ROBERT HALL & ASSOCIATES
TAX CONSULTANTS
A Division of Montecito Financial Services, Inc.
300 West Glenoaks Boulevard, Suite 200
Glendale, CA 91202
Phone: 818.242.4888
Fax: 818.242.1060

Tax Preparation Procedures

Our "mail-in" process has been set up for our out of state clients and for those clients whose schedules do not permit them to come for an in-office interview, **but due to public safety guidelines related to Covid-19, we are planning to conduct all tax season appointments through this process, over the phone.**

Here's how it works:

1. Complete the tax interview questionnaire as you normally would.

2. Submit your questionnaire and documentation securely via our online portal at: https://www.roberthalltaxes.com/mail-in-secure-upload-form/

   (you may also mail in the completed questionnaire along with any tax documents needed to complete your return or drop it off at our office)

3. A Tax Preparation Checklist is provided on the reverse of this form. Please use this checklist as a cover sheet when sending your packet. **If we receive your packet by February 15, 2021, we will give you a 10% discount on your return.**

4. Upon receipt of your materials and your check/credit card deposit of $399, we will review your documentation and let you know if there is any more information needed.

   Our front desk will reach out to schedule a phone appointment to discuss your return before filing.

   If you already have a "pre-booked" appointment on our calendar, we will need your documentation at least four (4) business days before your appointment or we may recommend you file for a free extension.

Through this process, we can give your tax information the same thorough attention as we have done for 50 years, running!

We welcome and encourage you to submit the organizer and tax materials back to us as soon as you have the data completed. To help us assure that your return is completed by April 15, 2021, we must have your data by March 31st, 2021.

***<u>**Any tax materials received after March 31, 2021 will be assessed a $100 surcharge and filing an extension may be necessary. Any tax materials received after April 8, 2021 will be assessed a $200 surcharge and filing an extension may be necessary.**</u>

Extension filers: If you go on extension and plan to mail your information to us, we must receive your data before September 27, 2021.

***<u>**Any tax materials received after September 27, 2021 will be assessed a $300.00 surcharge and we cannot guarantee timely filing will be possible.**</u>

If you have any questions or suggestions, please call us toll free at 888-808-1040.

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Tax Preparation Checklist

Please check off the boxes to indicate that the items are attached, or leave blank if the item does not apply.
Place this checklist on top of your materials you submit.

- ☐ Completed Interview Questionnaire
- ☐ Forms W-2 from Employers
- ☐ Forms 1099 - Interest Received
- ☐ Forms 1099- Dividends Received, Brokerage Statements
- ☐ Forms 1099/B/1099S - Sale of Securities, Real Properties
- ☐ Forms 1098 - Mortgage Interest You Paid
- ☐ Escrow Papers on Sale/Purchase or Refinance of Residence or Rental Properties
- ☐ Documents Supporting the Exercise of Stock Options
- ☐ Documents Supporting the sale of any **cryptocurrency**
- ☐ Your last pay stub for 2020
- ☐ K-1 Forms from partnership/trust/S-Corp. investments
- ☐ Payments made to education institutions for undergraduate, postgraduate, & continuing education work
- ☐ Student Loan Interest papers
- ☐ Your check deposit in the amount of $399
- ☐ Sign the California E-file Opt Out form (applies to California residents only)

Please make sure that all income has been reported to the best of your knowledge. If you sold any stock in 2020, you **must** include in the package any supplementary material that the brokerage houses will provide. Anyone dealing with mutual funds, needs to provide all informational material that the funds will provide.

Do you have any questions about any deductions not covered by our worksheets?

____

____

Would you like us to address any special questions or concerns?

____

____

Best time to reach you in case of follow-up questions: ____________________
Telephone Number(s): Cell: __________ Hm: __________ Wk: __________
E-mail: ____________________ Fax Number: __________

Would you like to sign-up for our Tax Maintenance Program (TMP)? (Please see the attached information on TMP.) ***Yes*** ☐ ***or No*** ☐ (Please check one.)

