

Welcome to the Poway TCE (Tax Consultation for the Elderly) tax return preparation site. We're glad that our IRS certified volunteers can be of service to you in preparing your federal and CA (full year resident only) tax returns for the 2024 tax year.

This read-ahead information will facilitate making the return preparation process as quick and efficient for you as possible. So please carefully review the following as soon as possible so that you can complete any necessary pre-appointment actions prior to coming to your scheduled appointment.

Tax Preparation Intake/Interview Booklet- The 2024 tax preparation Intake/Interview booklet (13614-C) is attached below. To save you time while at our office, we suggest that you print this booklet and fill it out **completely** prior to coming for your scheduled appointment. A copy of this booklet may also be obtained from our office during our operating hours.

- **Note:** If you are unable to complete the Intake/Interview booklet prior to coming for your appointment, please arrive at least 20 minutes **prior** to your scheduled appointment time so that you can fill out the form at MCCC before your scheduled appointment to not reduce your allocated return preparation time.
- **Note:** There is a consent form on the last page of the intake/interview booklet (13614-C). Signing this consent is only necessary if you wish to have your personal identification information and return content profile (not the actual returns) made available at **other** VITA/TCE sites in the future. This is useful (it will expedite future year return preparation) if you believe that you will be moving out of area in the coming year or possibly use another VITA/TCE site other than Poway TCE in the future. Our default for this form is that you do **not** provide consent. Preparation of your returns for the current tax year (2024) is **not** dependent on your consenting to this option by signing the form.

Identification Documentation- Please remember to bring a government issued picture ID (normally a driver's license) with your name and address for all taxpayers on the return. Please also bring documentation of your Social Security Number (SSN) or Individual Tax Identification Number (ITIN) for all individuals to be included on the return. Acceptable SSN/ITIN documentation include SSN/ITIN cards (preferred), 2023 SS annual statements and a copy of your 2022 filed federal tax return.

Married Filing Jointly (MFJ)- If you are filing MFJ, **both** taxpayers need to be present during the appointment unless a Power of Attorney is provided for a non-present taxpayer. Please see below for applicable situations in which a POA may be used.

Power of Attorney (POA)- If any taxpayer isn't capable of being at the appointment, the person at the appointment must have a fully executed POA for the non-present taxpayer before the return preparation can begin. Situations in which a POA can be used are: (1) taxpayer(s) are out-of-town for an extended period that would include the return filing deadline and (2) taxpayer(s) can't be present for medical reasons that are expected to extend beyond the filing deadline. Please note that a POA can't be used when a taxpayer is out-of-town but is expected to return prior to the filing extension deadline. In this case, an extension should be filed. However, extension filings are out-of-scope for us as indicated above.

If you do not have an established POA, please come to our office several days prior to your appointment so that we can provide you with the necessary forms that you need to bring to your appointment.

Itemized Deductions- If you itemized deductions on prior returns or have larger than usual deductible items this year, please organize your deductible items prior to coming for your appointment. Please have summed totals for similar items, such as prescriptions, doctor visits, etc, prepared **prior** to your appointment. A fill-in summary page can be downloaded from our website and printed. If a summary of such items is not provided, your return preparation volunteer may ask you to schedule another appointment to provide time for you to prepare a summary.

Foreign Speaking Taxpayers- In general, Poway TCE does not have the capability to assist non-English speaking Taxpayers unless they are accompanied by an English-speaking translator. If the Taxpayer(s) are non-English speaking and cannot be accompanied by a translator, please talk to a volunteer prior to making your appointment to determine whether we can assist you.

Cellphones- As a privacy consideration, non-return preparation usage of cellphones, tablets, etc, in our tax return preparation room is **not** permitted. Therefore, any information needed to prepare your return **must** be provided in paper form. If you have any tax information in electronic form, please print out a copy **prior** to coming to your appointment. Electronic forms can also be emailed to admin@powaytce.org if desired. All electronically submitted documentation will be deleted following your appointment.

Please Note- Preparation of any particular return is up to the discretion of the volunteer and/or Site Coordinator. The volunteer/coordinator may determine that we are not able to prepare your return and ask you see another preparer if they don't believe that your tax situation and/or provided documentation meets our IRS certification requirements for any reason.

Intake/Interview and Quality Review Sheet

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social Security cards or ITIN letters for all persons on your tax return
- Picture ID (such as valid driver's license) for you and your spouse

- Complete pages 1-6 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov

Your first name (<i>pronouns, optional</i>)	M.I.	Last name	Your date of birth	Your job title
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Spouse's first name (<i>pronouns, optional</i>)	M.I.	Last name	Spouse's date of birth	Spouse's job title
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Mailing address	Apt #	City	State	ZIP code
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Your telephone number	Spouse's telephone number	Email address (<i>optional</i>)	Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check if you or your spouse were in 2024:

A U.S. citizen	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Legally blind	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
				Owners or holders of any digital assets	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No

