

TAXPAYER INTERVIEW SHEET Tax Year _____ Date _____ Preparer _____ Scanned _____

Referred By _____ Date Promised _____ Quote _____ Accounting _____

Taxpayer _____ Spouse _____

SSN _____ Birthdate _____ SSN _____ Birthdate _____

Occupation _____ (Blind or Disabled) Occupation _____ (Blind or Disabled)

Business Name _____ Business Entity _____ EIN # _____

Address _____

Phone (home) _____ cell _____ cell (spouse) _____

E-mail _____ E-mail _____

Filing Status: (S) (MFJ) (MFS) Spouse Name & SS# _____ (HH) Date last together _____

Dependents (name, as shown on SS card)	DOB	SSN	Relationship	Months lived in home this tax year	Blind or Disabled	College

Would you like your refund deposited into your bank account? _____ Yes _____ No _____

_____ Checking _____ Savings _____ Routing No. _____ Account No. _____

Would you like estimates or tax due paid from bank account? Estimates _____ Tax Due _____

Drivers License – Need Copy (filer & spouse) Form OR-VSI (voluntary self-identification)

CIRCLE ALL THAT APPLY

*Wage Statement--W2	*IRAs/SEP	*Property Tax	*Medical Expenses
*Tips/Other Income	*Received Unemployment	*Farm Income	*Charity or Religious Contributions
*1099s	*Social Security Income	*Qualified Ed. Expenses	*Lottery or Gambling
*Received Interest/Bonds	*Alimony(Paid or Received)	*Student Loan Payments	*Casualty or Theft Loss
*Have Health Insurance	*Buy, sell or refinance home	*Cancellation of Debt	*K-1 _____
*Sold Stocks or Bonds	*Mortgage Interest	*Identification Theft Pin #	*
*Pension//Retirement Income	*Mortgage Points		

Areas to discuss on exit interview _____

ESTIMATED TAXES PAID

Federal – 1. _____ 2. _____ 3. _____ 4. _____ State - 1. _____ 2. _____ 3. _____ 4. _____

_____ I/We give permission for the Preparer to discuss this return with the IRS or State if necessary.
_____ I/We want my refund direct deposited to my bank account. I have checked the routing/account number
_____ I/We have received the supporting documents, which I provided, back with a copy of my tax return.
The tax return is true, correct and complete and from information I provided to the Preparer
I/We have not been given advice that would result in "tax avoidance or evasion."
I/We reviewed the EIC questionnaire, verify the information is correct & children are eligible under the federal law
I/We verify that children claimed for child tax credit are eligible under the federal laws
I/We verify when taking the American Opportunity Credit, the classes taken were towards a degree.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

PRIVACY NOTICE

As tax preparers, we have always protected your right to privacy. Like all providers of personal financial services, we are now required by law to inform our clients of our policies regarding privacy of client information.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Client's Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic and procedural safeguards that comply with our professional standards. Please call if you have any questions, because your privacy, our professional ethics, and ability to provide you with quality financial services are very important.

Providing information to third party

We will not provide copies of your tax return to any third party without prior written request from the taxpayer/spouse.

Support Policy

Year Round Support – Our office is open year round to serve your needs

Accuracy Guarantee – Our office will give you the most accurate return possible with the information provided. If there is an error in the preparation, using the information provided to our office that results in penalties and interest the office will reimburse you for the associated penalty and interest initially assessed.

Correspondence/Audit Assistance – We will help you handle all IRS and state tax return correspondence that you get, including audits, letters and inquiries about your tax return. If an audit should occur, for a return we prepared, we will accompany you to the audit to offer assistance by explaining how the return was prepared. This will be provided at minimal charge. If our error, as assistance will be provided at no charge.

Correspondence Assistance – We will help you handle all IRS and state tax return correspondence that you get, including audits, letters and inquiries about your tax return.

TAXPAYERS' IDEMNIFICATION OF TAX PREPARER

This is to advise you that I/We have on file adequate records and receipts to substantiate business expenses and/or itemized deductions, as well as income claimed on my/our income tax return for year ended 2024 that the tax preparer has informed me/us of the Internal Revenue Service and/or State Tax Authority requirements and consequences if said income and deductions are not properly documented, and that any penalty assessed against the tax preparer due to any inadequate records of mine/our and/or lack of substantiation by me/us resulting from an income tax examination or any form of notification, will be borne by me/us, the taxpayer(s).

DATE

TAXPAYER'S SIGNATURE

DATE

SPOUSE SIGNATURE

Yes	No	Please "Check" yes or no and provide appropriate documentation.
		Will anyone in your household file their own tax return this year?
		Is anyone in your immediate family a member of the Armed Forces or Reserves?
		Did any of the following occur in your family? <u> </u> birth <u> </u> death <u> </u> Marriage <u> </u> divorce <u> </u> adoption
		Did you support anyone other than your children or spouse?
		Did you live apart from your spouse during the year? What dates? _____ to _____
		Do you have documents to prove dependency & eligibility for child tax credit and earned income credit?
		Does anyone (non-related) owe you money for which you have made all reasonable effort to collect?
		Do you have any income from, or property in, another state or foreign country? (We will need the values.)
		Did you pay interest on a mortgage not used to buy your home, or refinance a mortgage?
		Do you have Long-Term Care Insurance? When was the policy purchased? _____
		Do you have documents to prove H or H status if separated or divorced?
		Did you ever receive a First Time Home Buyer Tax Credit? – that you still owe to IRS
		Have you ever made any non-deductible contributions to a traditional IRA?
		Did you make gifts totaling more than \$15,000 to any one person?
		Are you certain that no one else is claiming your dependent?
		Did you have property repossessed or foreclosed or debt forgive during the year?

Dependent Care Expenses

Name of Child

Name of Provider

Address

Phone #

SS# or EIN of Provider

Amount Paid

INFORMATION ON RENTAL PROPERTIES

Rental Income – Amount _____

Did you receive Form 1099-MISC from a property management company? () Yes () No

Did you pay anyone to work for you on the rental? () Yes () No If yes, how much? \$ _____

Did you issue them a Form 1099-MISC, 1099-NEC or Form W-2?

Receipts/Summary to support expenses – () Yes () No

Did you do any improvements on the rental, i.e. – new roofing, A/C, fence, etc. ? () Yes () No. If yes, explain and how much.

NAME

INFORMATION ON SELF-EMPLOYMENT

Did you receive Form 1099-NEC or 1099-K for income? () Yes () No When did business begin

Receipts/Summary to support income () Yes () No

Did you pay anyone to work for you? () Yes () No If yes, how much? \$

Did you issue them a Form 1099-NEC or Form W-2? () Yes () No

Receipts/Summary to support expenses - () Yes () No

Bank Statements – () Yes () No **Credit Card Statements** () Yes () No

Type of Business **Liability Insurance Co.** **Worker's Comp.**

Vehicles: Make & Model **Mileage** **Date Purchased**

Make & Model **Mileage** **Date Purchased**

Make & Model _____ **Color** _____ **Year** _____

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Insurance Co-Vehicles _____ **Personal** _____

Payroll () Yes () No

New Equipment Purchased _____

Meal Receipts _____

Information on Exclusive use of hoe for business: Sq. Footage Used _____ Total Sq. Footage _____

Rent or MTG/NT **Utilities** **INS** **Repairs**

Other Notes: W-7 REQUIRED Yes No
