

# Tax Interview (Tax Year:     )

<b>TAXPAYER INFORMATION</b>	
<b>Legal Name</b>	
SSN	Date of Birth
Address	
City, State Zip	
Occupation:	Day Phone
Email Address	Eve Phone

<b>Spouse Name</b>	
SSN	Date of Birth
Spouse Address if different	
Occupation	Day Phone
Email Address	Eve Phone

Filing Status on 12/31:   Single   Married   Separated   Divorced   Widow/ed   RDP
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<b>Dependent Name</b>		
SSN	Date of Birth	# Mos. in home
Student over 18?	Has income to declare on your return?	

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<b>REFUND DIRECT DEPOSIT</b>	<b>Bank Name:</b>
Routing Number	Checking   _____
Account Number	Savings       _____

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<b>ITEMIZED DEDUCTIONS</b>	
Medical/Dental/Vision Expenses	
Medical Insurance Costs	
Did you and your dependents all have health insurance last year?	
If you answered "Yes" to the question above, how was that insurance provided?	
Health care exchange	Employer
Purchased privately not from an exchange	Other
Miles driven for Medical purposes	
Long Term Care Insurance Premiums	
Real Estate/Property Taxes paid	
Personal Property Taxes (incl. DMV)	
Sales Tax on large items (Car/Boat)	
Mortgage Interest Paid	
Charity (cash or check)	
Charity (non-cash donations)	
Tax Prep Fees	

<b>HOME OFFICE EXPENSES</b>	
must be used exclusively and regularly as principal place of business	
Total Square feet of residence	
Sq ft of Office Space	Storage
Rent	Utilities
Insurance	Dues/HOA
Repairs	Other

<b>EDUCATION EXPENSES</b>	
Tuition and Fees	Books/Supplies
Spouse:	

<b>VEHICLE EXPENSES</b>					
You must have detailed record keeping (i.e. mileage log) to take vehicle expenses					
Make/Model	Date of first use?		Leased?		
Total Miles for year			Business miles		
Make/Model	Date of first use?		Leased?		
Total Miles for year			Business miles		
Repairs	Insurance	Gas	Repairs	Insurance	Gas

