

# TaxExtras Client Interview Sheet

**Please print and bring this completed form with a copy of last year's tax return to your appointment.**

|              | First Name | Initial | Last Name | Suffix | Social Security # | Date of Birth | Date of Death | Age |
|--------------|------------|---------|-----------|--------|-------------------|---------------|---------------|-----|
| <b>Filer</b> |            |         |           |        |                   |               |               | -   |
| Spouse       |            |         |           |        |                   |               |               | -   |

|              | Home Phone | Cell Phone | Work Phone | Extension | Occupation | Date Lost Job |
|--------------|------------|------------|------------|-----------|------------|---------------|
| <b>Filer</b> |            |            |            |           |            |               |
| Spouse       |            |            |            |           |            |               |

|              | E-mail Address | Check if Blind           | Check if you might be claimed as a dependent on another return? | \$3 Presidential Election Fund Donation | Type of Disability |
|--------------|----------------|--------------------------|-----------------------------------------------------------------|-----------------------------------------|--------------------|
| <b>Filer</b> |                | <input type="checkbox"/> |                                                                 | <input type="checkbox"/>                |                    |
| Spouse       |                | <input type="checkbox"/> |                                                                 | <input type="checkbox"/>                |                    |

|                | Street Number and Name | Apt. # | City | State | Zip Code | Date of Move |
|----------------|------------------------|--------|------|-------|----------|--------------|
| <b>Address</b> |                        |        |      |       |          |              |
| In care of:    |                        |        |      |       |          |              |

Not usually entered

**List EVERY person that lived with you last year: (Excluding spouse)**

| First Name | Last Name<br>(If not same as Filer) | Relationship | Social Security #<br>(Needed if dependent) | Months in your home | Earnings they made | Date of Birth | Check if Disabled        | Year of College | Age |
|------------|-------------------------------------|--------------|--------------------------------------------|---------------------|--------------------|---------------|--------------------------|-----------------|-----|
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |
|            |                                     |              |                                            |                     |                    |               | <input type="checkbox"/> |                 | -   |

**Please answer all of the following questions:**

|                                                                                             | Circle answer | Explanation or Comment |
|---------------------------------------------------------------------------------------------|---------------|------------------------|
| 1. Has your filing status changed this year? (i.e. Divorced, married, separated) . . . . .  | YES NO        |                        |
| 2. Did you sell any stocks, bonds, real estate or other investments this year? . . . . .    | YES NO        |                        |
| 3. Did you have any gambling winnings in addition to the statements provided? . . . . .     | YES NO        |                        |
| 4. Did you receive any other income not reported on the statements you furnished? . . . . . | YES NO        |                        |
| 5. Are you open to making an IRA contribution if it would save you tax dollars? . . . . .   | YES NO        |                        |
| 6. Did you purchase or refinance your home this year? . . . . .                             | YES NO        |                        |
| 7. Did you purchase a new car this year? . . . . .                                          | YES NO        |                        |
| 8. Did you pay health insurance and medical expenses exceeding 8% of income? . . . . .      | YES NO        |                        |
| 9. Have you provided all mortgage and student loan interest statements? . . . . .           | YES NO        |                        |
| 10. Have you provided us the amounts of all real estate taxes you paid this year? . . . . . | YES NO        |                        |
| 11. Do you have receipts or canceled checks for all donations claimed? . . . . .            | YES NO        |                        |
| 12. Did you make any home improvements that would affect energy usage? . . . . .            | YES NO        |                        |
| 13. Did you furnish any Federal or state tax notices you might have received? . . . . .     | YES NO        |                        |
| 14. Did you make any gifts to an individual in excess of \$13,000? . . . . .                | YES NO        |                        |

TaxExtras use only

NO Prior year on file