

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	
Filing Status (Select one)		
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	Relationship
	(/ /)		
	(/ /)		
	(/ /)		
	(/ /)		
	(/ /)		
	(/ /)		
	(/ /)		
	(/ /)		

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

<input type="checkbox"/> Pay up-front, file electronically	Refund Dispersal Method	<input type="checkbox"/> Paper Check
<input type="checkbox"/> Pay up-front, file through mail		<input type="checkbox"/> Direct Deposit
<input type="checkbox"/> Pay out of refund electronically (Bank)		<input type="checkbox"/> Prepaid Debit
<input type="checkbox"/> 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:	