

January 2026

Bookkeepers Business Service
201 East Rumble Road, Suite A-2
Modesto, CA 95350
(209) 526-4004, fax (209) 526-4304
bbsmod@sbcglobal.net

Income Tax Client:

If you do NOT want an extension information needs to be in by March 13th.

If we do file an extension information needs to be in by September 11th, will charge extra if not.

**If covered through Covered California in 2025, MUST provide 1095-A to complete tax return.
NO EXCEPTIONS.**

If you want your potential refund direct deposited into your bank account, please mention when information is brought/sent in, along with bank routing number and account number and bank name, not after return done.

Please get your returns done early. Due to the fact I must prepare payroll returns/payments by April 15th for bookkeeping clients all income tax information needs to be into us by March 13th. If all information is not received by March 13th, it will require you to have an extension, call for one at that time if this is the case. THIS WILL BE OUR ONLY REMINDER. It is not necessary to come in for an appointment, you can drop off, email, mail, or fax in your information. We do not want all your receipts; provide totals for things like medical expenses by expense type. We must have things like W-2's, 1099-R, K-1's, and 1098's. We do not need 1099 MISC if amounts included in information already provided (i.e., business income) unless income tax is withheld. You MUST keep all backup for what is on tax return.

Complete the following questionnaire *and bring* it to your appointment or send in completed if faxing, emailing, dropping off or mailing in information. Bold questions require answers by everyone.

All returns are electronically filed unless the taxpayer(s) sign a form prior to us releasing the tax returns.

Make sure to call for an appointment first, we are sometimes closed for off-site bookkeeping.

We are NORMALLY here.

Tuesday through Friday open at 8:30 AM, closed for lunch (time varies), leave at 5 PM.

There is a LARGE mail slot to the right of the entrance for drop off.

**IF FAXING IN INFORMATION BE SURE PRINT LARGE ENOUGH TO READ AFTER FAX
BLURS IT. SEND SCANS NOT PICTURES OF DOCUMENTS.**

**Bookkeeping clients do NOT put income tax information in blue bag, turn in a separate
envelope.**

THANK YOU,

Paulette

CTEC registered preparer # A006560. Bond # 90 P7 18051/State Farm

Questionnaire
BOLD printed questions MUST be answered by EVERYONE.
If you answer "YES" to any question, please provide pertinent information.

Client name _____ Did your marital status change during 2025? _____
Name/social security #/birth date of new spouse _____
New address? _____ **same address where living?** _____
E-mail address: _____ Phone number? _____
Driver's license/ID taxpayer current **ISSUE** date _____ & **expiration dates** _____
Driver's license/ID spouse current **ISSUE** date _____ & **expiration dates** _____
New dependents: name, social security number, birth date and relationship and if disabled: _____

Taking any dependent off? Give names: _____
Childcare: Name of care giver, address, FEIN/social security #, telephone #, amount paid, which dependent for: _____
Can you provide documentation to prove credits claiming if IRS requests (I need an answer not the documentation)? _____ **i.e., child lived with you for over half of the year in California, must live with you over half the year for CTC/ACTC/EIC/State EIC. Was your tax return changed by IRS, you would have received a letter _____. Anyone besides spouse and children live in home? _____. If yes whom? _____ Any child(ren) providing over half own support? _____**

Did you buy anything that is sales taxable in California and no sales tax was paid? _____ \$ _____

Have received, sold, exchanged, gifted, or otherwise disposed of "Digital assets" i.e., virtual currency and cryptocurrency? _____

Was everyone on income tax return covered by health insurance ALL 2025? _____

Pay for schooling beyond grade school? _____ Require 1098T from school not, receipts for tuition.

Do you wish to direct deposit your refund? _____ **Same account as last year?** ____ If new, we need a copy of a check from the account, you need to verify with bank electronic account and routing number. *

Did you make all your federal estimates 1040es? _____ Give amounts if not all made _____
Did you make all your state estimates 540es? _____ Give amounts if not all made _____

Did you receive any wages (W-2's)? _____ *	Retirement (1099-R's)? _____ *
Gambling winnings (W-2G's) _____ *	Interest Income (1099-INT)? _____ *
Social security? _____ *	Unemployment/taxable Disability? _____ *
Dividends (1099-DIV)? _____ *	Health Insurance 1095A, B or C _____ *
Capital gain/loss from sale of asset? _____	If so need dates and amounts for when bought and when sold _____
Alimony? _____	Interest from a personal loan or installment sale? _____
K-1's from partnerships? _____ *	Any other income? _____

Did you put any money into or take out of an IRA? _____ What type? _____ How much? _____

Penalty for early withdrawal from savings? _____ Student Loan interest? *need form* _____ *

Contribute any money to any retirement for the self employed? _____ Type and how much? _____
Pay any alimony? _____ Amount and social security # of recipient? _____ (pre1/1/19)
Did you pay rent for the entire year in the state of California to someone claiming? _____

Anything with an " *" MUST TURN IN FORM, Request/DOWNLOAD REPLACEMENT IF LOST

*** Means no longer available to use on Federal return only good on state. Bold ones are common.**

Here is a partial list of Itemized Deductions allowed, write down amounts, and do not bring in receipts:

Medical and dental costs which include: >7.5 % Ad G

Prescription medicines _____
Medical insurance premiums _____
Long term care premiums _____
Doctors/dentists/etc _____
Hospital/clinic/etc _____
Dentures/Eyeglasses _____
Medical miles driven _____

Real Estate property taxes home

DMV VLF fee for vehicles _____

Other personal property taxes _____

Taxes paid on property held as investment _____

Home mortgage interest _____

Points paid on the purchase of residence _____

Investment interest _____

Gambling losses to the *extent of winnings* _____

Impairment-related work expenses of a disabled person _____
Appraisal fees for Charitable contributions _____
Theft losses <10% AGI _____
Unrecovered investment in a retirement plan or annuity _____
Tax return preparation fees* _____
Work clothes ***not suitable*** for normal wear & uniforms* _____
Dues work-related prof & Union dues* _____
Tools/supplies used in employees work* _____
Employment related education* _____
Subscriptions to professional magazines* _____
Investment advice and management fees* _____
Hobby expense to the extent of hobby inc* _____
Cost of looking for new job* _____

Charitable contributions: must have receipts for ALL donations. Any one-time donation of \$250+ or if noncash is \$500+, detailed information must be provided on return. To whom, address, what, FMV, how determined FMV and amounts, date acquired and how, date donated of items given:

Cash/Check/Credit Card _____

Non-Cash _____

Rentals you own information, break it down for each rental. Do NOT send receipts.

Address: _____

Address: _____

Address: _____

days rented out _____

days rented out _____

days rented out _____

Income _____

Income _____

Income _____

Maintenance _____

Maintenance _____

Maintenance _____

Insurance _____

Insurance _____

Insurance _____

Management fees _____

Management fees _____

Management fees _____

Mortgage interest _____

Mortgage interest _____

Mortgage interest _____

Repairs _____

Repairs _____

Repairs _____

Supplies _____

Supplies _____

Supplies _____

Taxes _____

Taxes _____

Taxes _____

Utilities _____

Utilities _____

Utilities _____

equipment/furniture bought for rentals, need what and date bought, list each separately.