

Tax Interview Sheet



The following information is obtained to process your Federal and/or State Taxes. This information will be kept strictly **confidential** and will be used for Tax Data Entry purposes only.

Please fill out correctly to ensure a quick refund! Check the spelling of all names, make sure the birth dates & Social Security numbers are correct for all names on the form. Bring in all W-2's, 1099's, and a voided check.

Taxpayer Information Social Security Number First Name **Filing Status** Last Name Spouse Name Birth Date Spouse SSN Address Spouse DOB City State Zip Code Cell Phone # Email Work # Can someone claim the taxpayer as a dependent? When and what was your last refund amount?

Dependent Information

If you need more room please add to the back of this form.

Name	Birth Date	SSN#	Relationship
Are any dependents legally handi	capped or mentally disabled?		
Number of W-2's			
	rmation for accuracy, please che swers given herein are true ar		_
Client Signature	Date		