

**Income Tax Interview
Worksheet**

Personal Information

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

Dependants

| Name | Relationship | SSN# | Birthdate | Dependant Care Expenses |
|------|--------------|------|-----------|-------------------------|
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Sources of Income

Deductions

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|---|---|
| <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"/> _____ |
|---|---|

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 #: |
|---|--|

Electronic Filing (\$20 for federal; \$20 or State; \$35 for Both)

| | |
|--|--|
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Routing Number _____ Account Number _____ |
| <p>If you would like your refund Direct Deposited, please enter the information for the appropriate account.</p> <p align="center"><i>(Electronic Filing Fee must be paid in advanced)</i></p> | |