

**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**

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

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**DATE**

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**TAXPAYER'S SIGNATURE**

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**DATE**

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**SPOUSE SIGNATURE**

Dependent Care Expenses	
Name of Child	
Name of Provider	
Address	
Phone #	
SS# or EIN of Provider	
Amount Paid	

[illegible]

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
2004 Ford Focus	100,000	12/15/2004
2005 Ford Focus	150,000	12/15/2005
2006 Ford Focus	200,000	12/15/2006
2007 Ford Focus	250,000	12/15/2007
2008 Ford Focus	300,000	12/15/2008
2009 Ford Focus	350,000	12/15/2009
2010 Ford Focus	400,000	12/15/2010
2011 Ford Focus	450,000	12/15/2011
2012 Ford Focus	500,000	12/15/2012
2013 Ford Focus	550,000	12/15/2013
2014 Ford Focus	600,000	12/15/2014
2015 Ford Focus	650,000	12/15/2015
2016 Ford Focus	700,000	12/15/2016
2017 Ford Focus	750,000	12/15/2017
2018 Ford Focus	800,000	12/15/2018
2019 Ford Focus	850,000	12/15/2019
2020 Ford Focus	900,000	12/15/2020
2021 Ford Focus	950,000	12/15/2021
2022 Ford Focus	1,000,000	12/15/2022

**Make & Model** \_\_\_\_\_

**Insurance Co-Vehicles** \_\_\_\_\_ **Personal** \_\_\_\_\_

**Payroll (    ) Yes    (    ) No**

**New Equipment Purchased** \_\_\_\_\_

**Meal Receipts** \_\_\_\_\_ **Purpose** \_\_\_\_\_ **Lodging Purpose** \_\_\_\_\_

Information on Exclusive use of hoe for business: Sq. Footage Used	Total Sq. Footage
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Rent or MTG/NT	Utilities	INS	Repairs
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**Other Notes: W-7 REQUIRED**    ☐ Yes    ☐ No

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