

# 2025 PERSONAL INCOME INFORMATION WORKSHEET

## Must Be Filled Out As Completely As Possible (use your 2024 return as a guide)

Full Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell No. \_\_\_\_\_ Email address: \_\_\_\_\_ Spouse Email address: \_\_\_\_\_

Spouse \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell No. \_\_\_\_\_

Taxpayer SS# \_\_\_\_\_ Spouse SS# \_\_\_\_\_

Address \_\_\_\_\_  

STREET
CITY
COUNTY
STATE
ZIP CODE

Occupation: Self \_\_\_\_\_ Spouse \_\_\_\_\_

Birthdate: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Fulltime student: Self  Spouse  Number of months in 2025? \_\_\_\_\_

If married, living apart in 2025, effective date of separation (M/D/YR) \_\_\_\_\_ How many months lived apart? \_\_\_\_\_

DEPENDENTS: **Full name, SS#, birthdate,** (do not list spouse. If more than 5 dependents, please attach list.) 1. \_\_\_\_\_ B.D. \_\_\_\_\_ SS# \_\_\_\_\_

2. \_\_\_\_\_ B.D. \_\_\_\_\_ 3. \_\_\_\_\_ B.D. \_\_\_\_\_ 4. \_\_\_\_\_ B.D. \_\_\_\_\_ 5. \_\_\_\_\_ B.D. \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_ SS# \_\_\_\_\_ SS# \_\_\_\_\_

Are you the head of household with an **unmarried child, not a dependent**, living with you? Name \_\_\_\_\_

1. Submit all forms such as **W-2's, 1099's, K-1's**, and other documents indicating income received. \_\_\_\_\_

2. **INTEREST EARNED:**(Do not include IRA account interest.)(Need names of sources and amounts.)Please include tax exempt interest also  
 Early Withdrawal Penalties? \_\_\_\_\_ **(If more than 4 accounts, please attach list.)** If trust deed, also need SS# & address of payor.

Received From	Amount	Received From	Amount	Received From	Amount	Received From	Amount
_____	_____	_____	_____	_____	_____	_____	_____

3. **DIVIDENDS EARNED:** (Need statement [1099's] from companies or mutual funds.) Number of accounts \_\_\_\_\_  
 Do not list credit union dividends, list as interest. **(If more than 4 accounts, please attach separate list.)**

Received From	Amount	Received From	Amount	Received From	Amount	Received From	Amount
_____	_____	_____	_____	_____	_____	_____	_____

\*4. Alimony Received: \$ \_\_\_\_\_ Alimony Paid: \$ \_\_\_\_\_ . Recipient's SS#:(**Must submit**) \_\_\_\_\_

5. **Social Security/Railroad Retirement Payments Received.** (Need form SSA-1099/RRB-1099) Self: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

6. Disability Pay Received: \$ \_\_\_\_\_. (Bring W-2 or other pertinent information.) Did you pay all or part of the premiums on the policy?  Yes  No

7. Unemployment compensation received:\$ \_\_\_\_\_ Furnish 1099 (Taxable Federal only). Withholding:\$ \_\_\_\_\_

8. Do you contribute to an IRA, Keogh Plan, SEP IRA, TSA plan at work or union retirement benefits?  
 Self:  Yes  No Spouse:  Yes  No How much IRA, Keogh, SEP IRA contributed for 2024 tax return:  
 Regular IRA: Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_. Roth IRA: Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Other (e.g.: Keogh, SEP IRA) Self \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Education IRA  Yes  No Beneficiary \_\_\_\_\_

9. Did you receive IRA, Keogh, SEP IRA distributions, qualified pension/profit sharing, TSA, Annuity distributions?  Yes  No. Bring in all information including **1099R's** and **record of amounts** contributed to the plan. Number of 1099R's \_\_\_\_\_

10. Did you do a rollover of any of the above?  Yes  No. Bring all 1099R's. Was it a Roth Conversion  Yes  No

11. Miscellaneous income (Scholarships, Jury Duty, Gambling, Lottery, Prizes, Tips, Royalties, etc.). \$ \_\_\_\_\_

12. If you had any sales of assets in 2024, bring pertinent papers. (If from stocks, submit brokerage buy and sell slips or an **itemized listing and 1099B's**)

13. **If real estate purchased, sold, foreclosed, or exchanged bring ALL escrow papers for both the purchase and sale of the property. (Sellers include 1099S,1099A, and/or 1099C). For rentals purchased, also bring the county tax bill.** Have you sold or exchanged a personal residence or rental before? \_\_\_\_ If yes, bring that prior year tax return with you. (Sellers include 1099S's.)

14. Cancellation of Debt (non-real estate) Furnish 1099C. \$ \_\_\_\_\_

15. Child Care: Amount paid \$ \_\_\_\_\_ **need: name, address, phone #, SSN or EIN of providers.** (California will audit without info)  
 Did you receive employer provided child care benefits?  Yes  No, amount \$ \_\_\_\_\_

16. Did you derive income from any other state?  Yes  No. List state, source and amount (employment, investments, other)\$ \_\_\_\_\_

\*17. If you are a TIPPED EMPLOYEE, Please discuss with your tax preparer.

18. Does anyone owe you money for which you have exhausted all reasonable efforts to collect?  Yes  No How much \$ \_\_\_\_\_

19. What were the amounts of any State refunds received in 2024? \$ \_\_\_\_\_ Furnish 1099G (taxable for Federal only)

20. Did you or dependent child attend college/post-secondary - **Furnish 1098-T**

21. **Submit all Forms for ACA** Healthcare compliance. Form 1095-A, 1095-B or 1095-C. California requires this for 2024.

**\*These items are impacted by the new tax law, please consult your preparer**  
*(Over For Deduction Information Worksheet and Estimated Taxes Paid)*