

**\*\*\* NEW \*\*\*  
\$5 Discount  
when you  
Complete &  
Return!**

**Income Tax Interview  
Worksheet**

**Personal Information \*\*\* Receive \$5 Discount when you complete/return form!**

Name:	DOB:	SSN:		
Spouse:	DOB:	SSN:		
Filing Status:	Single	Head of Household	Married	Separated
<i>(circle one)</i>				
Address:	County:			
Phone:	Email Address:			
Did you Receive the Advance Child Tax Credit? YES / NO (Circle One)				
How much did you receive? \$ _____ (You should have received a statement from the IRS)				

\* Required

**Dependents**

Name	Relationship	SSN#	Birthdate	# Months with Health Coverage	Dependent 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**

**Dependent Care Expenses**

<input type="checkbox"/> Health Care Credit (1095-A) ** <input type="checkbox"/> Dependent Care (complete box→) <input type="checkbox"/> School Loan Interest ** <input type="checkbox"/> Tuition Payments (1098-T) <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 for 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. <i>(Electronic Filing Fee must be paid in advance)</i>