If you are planning to visit our office, please call us to reserve an hour appointment with one of our tax professionals. 818-242-4888

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I, THE UNDERSIGNED, DO SAY AND DECLARE THAT:

1. I will execute my 2020 federal and state income tax returns, prepared by Robert Hall and/or Robert Hall and Associates, a division of Montecito Financial Services, Inc. and/or other employees of Montecito Financial Services, Inc. (collectively known as the "Firm"), only after I have received and reviewed the completed copies and find that all the information in them is true and accurate according to the information which was furnished to the preparer, and that nothing was added nor deleted by the preparer which would understate the tax liability. In addition, I confirm that I have properly reported all of my taxable income, including any "trading" of services between myself and any other person.
2. I have been instructed to retain copies of the returns for my records indefinitely, and that all records, canceled checks, and other documents utilized to prepare my 2020 Income Tax Returns should be retained for at least four years, and in some cases longer (including but not limited to depreciable assets).
3. I have been informed that I must disclose any transactions or ownership of **cryptocurrency** for the 2020 tax year. **Initial ________**
4. I have been informed that I must disclose all foreign income, foreign interests, and foreign asset ownership to the Internal Revenue Service and have done so according to the Internal Revenue Code regulations. **Initial ________**
5. I, the taxpayer, as well as all members of my household, have been covered with medical insurance for all 12 months of the 2020 tax year according to the Internal Revenue Code regulations. **Initial ________**
6. My 2020 Income Tax Returns are to be prepared on the basis of information supplied by me to the Firm, with no independent verification performed by the Firm. I am in compliance with Code Section § 274(d) which states in the part that:
   a. I must keep a written log for auto travel (or be able to reconstruct same from written evidence if I am audited).
   b. Receipts for entertainment, gifts, and promotion are also mandatory. The receipts must be properly identified in a contemporaneous manner as to the date, place, amount spent, name and business relationship of person(s) entertained and business purpose written on each receipt.
   c. I must have and maintain a contemporaneous diary for out-of-town travel deducted anywhere on the tax return. These expenses may not be reconstructed or estimated. I understand that I must be able to document with receipts all hotel, meal, airfare, and other travel expenses. If no such documentation exists, I have not deducted them on the return.
   d. A contemporaneous diary for use of computers not used at a principle location, and entertainment type business expenses (such as the use of any kind of audio and/or visual equipment) must be kept. Such a diary must include both business and personal use.
7. I agree to send a copy of any audit notification, as well as a copy of any other correspondence received from either the IRS or State during the year, to the Firm, prior to my contacting those authorities, in order to discuss the appropriate action to be taken. I understand that tax return and consultation fees do not include the services in connection with an audit, nor any other services the Firm may provide to me.
8. I understand that although the return represents the best of the preparer's professional opinions, the preparer cannot guarantee the result. Tax return preparation often involves the application of conflicting authorities and interpretations that present varying possibilities of successful IRS or State challenge. Opinions of IRS personnel and various courts often conflict. Judicial and legislative thought is subject to conditions change. Therefore, the preparer can only guarantee his very best efforts to help me arrive at the lowest legal tax liability. Such efforts may include the treatment of "gray area" items (items not in the opinion of the Firm fully clarified by the IRS and/or courts), which the IRS may, upon audit, deem to have been improperly reported. In light of the above, and in acceptance thereof, I, not the preparer, will be responsible for additional tax, penalties and interest which the IRS and/or State may impose upon me.
9. Written notice must be provided to the Firm to disengage services. Should disengagement occur, you may request your source data to be returned to you.
10. I will pay fees for preparation of returns upon initial preparation interview or within one month of receipt of my returns. Fees for tax or financial counsel, audit, or other hourly or "by-the-form" work is due and payable upon performance of such work. Accounts over thirty days late will be charged an additional monthly late fee of $10 per $250 balance due and the minimum fee shall be $10 per month. Seriously past due accounts will be subject to collection, charged reasonable legal fees and collection costs incurred, and reported to credit bureaus.
11. In the event of a dispute between the Firm and the Taxpayer, the parties hereto agree that any disputes, controversies, or claims between them concerning, relating to, or arising out of the Firm's representation of the undersigned, shall be determined by binding arbitration as set forth in this Section 9. The arbitration shall occur in Los Angeles, California, and be held before an arbitrator appointed in accordance with the rules of the American Arbitration Association "(AAA") of Los Angeles County, pursuant to the commercial arbitration rules of the AAA. The party initiating the arbitration must pay one-half of all fees required to commence and continue the proceeding, and the responding party must pay the other one-half of all fees required to commence and continue the proceeding. The arbitrator shall have the discretion to re-apportion the fees paid at the conclusion of the arbitration. A judgment on the arbitration award may be entered in any court located in Los Angeles County, California and shall be deemed binding. The parties hereby waive their rights to a jury trial and a judge trial and limit their rights to appeal to the fullest extent allowable under the law. The arbitrator shall be selected pursuant to the commercial arbitration rules of the American Arbitration Association.
12. Taxpayer agrees to hold harmless the Firm and each of its respective officers, directors, employees, agents, counsel and representatives from any and all liability associated with utilization of third party electronic tax filing entities.

