Client Interv	view Sheet	Preparer		
Taxpayer Name		Phone Number		Email
Date of Birth		Occupation Title		Social Security Number
Spouse Name		Phone Number	Phone Number	
Date of Birth		Occupation Number		Social Security Number
CURRENT Maili	ing Address			
		Dependents		
	(Please list a	ny additional on bac	k or a separate p	age)
Name	D.O.B.	S.S.N.	Relationship	Months in home
Name	D.O.B.	S.S.N.	Relationship	Months in home
	(Pl	Questionnai lease provide further i		
-Do you own a -Have you Sold -Did you have b -Were you prov (There are 2 fo -Direct Deposit -How would yo -How would yo	Business? Do you Home and/or Rend any Product off of Health Insurance, wided the Health Insurance of Covered of Information? Sandau like to sign when the bulke to pay when	or online? Y or N Who's the Provider? surance Proof Form?	y, How many Mon Y or N w? (Please proverson or Email? a – Check – Card fee will be charge	ths? Y or No vide) – Bank Product
FD:		ST:	ST:	
Invoice Amount	t:	_ Payment T	Type: CC Check	Cash BP
Refund Choice:	Direct Deposit	IRS Check Ba	nk Product	