CLIENT INTAKE AND INTERVIEW SHEET 2012
TAX PROFESSIONAL SERVICES

Taxpayer Information

YOUR INFORMATION: _____ ___ _____ | | | | - | | | - | | | | |
First Name MI Last Name SSN/ITIN (Last Four Digits Required)

SPOUSE INFORMATION: _____ ___ _____ | | | | - | | | - | | | | |
First Name MI Last Name SSN/ITIN (Last Four Digits Required)

Street Address Apt. City State Zip

Email Address:_____

	YOU	SPOUSE	OCCUPATION	
Daytime Phone:				
Evening Phone:			**Your Occupation**	**# Jobs in 2009**
Cell Phone:				
Date of Birth:				
Age:			**Spouse Occupation**	**# Jobs in 2009**
Legally Blind?	Yes☐ No☐	Yes☐ No☐		
Disabled?	Yes☐ No☐	Yes☐ No☐		

Are you a U.S. Citizen? Yes☐ No☐ Yes☐ No☐
Are you (or your spouse) in the United States on an F, J, M, or Q Visa? Yes☐ No☐

MARITAL STATUS on 12/31/12: Single ☐ Married ☐ Divorced ☐, since (year)_____
Widowed, ☐ since (year)_____Married, ☐ living separately since (date)_____
Does anyone else contribute to your household expenses? Yes☐ No☐

FAMILY INFORMATION: Please list everyone who lived in your home during 2009. Also list anyone else that you supported during 2009. Is there an agreement, such as a divorce decree or IRS Form 8332, that allow someone else to claim a member of your family? **Yes☐ No☐**

Name (First, Last)	Birth Date	SSN/ITIN (Last four Digits Required)	Relationship	Months lived with you in 2009?	US Citizen, Resident of US, Canada or Mexico (Yes or No)	Did this person have any income?	Was the dependent a full time student?	Did you provide more than 50% of support for this person?	Did the dependent file a joint return?	Is this person disabled?

DURING 2012:

Can your parent or someone else claim your or your spouse as a dependent? **Yes☐ No☐**
Did you pay for childcare? **Yes☐ No☐**
Did your or anyone in your family earn income that was not reported on a W-2? **Yes☐ No☐**
Did you receive Social Security payments? **Yes☐ No☐**
Did you receive unemployment payments? **Yes☐ No☐**
Did you have any other income such as lottery winnings, pensions, alimony, disability, interest, or tips? **Yes☐ No☐**
Did you receive a State Tax Refund? **Yes☐ No☐** (may be taxable if you itemized last year)
Did you receive income based on sale of stock, bonds or real estate? **Yes☐ No☐**
Did you or anyone in your family attend college or vocational school? **Yes☐ No☐**
Did you pay interest on a student loan? **Yes☐ No☐**
Did you put money in any kind of retirement plan? **Yes☐ No☐**
Did you have any unreimbursed medical expense or make any charitable contributions? **Yes☐ No☐**
Did you receive a letter from the IRS? **Yes☐ No☐**
Did you receive any alimony payments? **Yes☐ No☐** (if yes, you must provide the name and SSN of the recipient)
Any estimated tax payments for this year? **Yes☐ No☐**
Was the EITC previously disallowed? **Yes☐ No☐**
Did you own your home? **Yes☐ No☐**
If yes, how much did you pay in property taxes? $_____

INITIAL HERE

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TAX PROFESSIONAL SERVICES

For Office Use Only:
Notes:

The information in this client intake sheet is true and correct. I understand that the _____(tax professional services) will retain this information for tax preparation purposes in the event I return next year. I realize that the above tax professional services will use this information to improve tax assistance services to me, speed preparation of tax returns, and offer other services. My personal information is kept confidential and is not shared with or sold to any other organization or company. Information will be properly stored and when no longer needed, information will be properly disposed.

We will provide both physical and electronic protection for the information while it's care. Information collected on the intake and interview sheet will not be sold or shared with anyone else. Electronic records will be maintained for 7 years as required by IRS E-file regulation and aggregate data is retained by the program purposes. Such information will not include specific information about the taxpayer. Services will not be denied if you do not agree with this statement. Contact us at 714-882-6008 (tax professional services phone number) if need any further questions or concerns.

Client Signature:_____ **Date:**_____