DATE______________________ TAXPAYER___________________________________

PRINT NAME______________________ SPOUSE___________________________________

PLEASE READ CAREFULLY, SIGN AND RETURN

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2020 Tax Maintenance Program

The program provides for the client to be able to have ready access to a tax professional under specific conditions. This will enable you to experience the least amount of tax liability at the end of the tax year, at a very reasonable price.
Our Tax Maintenance Program will include the following benefits to our clients:

1. Three phone consultations (15 minutes each) during the tax year scheduled through our appointment desk with any consultant **except Robert Hall, Stephen Hall, Robert Wm. Hall, and F. Michael Watson**. **Initial:________**
2. W-4 review to be sure your withholding is correct.
3. Correspondence/letters for mortgage lenders
4. Free Financial planning needs analysis **Initial:________**
5. Audit protection in the event you are subject to an audit. This representation is provided at **no additional cost** to you for the 2020 year. **(Audit protection does not include Schedule C, Schedule F, Field audits, Audit Appeals or TCMP audits. Purchase of TMP reduces audit costs from minimum charge of $1500.00+)**
6. IRS notices and correspondence.
7. FTB (including Head of Household audit letters), and Local city business tax notices. **Initial:________**
8. Collections representation **(Representation does not include liabilities greater than $25,000 or business liabilities.)**
9. Notary Services- Five notarizations during the tax year scheduled through our appointment desk.
10. 1 additional copy of tax year 2020 income tax return.
11. One free analysis of your primary home loan.

If you choose not to participate in this program, our billable rates will be as follows:

1. W-4 review - $99.00
2. Letters for mortgage lenders- $45.00
3. Financial Planning needs analysis- $125.00 **Initial:________**
4. Audit Protection - $1500.00 (**except Schedule C, Schedule F, Field Audits, Audit Appeals and TCMP audits**).
5. Phone consultations - $125.00
6. IRS, FTB, and local city tax notices and correspondence - $69.00 - $89.00 per correspondence **Initial:________**
7. IRS and FTB Collection representation - $750.00 **(except liabilities greater than $25,000 or business liabilities)**
8. Notary Services- $10.00 per signature
9. Copy of tax return - $25.00 per copy

The program fee is **only $85.00** payable at the time of your tax preparation. The W-4 review and phone consultations are for the year during which the fee is paid. The audit fee is for the tax year prepared. If all services are utilized, the total savings for this program is **$2,768.00**. Please ask your tax consultant to enroll you in this program.

1. **I accept the Tax Maintenance Program**

Signature	**Print Name**	**Date**

2. **I decline the Tax Maintenance Program and I am aware of the charges for additional services.**

Signature	**Print Name**	**Date**

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Consent to Disclosure of Tax Return Information

I, THE UNDERSIGNED, DO SAY AND DECLARE THAT:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov

DATE______________________ TAXPAYER_________________________________

SPOUSE_________________________________

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DATE______________________ TAXPAYER__________________________________

SPOUSE__________________________________

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January 2020

Dear Client:

Thank you for your continued support as we approach our 50th year in business. Call us at (818) 242-4888 to make your tax appointment (if you don't already have your pre-booked appointment). We have a limited number of appointments available to properly serve all of our clients. **Please be aware that appointments with BOB HALL, STEPHEN HALL, MICHAEL WATSON, TONY WATSON, PHILIP DUNCAN, DANIEL PASSON, CHAD MOSELEY, TITO SPILSBURY or JAY KIM will carry a $100.00 surcharge.**

After receiving your appointment, remember that this time is reserved for you! If for any reason the appointment cannot be kept, notification must be made to our appointment desk at least 48 hours in advance so that someone else may be assigned your time. **If notification is not made 48 hours in advance, a fee of $85.00 will be imposed.**

A customized questionnaire containing your data from 2020 can be e-mailed or mailed to you by calling us. Please bring the following items for your interview:

