

**Income Tax Interview  
Worksheet**

**Personal Information**

Name:	DOB:	SSN:	*Months of Health Coverage
Spouse:	DOB:	SSN:	*Months of Health Coverage
Filing Status:	Single	Head of Household	Married
	(circle one)		Separated
Address:	County:		
Phone:	Email Address:		
* Type of Health Coverage (list)?			

\* Required

**Dependants**

Name	Relationship	SSN#	Birthdate	# Months with Health Coverage	Dependant Care Expenses

**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"/> 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"/> Health Care Credit ** <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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**\*\* PLEASE SEND THE FORM OR A COPY**

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

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