

INITIAL TAX CLIENT INTERVIEW FORM

Date: _____

Client Name:	_____	DOB	_____	SSN	_____
Spouse Name:	_____	DOB	_____	SSN	_____
Dependents:	_____	DOB	_____	SSN	_____
	_____	DOB	_____	SSN	_____
	_____	DOB	_____	SSN	_____
	_____	DOB	_____	SSN	_____
					Mos: _____
					Mos: _____
					Mos: _____
					Mos: _____

Client Occupation: _____

Spouse Occupation: _____

Address: _____ Home Phone: _____

Work Phone: _____

E-Mail Address: _____ Fax No.: _____

Cellular: _____

ITEMS NEEDED/PRIOR YEAR INFORMATION

_____ W-2's _____ Social Security income:

Estimates Made:

		<u>Date</u>	<u>Federal</u>	<u>State</u>
_____ 1099's	_____ Child Care providers			
_____ 1098's		1) _____	\$ _____	\$ _____
_____ K-1's	From: _____	2) _____	\$ _____	\$ _____
	From: _____	3) _____	\$ _____	\$ _____
_____ Prior year federal/state returns		4) _____	\$ _____	\$ _____
_____ Presidential campaign?				
_____ Paid FTB for prior year			\$ _____	
_____ Paid FTB for other years			\$ _____	
_____ Received refund - FTB prior year			\$ _____	
_____ Paid IRS for prior year			\$ _____	
_____ Received refund - IRS prior year			\$ _____	
_____ Taxable income/tax - IRS prior year			\$ _____	\$ _____
_____ Taxable income/tax - FTB prior year			\$ _____	\$ _____

Notes: _____
