



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

**Please make check payable to the
FRIENDS OF THE BURBANK PUBLIC LIBRARY**

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 |
| | |
| Additional Fees on top of Basic fee of \$25.00: | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Your spouse's first name | | M.I. | Last name | | U.S. Citizen? | |
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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

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 | | | | | | | | | |
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2024 Taxpayer Organizer (cont.)

These Questions Pertain to Calendar Year 2024:

INCOME

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Wages or Salary? (Form(s) W-2) How many jobs did you have last year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Tip Income not reported on Form W-2? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Scholarship? (Forms W-2, 1098-T) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Interest/Dividends from checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV, 1099-OID), DO YOU HAVE A FOREIGN BANK ACCOUNT? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Refund of state/local income taxes? (Form 1099G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Alimony Income? Amount _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Self-Employment income (such as cash received for services, small business)? (Form 1099-MISC, 1099-NEC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Income (or loss) from the sale of Stocks, Bonds, Virtual Currency or Real Estate (including your home)? (Forms 1099-S, 1099-B) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 Unemployment Compensation? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 Social Security or Railroad Retirement Benefits? (Forms SA-1099, RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 Rental and Royalty Income? (K-1, 1099-Misc) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you pay alimony? If yes to: Name _____ SSN _____ Amount _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Contributions to a retirement A/C? <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other Self: Traditional IRA \$ _____ ROTH IRA \$ _____ Spouse: Traditional IRS \$ _____ ROTH IRA \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Child/dependent care expenses, such as day-care? If yes, complete dependent information on page 4. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Any student loan interest? (Form 1098-E) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Expenses related to self-employment income? If yes, complete page 4. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Have a Health Savings Account? (Form 5498-SA, 1099-SA, W-2 with code W in Box 12) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form 1099-C) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Buy, sell or have a foreclosure of your home? (Form 1099-A) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 File a federal tax return containing a "capital loss carryover" on Form 1040 Schedule D? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Are you a teacher? If yes, did you incur out-of-pocket classroom costs? Amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 Have health coverage through the Market Place, (provide Form 1095-A) |

2024 Taxpayer Organizer (cont.)

Self-Employed Income/Expenses

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

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

| Filing Status | Standard Deduction | + | Add for Blind and/or Over 65 |
|--|---------------------------|----------|-------------------------------------|
| 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)

| | Primary Residence | Second Home, Cabin |
|---|------------------------------|-----------------------------------|
| 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: _____