

# Client Interview Sheet

## You will need:

- Tax information documents (W-2, 1099, 1098, etc.) **\*No paystubs**
- Valid, non-expired picture identification (Bank products) for self and spouse (if applicable)
- Proof of ID/Social Security Number for all persons on the tax return.

## General Taxpayer Information

Name	SSN	DoB										
Primary:	- -	/ /										
Spouse:	- -	/ /										
Address	City	State ZIP										
Phone Number	E-Mail											
<b>Filing Status (Select one)</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Single</td> <td style="width: 20%;">Married, Joint</td> <td style="width: 20%;">Head of Household</td> <td style="width: 20%;">Married, Separate</td> <td style="width: 20%;">Qualifying Widow(er)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			Single	Married, Joint	Head of Household	Married, Separate	Qualifying Widow(er)					
Single	Married, Joint	Head of Household	Married, Separate	Qualifying Widow(er)								

*Separate filers, please include spouse information in the spaces above!*

## Dependent Information

Name	SSN	DoB
		( / / )
		( / / )
		( / / )
		( / / )
		( / / )
		( / / )
		( / / )

## Education Information

Student	SSN	Qualified Expenses
		1098-T?

**On the 1098-T (Mandatory), what is the address of the school?... EIN?**

Street Address:	City:	State:
		ZIP:
Do the student(s) have Form(s) 1098-T?      Yes      No      Who?		
Has any student taken the AOC for any 4 prior tax years?      Yes      No      Who?		
Has any student already taken 4 prior years of post-secondary education?      Yes      No      Who?		
Has any student been convicted for possession or distribution of a controlled substance?      Yes      No      Who?		
Was any student NOT at least a half-time student?      Yes      No      Who?		

## Healthcare Coverage Information

Had coverage...	For the whole year (12 months)	For part of the year (Less than 12 months)	Had no coverage (Full penalty)	Qualifies for an exemption
Primary				
Spouse				
Dependent 1				
Dependent 2				
Dependent 3				
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				

## Due Diligence/Verification Information

Have you ever been denied EIC, CTC, or AOTC?	Yes	No	
Can anyone else claim you as a dependent?	Yes	No	
Did you pay for any daycare/babysitter expenses?	Yes	No	
If any dep. are students/disabled, do you have proof?	Yes	No	
If self-employment income is present, do you have proof?	Yes	No	

## Miscellaneous Information

Do you commonly itemize your return?	Yes	No	
Do you pay a mortgage on your home or other property?	Yes	No	
Do you have any medical, dental, or vision expenses?	Yes	No	
Have you made any donations to churches or charities?	Yes	No	
Anything unusual to add to your return (Rental income, stock transactions, crypto, rare credits, etc.)?	Yes	No	

## Any additional information (Which dependent has disability, rental income, etc.)?


## Refund & Payment Method

Pay up-front, file electronically	Refund Dispersal Method	Paper Check
Pay up-front, file through mail		Direct Deposit
Pay out of refund electronically (Bank)		Prepaid Debit
Refund Advance (Optional, Bank)**		

By signing below, myself and my spouse (if applicable) agree that the contents of the above pages are accurate to the best of my/our knowledge, and do not hold the preparer or business liable for any omissions or inaccurate information contained herein:

Name:

Date:

Name:

Date: