportation (taxi, bus, ambulance, etc.)		_____
Other (please detail): _____		_____
Other (please detail): _____		_____
Medical Miles Driven in 2024: _____ x \$0.21 =		_____
		_____
Parking Fees		_____

#### Taxes

State and Local Income Taxes Withheld (on Form W-2) State	\$ _____
and Local Income Taxes Paid in 2024 for 2023 Tax Year State	_____
and Local Sales Tax paid for Major Purchases:	_____
(motor vehicles, boats, airplanes, homes or home building materials, if rate same as general sales tax rate)	
Real Estate Taxes – Homestead (less special assessments)	_____
Other Real Estate Taxes (second home, cabin, etc.)	_____
Vehicle Registration Fee (can deduct only LICENSE FEE)	_____

## Schedule A (pg 2)

To be completed only if itemizing

### Interest Paid (provide Forms 1098)

	<b>Primary Residence</b>	<b>Second Home, Cabin</b>
Home Mortgage # 1	\$ _____	\$ _____
Home Mortgage # 2	_____	_____
Home Equity Loan	_____	_____
Loan Points	_____	_____
Seller-Financed Mortgage. List name/address/SSN		
Name: _____	SSN _____	
Address: _____		

### Charitable Donations

*Monetary donations must be substantiated by a bank record (such as a cancelled check) or a written receipt from the organization receiving the donation. The written receipt must include the organization's name and the date and amount of the donation. Use separate sheet if needed.*

(Cash, Check or Credit Card, include payroll deductions)

Churches or Synagogues \$ \_\_\_\_\_

United Way \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Noncash: \_\_\_\_\_

    Fair Market Value of Items Given to Charities

    If over \$500, provide documentation \_\_\_\_\_

    If a vehicle, boat or airplane donation over \$500, provide Form 1098-C \_\_\_\_\_

Charitable Miles: \_\_\_\_\_ Miles x \$0.14 = \_\_\_\_\_

Other: \_\_\_\_\_

Gambling Losses. Limited to Total Gambling Winnings \_\_\_\_\_

Other: \_\_\_\_\_





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RELEASE FOR TAX ADVICE

I have received tax service and/or advice from Nidjakarn "Nid" Ee-Siriporn. Although this advice may have been given on the City of Burbank property, I understand and acknowledge that Nid Ee-Siriporn is not an agent or employee of the City and that the City does not warrant the accuracy of such services and/or advice or endorse such services and/or advice.

I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action that I may have against the City of Burbank and/or any of its officers, agents, servants or employees as a result of any service and/or advice I receive from Nid Ee-Siriporn or for any act I take based on such services and/or advice.

I understand that this Release shall apply not only to me but also to my heirs, executors, administrators, next of kin, assigns and successors.

Signature \_\_\_\_\_

Date \_\_\_\_\_