

Tax Interview Sheet

Interview Date _____ Tax Year _____

Interview Time			Interviewed By:
Start	End	Total	

Client Name _____
Phone Number _____

CHECK LIST	NOTES & COMMENTS
------------	------------------

Changes	Yes	No
Filing Status	<input type="checkbox"/>	<input type="checkbox"/>
Address	<input type="checkbox"/>	<input type="checkbox"/>
Dependents / Birthdates	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer Birthdate(s)	<input type="checkbox"/>	<input type="checkbox"/>
Over 65	<input type="checkbox"/>	<input type="checkbox"/>
Occupation / SSNs	<input type="checkbox"/>	<input type="checkbox"/>
Previous Returns	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Taxes	Yes	No
Refund Received	<input type="checkbox"/>	<input type="checkbox"/>
Balance Paid	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Taxes	<input type="checkbox"/>	<input type="checkbox"/>
File(d) Electronically	<input type="checkbox"/>	<input type="checkbox"/>
Direct Deposit (split?)	<input type="checkbox"/>	<input type="checkbox"/>
Bank Information	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Income	Yes	No
W-2 # _____	<input type="checkbox"/>	<input type="checkbox"/>
Interest # _____	<input type="checkbox"/>	<input type="checkbox"/>
Dividends # _____	<input type="checkbox"/>	<input type="checkbox"/>
Alimony	<input type="checkbox"/>	<input type="checkbox"/>
Pension/Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Non-Taxable	<input type="checkbox"/>	<input type="checkbox"/>
IRA Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>
IRA Rollover(s)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Schedules Needed	✓
A-Itemized Deduction	<input type="checkbox"/>
B-Interest/Dividends	<input type="checkbox"/>
C-Business Income	<input type="checkbox"/>
D-Capital Gains	<input type="checkbox"/>
E-Rent/Partnership	<input type="checkbox"/>
F-Farm Income	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Forms Needed	✓
3903-Moving Expense	<input type="checkbox"/>
2106-Employee Business Exp.	<input type="checkbox"/>
1116-Foreign Income	<input type="checkbox"/>
2441-Child Care	<input type="checkbox"/>
4137-Soc. Sec. Tax on Tips	<input type="checkbox"/>
4562-Depreciation	<input type="checkbox"/>
4797-Sale Business Property	<input type="checkbox"/>
5329-Tax on IRA	<input type="checkbox"/>
_____	<input type="checkbox"/>

Other	✓
Alimony Paid	<input type="checkbox"/>
Lump Sum Distribution	<input type="checkbox"/>
Sale of Home	<input type="checkbox"/>
Retirement Contributions	<input type="checkbox"/>
Excess Gifts	<input type="checkbox"/>
Child Tax Credit/EIC	<input type="checkbox"/>
Student Loan Interest	<input type="checkbox"/>
Excess Sales Tax Paid	<input type="checkbox"/>
_____	<input type="checkbox"/>

Check For	✓	Misc. Forms Required	✓	Auto Travel & Enter.	Yes	No
AMT	<input type="checkbox"/>	4868-Extension	<input type="checkbox"/>	Does Auto Use Apply?	<input type="checkbox"/>	<input type="checkbox"/>
2210 Underpayment	<input type="checkbox"/>	8582-Passive Loss	<input type="checkbox"/>	Does Travel & Entertainment Apply?	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Tax Payments	<input type="checkbox"/>	8606-IRA Non-deductible	<input type="checkbox"/>	Misc.		
Carryover Amounts	<input type="checkbox"/>	8615-New Kiddie Provisions	<input type="checkbox"/>	Teacher Expenses	<input type="checkbox"/>	<input type="checkbox"/>
Education Provisions/Credits	<input type="checkbox"/>	8829-Business Use of Home	<input type="checkbox"/>	HSA Contribution	<input type="checkbox"/>	<input type="checkbox"/>
Adoption Expenses	<input type="checkbox"/>	8903-Domestic Production	<input type="checkbox"/>	Energy Credits / Hybrid Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Additional Child Care (8812)	<input type="checkbox"/>	_____	<input type="checkbox"/>	Mortgage Insurance Premium	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>