

**Income Tax Interview  
Worksheet**

**Personal Information**

Name:	DOB:	SSN:		
Spouse:	DOB:	SSN:		
Filing Status:	Single	Head of Household	Married	Separated
<i>(circle one)</i>				
Address:				
Phone:		County:		

**Dependants**

<u>Name</u>	<u>Relationship</u>	<u>SSN#</u>	<u>Age</u>	<u>Dependant Care Expenses</u>

**Sources of Income**

**Deductions**

<input type="checkbox"/> W2 <input type="checkbox"/> 1099-INT <input type="checkbox"/> 1099-DIV <input type="checkbox"/> 1099-R <input type="checkbox"/> Business Income <input type="checkbox"/> Rental Property <input type="checkbox"/> Sale of Home <input type="checkbox"/> Social Security Income <input type="checkbox"/> State Tax Refund <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Medical Bills <input type="checkbox"/> Property Taxes <input type="checkbox"/> Real Estate <input type="checkbox"/> Car <input type="checkbox"/> Mortgage Interest <input type="checkbox"/> Interest from 1098 <input type="checkbox"/> Points (Purchase of Home) <input type="checkbox"/> Charitable Contributions <input type="checkbox"/> Cash <input type="checkbox"/> Non-Cash <input type="checkbox"/> _____
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**Tax Credits or Adjustments**

**Dependant Care Expenses**

<input type="checkbox"/> Dependant Care (complete box à ) <input type="checkbox"/> School Loan Interest <input type="checkbox"/> Long-term Care <input type="checkbox"/> _____	Agency Name: Federal ID #:  Agency Name: Federal ID #:
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**Complete this section if you are, 1) Filing Back Taxes OR 2) If you need to Amend a previous year.**

1. What year was this tax return filed with the IRS? _____ 2. Do you have a copy of the tax return that was filed with the IRS? _____ Yes _____ No 3. Will this be the first time this tax return will be filed with the IRS? _____ Yes 4. Will you need to request a copy of this tax return from the IRS? _____ Yes _____ No, I have a copy.
<p><b>If you have a copy of this return, please send it to us along with this form.</b></p>