



TAXPAYER NAME \_\_\_\_\_  
 SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_  
 SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (DAY) \_\_\_\_\_ WORK(EVE) \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

Dependents: (List Youngest First) Name (First, Initial and Last Name)	Dependent's SSN	Month, Day & Year of Birth	Relationship to you	Months lived in your home in 2015?

**FILING STATUS**

Single  
 Head of Household  
 Qualifying Widower with dependents  
 Married Filing Joint  
 Married Filing Separate

**CHECK ALL THAT APPLY**

**INCOME**

Wage Statement W-2s  
 1099s  
 IRAS  
 Sell Stocks or Bonds  
 Received Unemployment  
 Alimony (Paid or Received)  
 Buy or sell a home  
 Own Rental Property  
 Household Employee  
 Received Interest  
 Received Dividends  
 Pension or Retirement Income  
 Social Security Income  
 Own a Business  
 Tips / other Income  
 Farm Income  
 Lottery or Gambling Winnings  
 Self-Employed

**DEDUCTIONS**

Charity or Religious Contributions  
 Property Tax  
 Mortgage Interest  
 Mortgage Points (i.e. closing points)  
 Medical Expense  
 Tax Preparation Expenses  
 Union Dues  
 Job Related Expenses or Training  
 Significant Loss or Theft  
 Moving Expenses  
 Education Exp. or Student Loans

**MISCELLANEOUS**

Are you/spouse delinquent on child support, student loans, SBA loan, or any other federal loans? -Yes / No-  
 Do you/spouse have any debt with the IRS? -Yes / No-  
 Banking Info: Name \_\_\_\_\_ Routing # \_\_\_\_\_ Acct # \_\_\_\_\_

**CHILD CARE INFORMATION**

(NOTE: This information is required for each provider. Use the back of this sheet if more space is needed.)  
 Provider's Name \_\_\_\_\_ Provider's SSN/EIN \_\_\_\_\_  
 Provider's Address \_\_\_\_\_ Amount Paid to Provider \$ \_\_\_\_\_

***Please note there will be a \$50.00 fee for any Income Tax prepared, but then subsequently Canceled***

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Earned Income Tax Credit Interview**

If you are filing **single, married or head of household** and claiming the EITC credit  
Please fill out all that applies;

1. Are you married?  Yes  No,  
If yes, have you lived apart from spouse?  Yes  No, and how long? \_\_\_\_\_

2. Do you pay more than half the cost of keeping up a home for the year?  Yes  No

3. Are you claiming?  
 Son  Daughter  Adopted Child  Stepchild  Foster child  Brother  Sister  
 Niece  Nephew  Grandchild

If claiming Niece, nephew or grandchild name of parents? \_\_\_\_\_

4. Is the dependent 18 years or older?  Yes  No  
If yes does the dependent attend school  Yes  No?

5. Is the dependent(s) 24 years or older and if so are they permanently or totally disabled?  Yes  No

6. Do you have legal custody of the child?  Yes  No

If not who has legal custody of child? \_\_\_\_\_

7. Are you entitled to claim the child?  Yes  No

8. Where are the parent/parents? \_\_\_\_\_

9. Why are the parent/ parents not claiming the child?  
\_\_\_\_\_

10. Who takes care of the dependent when you are working/school?  
\_\_\_\_\_

11. Do you have other sources of Income?

Food Stamps \$ \_\_\_\_\_ WIC \$ \_\_\_\_\_ Section 8 \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_