

Client Interview Sheet

General Taxpayer Information

(P) Name: _____ SSN: _____ - _____ - _____ DOB: ____/____/____

(S) Name: _____ SSN: _____ - _____ - _____ DOB: ____/____/____

Address: _____ Apt/Ste: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____ Email: _____@_____

Filing Status (Check One): ____ Single or Head of Household, ____ Married Filing Jointly, ____ Married Filing Separately

Separated filers please include spousal information above!!!

Dependent Information (List all dependents in and out of the home.)

Name	SSN	Date of Birth	Relationship
		(/ /)	
		(/ /)	
		(/ /)	
		(/ /)	

Due Diligence Inquiries/Verification

Have you even been denied the Earned Income Tax Credit? Yes or No

Can anyone else claim **you** as a dependent? Yes or No

Are any/all of your dependents under 24 and a full-time student, or any age and disabled? Yes or No

Select whichever applies: Student or Disabled

Do you have any dependent care expenses for these dependents? Yes No (List info in Add. Information)

If Schedule C is required do you have documentation to verify your business?: Yes or No

What document(s) are used to establish this information (List all below):

Any additional dependent/self-employment information you think your tax preparer needs to know? (List below)

Qualified Educational Expenses

Student	SSN	Qualified Expenses	Form 1098-T?

Educational Institution Questions

Name(s) of Educational Institution(s): _____

Address of Educational Institution(s): _____

EIN of Educational Institution(s): _____

Has the student(s) already taken Hope/AOC for any 4 prior tax years? Yes No Who? _____

Has the student(s) already completed the first 4 years of school? Yes No Who? _____

Has the student(s) been convicted of a substance offense pre-2012? Yes No Who? _____

Deductions for Schedule A

Do you commonly itemize? Yes or No

Do you own your own home? Yes or No

Do you have medical and dental premiums or expenses? Yes or No

Have you made any donations to churches, charities, or Goodwill? Yes or No

Do you have work related expenses such as uniforms, union dues, etc? Yes or No

Refund & Payment Method

If paying **today** choose method of receiving refund (Check one): Direct Deposit IRS Check by mail

If you would like your prep **fees taken out of your refund**, choose method of receiving refund (Check one):

1. XR Card
2. Cashier's Check
3. Direct Deposit

Additional Information:

Taxpayer Signatures

Taxpayer (P): _____ Date: _____

Taxpayer (S): _____ Date: _____