

Client Interview Sheet _____

Preparer _____

Taxpayer Name	Phone Number	Email
Date of Birth	Occupation	Social Security Number
Spouse Name	Phone Number	Email
Date of Birth	Occupation	Social Security Number

CURRENT Mailing Address

Dependents
(Please list any additional on back or a separate page)

Name	D.O.B.	S.S.N.	Relationship	Months in home
Name	D.O.B.	S.S.N.	Relationship	Months in home

****PLEASE ONLY ANSWER THE QUESTIONS BELOW IF YOU'RE DROPPING OFF YOUR TAXES)******Please circle your answers**

- Did you have Health Insurance? **Y or N** if so, How many months _____? Provider _____
- Were you provided a Health Insurance tax Form? **Y or N** (There are 2 forms for Covered California)
- Do you own your Home (have a mortgage)? **Y or N**
- Do you own a rental home/VRBO/Air B&B? **Y or N**
- Did you pay for Child Day Care? **Y or N**
- Do you own a Business? **Y or N**, If so, Do you have your Profit and Loss Statement? **Y or N**
- Have you Sold any Products online? **Y or N**

***PLEASE PROVIDE YOUR CURRENT BANKING INFORMATION** (if you want your refund deposited or balance taken out)

ROUTING # _____	ACCOUNT# _____
<ul style="list-style-type: none"> -How would you like to sign for your taxes when they are done? In Person or DocuSign? -How would you like to pay for your taxes when they are done? Cash – Check – Card – Bank Product “Bank Product” is through your refund if applicable (a fee will be charged) 	
<ul style="list-style-type: none"> *NEW: Did you get paid overtime or receive tip income? Y or N If so, we will need your last pay stub *NEW: Did you purchase a new vehicle? Y or N If so, we will need your sales contract from the dealership 	
Office Use Only ~~~~~	

FD: _____ **ST:** _____ **ST:** _____

Invoice Amount: _____ **Payment Type:** CC Check Cash BP

Refund Choice: Direct Deposit IRS Check Bank Product

PAYMENT DATE _____