1. The attached worksheet filled out with your figures and the appropriate paperwork for backup.
2. ***A voided check for E-filing.***
3. ***All of your W-2 forms, 1099 forms and Schedule K-1's.***
4. Records of other income such as property sales, business and/or rental income and expenses.
5. Records of any expenses incurred for your employment.
6. Your house payment book or 1098 form from lender and record of property tax paid.
7. Loan or purchase contracts for business assets sold and/or purchased.
8. Escrow statements on real estate sold or purchased.
9. Copies of you and your children's Social Security cards.
10. **Health Insurance verification–Form 1095-A (from Exchange), Form 1095-B or Form 1095-C (From employer)**

TABLE OF CONTENTS

This year's Referral Program: Receive a $25 Visa gift card for each new client you refer in 2021! Refer 5 new clients and receive one of the following: an Apple iPad Mini, a $200 gift card, or a $200 credit on your next tax return.

As a bonus: Every new client you refer will receive a $50 discount on their tax preparation fee! A new client is defined as someone who has not filed their prior tax return with RHA, and files a long-form tax return (or incorporates) with us.

A HAPPY AND HEALTHY 2021 TO YOU AND YOUR FAMILY FROM OUR FAMILY,

Robert W. Hall, EA Stephen E. Hall, EA F. Michael Watson, EA

P.S.: Our 50th anniversary has been possible because of your continued support and referrals.

Please note any changes that happened this year 2020 or fill out if you are a new client.

CLIENT INFORMATION

	Taxpayer	Spouse
First Name & Initial		
Last Name		
Social Security Number		
Occupation		
Date of Birth		
Home Phone		
Work Phone		
Cell Phone		
Email Address		

Address	**Street Address**	
	Apartment Number	
	City	
	State	
	ZIP Code	

**** Social Security Numbers Mandatory at Birth (must be name on Social Security Card)****

Dependents Name in Full	Date of Birth	Social Security #	Relationship	Mos. In Home

The following questionnaire of special categories could lead to helpful deductions.
Please check the items that apply and bring supporting information to the interview.

	Check, if yes		Check, if yes
Did you pay premiums or receive long term care insurance or Medicare?	☐	Did you purchase any special clothing, tools or equipment required for your job?	☐
Were there any births, adoptions, marriages, divorces or deaths in your immediate family during the year?	☐	Did you purchase a new residence or sell your old residence?	☐
Did you have a second job at any time during the year?	☐	Did you receive a notice from the IRS or other taxing authority regarding a prior year tax return?	☐
Do you subscribe to or purchase trade journals, books, publications or other materials related to your job?	☐	Did you refinance your residence or take a home equity loan? If yes, bring all escrow closing papers.	☐
Were you job-hunting at any time during the year?	☐	Did you open a medical savings plan or health savings plan?	☐
Did you pay someone to care for your children while you worked or looked for work?	☐	Did you conduct business from your home?	☐
Did you adopt a child?	☐	Does anyone owe you money that has become un-collectible?	☐
Did you repay any unemployment or social security benefits?	☐	Did you convert a Traditional IRA to a Roth IRA?	☐
Did you earn income or pay taxes in another state?	☐	Did you exchange funds from a pension or IRA plan?	☐
Did you earn income or pay taxes in another country?	☐	Did you exchange funds from one mutual fund to another?	☐
Did you incur a loss because of damaged or stolen property?	☐	Did the IRS disallow EIC in a prior year?	☐
Do you own any worthless securities? If yes, bring them.	☐	Did you purchase a new electric vehicle?	☐
Did you or your spouse make any gifts to an individual that total more than $15,000, or any gifts in a trust?	☐	Did you add any energy efficient improvements (insulation systems, exterior windows & doors, metal roofs) to your home?	☐
Did you have any children under age 18 on Jan. 1, 2020 with interest & dividend income in excess of $850?	☐	**Did you, your spouse, and your dependents have health insurance coverage all 12 months of 2020 (Health insurance includes Blue Cross, Kaiser, Medicare, etc.)**	☐
Did you (or someone your behalf, incl. your employer) make contributions to a health savings account this year?	☐		☐
Did you trade any **cryptocurrency** in 2020?	☐	Did you receive an SBA loan?	☐

REQUIRED- ENTER PAYMENTS MADE TOWARD 2020 TAXES

	IRS AMT. PAID	DATE PAID	STATE AMT. PAID	DATE PAID
July 15, 2020	$		$	
July 15, 2020	$		$	
September 16, 2020	$		$	
January 17, 2021	$		$	
Total	$		$	

INCOME BRING ALL 1099'S

PENSION 1099	TAXPAYER	SPOUSE	MISCELLANEOUS INCOME	AMOUNT
Social Security			Unemployment Compensation	
Distribution from Pension			Alimony Received	
Distribution from IRA			Gambling Winnings	
			Gambling Losses	( )

INTEREST 1099 - INT	AMOUNT	Bring 1099-INT, OID, etc.	

