

# CLIENT INTAKE AND INTERVIEW SHEET 2010

## TAX PROFESSIONAL SERVICES

### Taxpayer Information

YOUR INFORMATION:

\_\_\_\_\_  
First Name MI Last Name

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SSN/ITIN (Last Four Digits Required)

SPOUSE INFORMATION:

\_\_\_\_\_  
First Name MI Last Name

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SSN/ITIN (Last Four Digits Required)

Street Address Apt. City State Zip

Email Address: \_\_\_\_\_

	<b>YOU</b>	<b>SPOUSE</b>	<b>OCCUPATION</b>	
Daytime Phone:	_____	_____	Your Occupation	# Jobs in 2009
Evening Phone:	_____	_____		
Cell Phone:	_____	_____		
Date of Birth:	_____	_____	Spouse Occupation	# Jobs in 2009
Age:	_____	_____		

Legally Blind? Yes  No  Disabled? Yes  No

Are you a U.S. Citizen? Yes  No  Are you (or your spouse) in the United States on an F, J, M, or Q Visa? Yes  No

MARITAL STATUS on 12/31/09: Single  Married  Divorced  since (year) \_\_\_\_\_  
Widowed,  since (year) \_\_\_\_\_ Married,  living separately since (date) \_\_\_\_\_

Does anyone else contribute to your household expenses? Yes  No

**FAMILY INFORMATION:** Please list everyone who lived in your home during 2009. Also list anyone else that you supported during 2009. Is there an agreement, such as a divorce decree or IRS Form 8332, that allow someone else to claim a member of your family? Yes  No

Name (First, Last)	Birth Date	SSN/ITIN (Last four Digits Required)	Relationship	Months lived with you in 2009?	US Citizen, Resident of US, Canada or Mexico (Yes or No)	Did this person have any income?	Was the dependent a full time student?	Did you provide more than 50% of support for this person?	Did the dependent file a joint return?	Is this person disabled?

### DURING 2009:

Can your parent or someone else claim your or your spouse as a dependent? Yes  No

Did you pay for childcare? Yes  No

Did your or anyone in your family earn income that was not reported on a W-2? Yes  No

Did you receive Social Security payments? Yes  No

Did you receive unemployment payments? Yes  No

Did you have any other income such as lottery winnings, pensions, alimony, disability, interest, or tips? Yes  No

Did you receive a State Tax Refund? Yes  No  (may be taxable if you itemized last year)

Did you receive income based on sale of stock, bonds or real estate? Yes  No

Did you or anyone in your family attend college or vocational school? Yes  No

Did you pay interest on a student loan? Yes  No

Did you put money in any kind of retirement plan? Yes  No

Did you have any unreimbursed medical expense or make any charitable contributions? Yes  No

Did you receive a letter from the IRS? Yes  No

Did you receive any alimony payments? Yes  No  (if yes, you must provide the name and SSN of the recipient)

Any estimated tax payments for this year? Yes  No

Was the EITC previously disallowed? Yes  No

Did you own your home? Yes  No

If yes, how much did you pay in property taxes? \$ \_\_\_\_\_

**CLIENT INTAKE AND INTERVIEW SHEET 2010**  
**TAX PROFESSIONAL SERVICES**

The information in this client intake sheet is true and correct. I understand that the \_\_\_\_\_ (tax professional services) will retain this information for tax preparation purposes in the event I return next year. I realize that the above tax professional services will use this information to improve tax assistance services to me, speed preparation of tax returns, and offer other services. My personal information is kept confidential and is not shared with or sold to any other organization or company. Information will be properly stored and when no longer needed, information will be properly disposed.

We will provide both physical and electronic protection for the information while it's care. Information collected on the intake and interview sheet will not be sold or shared with anyone else. Electronic records will be maintained for 7 years as required by IRS E-file regulation and aggregate data is retained by the program purposes. Such information will not include specific information about the taxpayer. Services will not be denied if you do not agree with this statement. Contact us at 347-651-1033 (tax professional services phone number) if need any further questions or concerns.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_