

Client Interview Form for Tax Year: 2011

We value Your business and want to provide you with the best service possible.

To help us best serve you, please provide the following information needed to prepare your tax return quickly and accurately.

If you are a returning client and there are no changes, mark No Changes (not for new clients).

What Taxable City do you live in?

None Toledo Sylvania Other: _____

Are you subject to School District Tax?

No Yes _____

No Changes

Has your filing status changed?

Yes – check what you believe you will be this year

- Single
- Head of Household
- Married filing Jointly
- Married filing Separately
- Spouse deceased? Date _____

No Changes

During the last tax year did you?

- Retire
- Get Married: Name & SS#: _____
- Sell Assets
- Support a Parent
- Incur Adoption Costs
- Change Occupations
- Have a foreign bank account
- Buy or Sell a Home
- Own Home Rent Home
- Did you Cash-in or Convert a Retirement plan
- Live separately from your spouse

No Changes

Your Family/Dependents:

No Changes

w/dependents

T= Tax payer S = Spouse D = Dependent

Feel free to use these abbreviations to save you time and space.

	Name on SS Card	Relation	Birth date	SS# if not on last year's tax return
1				
2				
3				
4				

Do your children have investment income? Include their 1099s.

Were there any people living with you that may be a dependent? Please explain. _____

Address: **No Changes**

Yes If Yes, please give us your primary address.

Address: _____

City, State, ZIP: _____

If we have questions, how can we reach you?

Best Contact #

T

S

Best time:

T

S

Income

Check all that apply. Please include all W-2s, 1099's and other statements related to income you received during the last tax year.

Type of Income

- Wage Income (W-2)
- Interest & Dividends & Broker Statements (1099s)
- Pensions & Annuities (1099s)
- Estates & Trusts & Business (K-1s)
- Tax Refunds (State & Local)
- Social Security (1099)
- Prizes, Gambling, Lottery (W2G)
- Unemployment Compensation (1099G)
- Cancellation of Debt (1099C)
- Jury Duty, Executor Fees \$
- Stock Sales (include date and cost of purchasing stock)
- Alimony Received \$ SS#

Adjustments & Credits

Check all that apply. Please include documentation. Adjustments to your income and credits decrease your tax.

Type of Adjustment or Credit

- Educator Expenses
- Health Savings Account
- Alimony Paid \$ SS#
- IRA Deductions Traditional
- IRA Roth
- Moving Expenses (may not be deductible)
- Student Loan Interest
- Education Expenses (books, supplies, equipment)
- Tuition/Fees Paid (1098T):
- Education is for: T, S, D =
- Residential Energy improvements? Windows, furnace, doors, insulation, etc.

Child and Dependent Care

Prior Years

Dependent: _____

Provider's Name & Address:

EIN/SS# _____

Amount: _____

Dependent: _____

Provider's Name & Address:

EIN/SS# _____

Amount: _____

In prior years, did you?

- Claim Energy Tax Credits? If so, what is the total credits for ALL past years \$ _____
- Receive a First Time Home Buyer Loan in 2008?
- Convert an IRA to a Roth in 2010 and defer taxes? If so, please attach form 8606.

Estimated Payments

None

Federal

1st Qtr \$ _____ / / / 2nd Qtr \$ _____ / / / 3rd Qtr \$ _____ / / / 4th Qtr \$ _____ / / /

State

1st Qtr \$ _____ / / / 2nd Qtr \$ _____ / / / 3rd Qtr \$ _____ / / / 4th Qtr \$ _____ / / /

Local

1st Qtr \$ _____ / / / 2nd Qtr \$ _____ / / / 3rd Qtr \$ _____ / / / 4th Qtr \$ _____ / / /

Deductions

Medical*	\$	Interest & Taxes*	\$	Job Expense & Misc.*	\$
<input type="checkbox"/> Drugs & Medicines		<input type="checkbox"/> Mortgage Interest – Primary		<input type="checkbox"/> Job Travel	
<input type="checkbox"/> Medical Ins. Premiums		<input type="checkbox"/> Mortgage Interest – Second		<input type="checkbox"/> Union Dues	
<input type="checkbox"/> Doctors, Dentists, Etc.		<input type="checkbox"/> Home Mortgage to Individual *Name, SSN#, and Address		<input type="checkbox"/> Job Education	
<input type="checkbox"/> Hospitals, Clinics, Etc.			<input type="checkbox"/> Job Seeking Exp.		
<input type="checkbox"/> Hearing Aids & Batteries		<input type="checkbox"/> PMI		<input type="checkbox"/> Dues & Subscrip.	
<input type="checkbox"/> Glasses & Lenses		<input type="checkbox"/> Investment Interest		<input type="checkbox"/> Uniforms	
<input type="checkbox"/> Transportation, Parking		<input type="checkbox"/> Personal Property Taxes		<input type="checkbox"/> Safe Deposit Box	
<input type="checkbox"/> Other		<input type="checkbox"/> Real Estate Taxes		<input type="checkbox"/> Tolls & Local Trans	
<input type="checkbox"/> Reimbursement		<input type="checkbox"/> Real Estate Taxes – 2 nd Home		<input type="checkbox"/> Investment Advice	
Contributions*	\$	<input type="checkbox"/> Vehicle & Boat Taxes		<input type="checkbox"/> Tax Prep Fees & Adv.	
<i>You must be able to document!</i>		<input type="checkbox"/> Sales Tax – large purchases			
<input type="checkbox"/> United Way		<input type="checkbox"/> Other Taxes:			
<input type="checkbox"/> Church		<input type="checkbox"/> <i>Property Tax Bills Paid if not part of Mortgage statement</i>		Losses** \$	
<input type="checkbox"/> Other Cash/Check			<input type="checkbox"/> Gambling		
<input type="checkbox"/> Non-Cash – Include list		<input type="checkbox"/> Deductible Points		<input type="checkbox"/> Property	

Direct Deposit

Yes, if I have a refund I want it directly deposited:

Bank _____ Routing # _____

Account # _____ Checking Saving

Notes

*You must be able to Document Your Deductions

**Gambling Losses can only be deducted against gains

To the best of my knowledge, I have fully disclosed all necessary and accurate information for the preparation of my tax return(s).

Signed _____ Date ____/____/____

Discount with this signed and completed form.