Seller Financed Mortgages. **Include Name, address AND ID of Payer!**	Name:	Amt.	Seller Financed Mortgages. **Include Name, address AND ID of Payer!**	Name:	Amt.
	Address:			Address:	
	SS# or Federal ID#			SS# or Federal ID#	

DIVIDENDS 1099 – DIV	Ordinary Dividends	Cap. Gains Dividends	Non-Taxable Dividends

STOCKS, BONDS, OTHER 1099-B **(BRING COST BASIS ON ALL SALES & YEAR END STATEMENTS. IF YOU WORK WITH A FINANCIAL INVESTMENT GROUP, BRING THE REALIZED CAPITAL GAIN/LOSS REPORT FOR 2020)**

Description	Date Acquired	Date Sold	Sales Price	Cost & Expense

BRING K-1'S FROM PARTNERSHIPS, ESTATES, TRUSTS AND S-CORPORATIONS

If you Bought or Sold an investment which includes a K-1 during 2020, please list the entity name:

DEDUCTIONS REQUIRED

MEDICAL EXPENSES	AMOUNT
Medicine, Drugs, Insulin	
Total Insurance Premiums	
Total Doctors, Dentists, etc.	
Total Hospitals, Clinics & Hospice	
Glasses, Hearing Aids, Batteries	
Orthopedic Equipment, Lab Fees, X-Rays	
Stop Smoking Programs, Products	
Travel expense ($0.17 / mile)	
Long Term Care Premiums	
Insurance Reimbursement	( )
New in 2020 there is NO penalty for not maintaining proper health insurance. (**IRS Only**)	

TAX EXPENSES		Required
State Tax for Prior Years		
Real Estate Taxes, Home		
Real Estate Taxes, Investment		
DMV Fees	No. of Vehicles:	
Boat Licensing Fees		
Personal Property Tax (Boat, Office Equipment)		
Sales Tax Paid – on All Items i.e. clothing, sundries		
Sales Tax Paid – Lg. Purchases i.e. Boats, Autos, etc.		

INTEREST EXPENSES			Required
Home Mortgage Interest to Banks, 1st			
Name of Bank			
Home Mortgage Interest to Banks, 2nd			
Name of Bank			
Loan Balances	1.		
	2.		
Mortgage paid to Indiv.	Name of Payee:		
	Address	Social Security #	
Loan Points Paid in 2020			
Investment Interest, Brokerage			
Investment Interest, Land			

CHARITABLE CONTRIBUTIONS	
CASH OR CHECKS	
House of Worship	
Payroll Deductions	
Cancer/Heart Fund	
United Way Fund	
Other (please list)	
NON-CASH – **BRING RECEIPTS**	**Required**
Goodwill/Salvation Army	
Other (please list)	
Travel ($0.14/mile) (If a single donation is $250 or more, please bring docs)	

EXPENSES INCURRED *STATE ONLY AMOUNT

AS AN EMPLOYEE	Taxpayer	Spouse
Bond of Employment		
Business Gifts ($25 /person per year)		
Business Telephone		
Cellular Charges (Business Only)		
Clerical Services		
Computer (Upgrades, Software, etc.)		
Credential Renewal		
Income Protection Expense (Legal,etc.)		
Investment Income Expense		
Job Search Mileage		
Laundry & Uniform Expense		
Meals & Entertainment (Business only)		
Military- Cleaning		
Military- Lodging		
Military-Uniforms		
Online Fees/ Internet Fees		
Pager Fees		
Postage/deliver		
Printing		
Professional Dues & Publications		
Professional Supplies		
Promotion		
Research expense		
Safe Deposit Box Rental		
Safety Equipment		
Tax Preparation Fees		
Technical References		
Trade Journals		
Typing Services		
Union Dues		
Work Tools		
Square Footage of NEW Home Office		
Square Footage of Entire Home		
Office in the home- Repairs & Maint.		
Office in the home-Utilities, Insurance		
Office in the home- Rent		

