

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 the Earned Income Credit? | 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 | |
| Any work-related expenses, like union dues or uniforms? | Yes | | No | |

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

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| |
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| |

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)** | | <input type="checkbox"/> | Direct to WalMart* |

* Prepaid Debit and Direct to WalMart only available with bank products.

**Refund Advance not available in IL, NY, & ME. Subject to limitations.

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: | |