Interview Checklist Tax Year 2011

- ❑ ***Taxpayer (husband if married)***
  - ❑ ***Name:*** ______________________________________
  - ❑ ***Address:*** ___________________________***zip:***____________
  - ❑ ***Occupation:*** _________________________________
  - ❑ ***Presidential Campaign Fund?*** ___________________
  - ❑ Birth Date – (New clients only): _______________________
  - ❑ SSN – (New clients only): ____________________________
- ❑ ***Spouse (wife if married)***
  - ❑ ***name:*** ______________________________________
  - ❑ ***Occupation:*** _________________________________
  - ❑ ***Presidential Campaign Fund?*** ___________________
  - ❑ Birth Date – (New clients only): _____________________
  - ❑ SSN – (New clients only): ____________________________
- ❑ ***H. ph:*** ____
- ❑ ***T-Work ph:*** _______________________________________
- ❑ ***S-Work ph:*** _______________________________________
- ❑ ***T-Cell ph:*** _______________________________________
- ❑ ***S-Cell ph:*** _______________________________________
- ❑ ***Email address:*** ___________________________________
- ❑ ***Date/Time of Interview/Drop off:*** ____________________
- ❑ How did you find me? (If new client) _________________
- ❑ ***Refund Automatic Deposit/Paper Check?***
  - ❑ ***RTN*** ____
  - ❑ ***Checking or Savings? (Circle one)***
  - ❑ ***Account #*** ___________________________________
- ❑ ***Refund on pre-paid debit card?*** ____________________
- ❑ ***Or Pay by check or automatic debit?*** ________________
- ❑ *Dependent #1**(please note any changes or additions)***
  - ❑ *Name:* ______________________________________
  - ❑ *Birth Date:* __________________________________
  - ❑ *SSN:* _______________________________________
  - ❑ *# months lived with TP:* _________________________
  - ❑ *Relationship:* ________________________________
- ❑ *Dependent #2*
  - ❑ *Name:* ______________________________________
  - ❑ *Birth Date:* __________________________________
  - ❑ *SSN:* _______________________________________
  - ❑ *# months lived with TP:* _________________________
  - ❑ *Relationship:* ________________________________
- ❑ If more than two dependents, please write the additional ones on the back of this checklist.
- ❑ ***Other important info:***
  - ❑ ***Is your earned income UNDER $50,000?***________________

If yes, and you will not be seeing Mary today, you will need to complete and sign a Form 8867.

- ❑ ***Did you have any cancellation of debt this year?*** __________
- ❑ ***Do you have any foreign accounts valued over $10,000?*** ____
- ❑ ***Did you refinance a home this year?***___________________
- ❑ ***Was a home transferred from parent to child?***___________
- ❑ ***IRA Contributions? T or S? ROTH or Traditional:***
  ____
- ❑ ***Alimony paid or received?*** ________________________
- ❑ ***Resident of what state?*** ____________ ***dates of residency?***
  ____

- ❑ ***Are you someone else's dependent?*** __________________
- ❑ Supporting Documents:
  - ❑ W-2s
  - ❑ 1099-MISC
  - ❑ 1099-R
  - ❑ 1099-C
  - ❑ SSA-1099/RRB-1099
  - ❑ 1099-INT
  - ❑ 1099-DIV
  - ❑ 1099-B
  - ❑ 1099-G
  - ❑ ***1099-K***
  - ❑ K-1s
  - ❑ Child Care Expenses (need providers name, address, & TID#)
  - ❑ 1098T, Hope/Lifetime Credit?
  - ❑ Student Loan interest paid? ______________________
  - ❑ Moving Expenses
  - ❑ 1040-ES? ____
  - ❑ last year's tax return(s) – (New clients only)
  - ❑ Social Security Cards – (New clients only)
  - ❑ Info for residential energy credit
- ❑ Itemized Deductions
  - ❑ Medical ____
  - ❑ sales tax receipts
  - ❑ Property Tax – vehicles________________________
  - ❑ 1098
    - ❑ *Was the mortgage used to buy or substantially improve your home?* ______________________
    - ❑ *Is it a refi?* ______________________________
  - ❑ settlement statement
  - ❑ Charitable Contributions
    ____
  - ❑ Employee Business Expenses
    - ❑ Mileage ________________________________
    - ❑ Union dues_______________________________
    - ❑ Uniform expenses ________________________
    - ❑ Other___________________________________
  - ❑ Tax prep – (New clients only)______________________
  - ❑ Safety deposit box ____________________________
- ❑ Self-employed
  - ❑ Mileage _____________________________________
  - ❑ Income ______________________________________
  - ❑ Expenses _____________________________________
- ❑ Rental Property
  - ❑ Mileage _____________________________________
  - ❑ Income ______________________________________
  - ❑ Expenses ____________________________________
  - ❑ # days rented__________________________________
  - ❑ # days available for rent_________________________
  - ❑ # days under repair_____________________________
  - ❑ # days personal use_____________________________
- ❑ Items still needed: _______________________________
- ❑ ____
- ❑ ____
- ❑ ____

All hand-written information on this checklist is correct to the best of my knowledge.
Signed:__________________________________ Date: ____________