CASUALTY- THEFT

Bring Police or Insurance Report & List of Damages

NOTES:

CHILD CARE EXPENSES

CHILD CARE INFORMATION (NOTE: THE ID# IS MANDATORY IF YOU HAD CHILD CARE)	
Care Provider's Name:	Care Provider's Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone#:
Identifying Number (95# or SS#):	Identifying Number (95# or SS#):
Amount incurred in 2020 & paid in 2021:	Amount incurred in 2020 & paid in 2021:
Amount incurred in 2019 & paid in 2020:	Amount incurred in 2019 & paid in 2020

ADOPTION EXPENSES		
Child's First Name:	Social Security #:	Adoption Expenses:
Child's Last Name:	Date of Birth:	Circle One: Special Disabled Foreign

EDUCATION EXPENSES

Did you or your spouse have any **work related** Education Expenses?	Amount	Did you, your spouse or your children have any other Education Expenses?	Amount
Total Miles Driven		Total Miles Driven	
Tuition & Registration		Tuition & Registration	
Books & Supplies		Books & Supplies	
Printing & Copying		Printing & Copying	
Transcripts		Transcripts	
Parking & Tolls		Parking & Tolls	
Other Transportation		Other Transportation	
Other (please list)		Other (please list)	

STUDENT LOAN INTEREST DEDUCTION	
Student Name:	Interest Amount:

OTHER EXPENSES

MOVING EXPENSES			TRAVEL EXPENSES *STATE ONLY	Amount
Date Left: / /2020 State:			Meals & Entertainment	
Date Arrived: / /2020 State:			Local Transportation	
Miles from Former Residence To:	New Job Site (Miles):		Parking Fees and Tolls	
	Old Job Site (Miles):		Lodging	
Travel & Lodging (No Meals)		Amt:	Car Rental	
Transportation- Household Goods			Airfare	
Storage Fees			Laundry & Cleaning	
Other			Tips & Baggage	
			Other	

ADJUSTMENTS TO INCOME

	Amount		Amount
Contributions to Taxpayer's IRA		Contributions to Spouse's IRA	
Contributions to Taxpayer's Roth IRA		Contributions to Spouse's Roth IRA	
Contributions to Taxpayer's SEP		Contributions to Spouse's SEP	
Contributions to Taxpayer's Keogh		Contributions to Spouse's Keogh	
Contributions to Education IRA		Contributions to Education IRA	
Alimony Paid			
Ex-Spouse's Name & Social Security #			

AUTOMOBILE DETAILS **(Business mileage rate for 2020 $0.58 cents / mile)**

VEHICLE #1				VEHICLE #2			
Total Miles Driven	Amt:	Repairs	Amt:	Total Miles Driven	Amt:	Repairs	Amt:
Total Business Miles		Tires & Batteries		Total Business Miles		Tires & Batteries	
Total Commute Miles		Interest		Total Commute Miles		Interest	
Other (please list)		Lease Payments		Other (please list)		Lease Payments	
		Gasoline & Oil				Gasoline & Oil	
Insurance		Other (please list)		Insurance		Other (please list)	
Parking & Tolls				Parking & Tolls			

HOUSEHOLD EMPLOYEE EXPENSES

DID YOU HAVE HOUSEHOLD EMPLOYEE EXPENSES?	State Reporting Number:
Employee:	Employee:
Amount:	Amount:
Social Security #:	Social Security #:
Dates Worked: / /2020 To / /2020	Dates Worked: / /2020 To / /2020

Bring Payroll Records

RENTER'S CREDIT - CALIFORNIA | CLEAN FUEL VEHICLE

RENTER'S CREDIT - CALIFORNIA	CLEAN FUEL VEHICLE
Landlord's Name:	Date acquired in 2020:
Property Address:	Cost:
Landlord's Address:	
Rented From: To:	
Landlord's Phone #:	