If due a refund , how would you like your refund	If you have a balance due , how would you like to make your payment
<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Bank account
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> IRS.gov Direct Pay
<input type="checkbox"/> Check by mail	<input type="checkbox"/> Mail payment to IRS
<input type="checkbox"/> Other _____	<input type="checkbox"/> Set up installment agreement

Would you like to receive written communications from the IRS in a language other than English Yes Spouse No

What language _____

Would you like information on how to vote and/or how to register to vote Yes No

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund Yes Spouse No

As of December 31, 2024, what was your marital status

<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	If married, were you married for all of 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you live with your spouse during any part of the last six months of 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated but not Divorced		<input type="checkbox"/> Widowed
Date of final decree _____	Date of separate maintenance decree _____		Year of spouse's death _____

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return Yes No

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than \$5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2024:

(To be completed by certified volunteer) Income to be included Notes/Comments

<input type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs _____	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____ <input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____ <input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) <input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C <input type="checkbox"/> 1099-MISC # _____ <input type="checkbox"/> 1099-NEC # _____ <input type="checkbox"/> 1099-K # _____ <input type="checkbox"/> Other income reported elsewhere <input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2024?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
<input type="checkbox"/> (A) Mortgage Interest	<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.		
<input type="checkbox"/> (A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions		
Paid any of these expenses in 2024?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
<input type="checkbox"/> (B) Student loan interest	<input type="checkbox"/> (B) 1098-E	
<input type="checkbox"/> (B) Child and dependent care	<input type="checkbox"/> (B) Child and dependent care credit	
<input type="checkbox"/> (B/A) Contributions to a retirement account	<input type="checkbox"/> (B/A) IRA (Basic if a Roth IRA or 401K)	
<input type="checkbox"/> (B) School supplies by a teacher, teacher's aide or other educator	<input type="checkbox"/> (B) Educator expenses deduction \$ _____	
<input type="checkbox"/> (B) Alimony payments (do not include child support)	<input type="checkbox"/> (B) Alimony payments with spouse's SSN \$ _____ Adjustment to income <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)	<input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (B) Energy efficient home improvement credit	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
<input type="checkbox"/> Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2024 taxes	<input type="checkbox"/> Estimated tax payments _____ <input type="checkbox"/> Last year's refund applied to this year _____ <input type="checkbox"/> Last year's return available _____	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
2. Would you say you can read a newspaper in English?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
3. Do you or any member of your household have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
5. What is your race and/or ethnicity? <u>Select all that apply</u>	6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u>				
<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)	<input type="checkbox"/> American Indian or Alaska Native (for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)				
<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)	<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)				
<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)	<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)				
<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)	<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)				
<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)	<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)				
<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)	<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)				
<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)	<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)				

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at [Treasury.gov/System of Records Notices \(SORNs\)](https://www.treasury.gov/System-of-Records-Notices). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. 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 to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation 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 from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2026.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer. You have the right to receive a signed copy of this form.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2026). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature

Date

Secondary taxpayer printed name and signature

Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (<https://www.tigta.gov/reportcrime-misconduct>).

CA 540 SUPPLEMENTAL INTAKE QUESTIONS

- (1) WERE YOU A CALIFORNIA RESIDENT FOR THE ALL OF 2024? Y____ N____
- (2) HAS YOUR LAST NAME CHANGED FROM THAT USED ON YOUR TY2023 RETURN? Y____ N____
(a) IF YES, WHAT NAME WAS USED ON YOUR TY2023 RETURN? _____
- (3) DO YOU RENT YOUR RESIDENCE? Y____ N____
- (4) DO YOU OWE ANY USE TAX (MADE AN OUT OF STATE PURCHASE WITHOUT BEING CHARGED CA SALES TAX) ON OUT-OF-STATE PURCHASES MADE IN 2024? Y____ N____
(a) IF YES, PLEASE INDICATE TOTAL AMOUNT OF PURCHASES \$_____
(b) IF NO, DID YOU PAY ANY USE TAX OBLIGATION DIRECTLY TO CDTFA (CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION)? Y____ N____
- (5) DID YOU HAVE MINIMUM ESSENTIAL HEALTH CARE INSURANCE COVERAGE IN ALL OF 2024 FOR EVERYONE TO BE INCLUDED IN YOUR 2024 TAX RETURNS? Y____ N____
(a) IF YES, DID ANYONE ON THE RETURN HAVE THEIR COVERAGE THROUGH COVERED CALIFORNIA? Y____ N____
- (6) IS YOUR PRINCIPAL/PHYSICAL RESIDENCE ADDRESS THE SAME AS THAT PROVIDED FOR USE ON YOUR RETURN? Y____ N____
(a) IF NO, WHAT IS YOUR PRINCIPAL/PHYSICAL ADDRESS?

- (7) DO YOU RESIDE IN SAN DIEGO COUNTY? Y____ N____
(a) IF NO, IN WHICH COUNTY DO YOU RESIDE? _____
- (8) DID YOU HAVE A BALANCE DUE ON YOUR TY2023 CA RETURN? Y____ N____