NOTES

***DISLAIMER* NEW CALIFORNIA HEALTH INSURANCE REQUIREMENTS WENT INTO FULL EFFECT IN 2021! ARE YOU PROTECTED? STARTING IN 2021 WE MUST REPORT ON YOUR CALIFORNIA TAX RETURN AND CALCULATE A PENALTY, IF YOU, YOUR SPOUSE, OR ANY OF YOUR DEPENDENTS DID NOT HAVE HEALTH INSURANCE FOR EACH MONTH OF 2021, YOU WILL NEED TO PROVIDE DETAILS OF INSURANCECOVERAGE FOR EACH FAMILY MEMBER BY MONTH. (IF YOU BELIEVE YOU QUALIFY FOR AN EXEMPTION IN THE PENALTY, LET US KNOW. EXCEPTIONS FOR THE CALIFORNIA HEALTH INSURANCE MANDATE ARE EXPLAINED AT COVERERED CALIFORNIA.)**

RENTAL INCOME & EXPENSES **BRING ALL 1099'S**

Location & Description of Property	**Date Acquired**	**No. Days Personal Use**	**Ownership Percentage**	**% Owner Occupied**
Prop #1				
Prop #2				
Prop #3				
Prop #4				
Prop #5				
Prop #6				

Enter Income & Expenses Amount at 100%	**Prop #1**	**Prop #2**	**Prop #3**	**Prop #4**	**Prop #5**	**Prop #6**
Total Gross Income Received						
Advertising						
Association Dues						
Auto & Travel						
Cleaning & Maintenance						
Commissions						
Gardening & Landscaping						
Insurance						
Interest- Mortgage Paid to Banks						
Interest- Other						
Legal & Professional Fees						
Licenses & Permits						
Management Fees						
Office Expenses						
Pest Control						
Repairs- Carpenter & Screens						
Painting & Decorating						
Plumbing & Electrical						
Roofing						
Salaries & Wages (**Bring Payroll Records- Required**)						
Security & Safety						
Supplies						
Taxes- Property/Real Estate						
Other						
Trash Removal						
Telephone						
Utilities						
Replacements						
Depreciation (Bring Schedules)						
Totals						

Be sure to bring your escrow papers, county tax bill or other proof of cost and receipts or purchase contracts for any large purchase.

THE FOLLOWING IS A GUIDELINE, BRING YOUR P & L OR INCOME STATEMENT

SOLE BUSINESS OWNER/SOLE PROPRIETORSHIP

BUSINESS INCOME & EXPENSE – SCHEDULE C

Business Name:	Business Activity Including Product or Service:
City, State, Zip:	Accounting Method: □ Cash □ Accrual □ Other
Employer ID#	Inventory Method: □ Cost □ Lower C/M □ Other
	Who operates This Business (please circle):
	□ Taxpayer □ Spouse

BRING ALL 1099'S

Gross Receipts/ Total Income		Office Expense	
Returns & Allowances	( )	Outside Services/Contract Services	
Beginning Inventory		Parking	
Purchases		Pension & Profit Sharing Plans	
Cost of Items for Personal Use		Postage	
Cost of Labor		Printing	
Materials & Supplies		Rent or Lease of Machinery/Equipment	
Other Costs		Rent or Lease of Other Business Property	
Ending Inventory	( )	Repairs	
Accounting		Research Expense	
Advertising		Security & Safety	
Amortization (Bring Schedule)		Storage	
Bad Debts		Supplies	
Bank Service Charges		Taxes- Business	
Car & Truck Expenses		- Payroll	
Cellular Phone Charges		- Property	
Collection Expenses		- Other	
Commissions		Telephone	
Computer Upgrade		Tools	
Computer Software		Travel- Airfare	
Online Charges		- Lodging	
Depreciation (Bring Schedules)		- Meals	
Dues & Publications		- Other	
Education Expenses		Utilities	
Employee Benefit Programs		Wages (**Bring Payroll Records- Required**)	
Freight & Delivery		**Office in Home- Sq. Footage of Office**	
Gifts		**Office in Home- Total Sq. Footage of Home**	
Insurance		**Office in Home- Rent**	
Interest Expense - Mortgage		**Office in Home- Insurance**	
Interest Expense - Other		**Office in Home- Utilities**	
Janitorial Service		**Office in Home- Repairs & Maintenance**	
Laundry & Cleaning		**Office in Home- Supplies**	
Legal & Professional Fees			
Licenses & Permits		Purchase of Home	
Meals		Other (please list) Go to pg 6 under notes	

*As of 1/1/2018 entertainment is no longer deductible.

List all Assets Bought or Sold by the Business during 2018.

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