

# Client Interview Form –

Please fill out ***in full*** and provide with your other tax documents.

Taxpayer Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse: \_\_\_\_\_ Occupation \_\_\_\_\_

Requested Preparer:     Angie     Kim     Branden     First Available

Preferred form of Contact:     Text                     Email                     Phone                     Portal

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred form of appointment: In-person     Virtual     Phone     or     call whenever

Date and time if scheduled appointment: \_\_\_\_\_

Filing Status: S     MFS     HOH     QW

If HOH: Did you provide more than ½ household support?     Y     N

Any other adults residing in the household?     Y     N

\*\*\*\* Are you still Married as of 12/31/22?     Y     N

Did you purchase your health Insurance from the Marketplace:     Y     N

If yes, you must provide a form 1095-A

Any IRS or state revenue correspondence received last year?     Y     N

Do you have an IP PIN due to prior Identity Theft?     Y     N

If yes, Taxpayer or Spouse? IP Pin # \_\_\_\_\_

Can someone else claim you as a Dependent?     Y     N

Are you considered Legally Blind?     Y     N

Are you Legally Disabled?     Y     N

Are you (or both) US Citizens?     Y     N

Sell, exchange, gift or dispose any digital assets?     Y     N

Receive as a reward, award or compensation

any digital assets?     Y     N

Do you hold any Foreign Trusts     Y     N

Do you hold any Foreign Accounts     Y     N

## ***Dependents you are claiming on your tax return this year:***

\*\*\*\* if returning client and both parents live and file together and we already have this information please sign here:

We the parents of dependents on this joint tax return live and raise our children together

Taxpayer Signature: \_\_\_\_\_ Spouse Signature \_\_\_\_\_

**NEW DEPENDENT IN 2022-** Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

***If filing Single or HOH and divorced or separated from child's other parent this information is necessary.*** Proof of Residency is required for Advanced Child Tax Credit and Earned Income Tax Credit and is only eligible for children living with you for at least 6 months. Please indicate the information of the child you are claiming, and the amount of time lived with you.

Dependent Name	DOB	Relationship	Live with you > 6 mos.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide us something with your child's name and your address for our records such as a school or medical document showing child's name and your address.

Daycare Expenses?     Y     N     Please provide amount paid, tax ID and address of provider (keep receipts with your tax documents)

Do you Contribute to a 529 College Savings Plan?     Y     N     Please provide documents

College Tuition?     Y     N     You must provide form 1098-T (it is available from your child's online school account)

Private School Tuition?     Y     N     Please provide details

IA residents can get a credit for public school fees, activity fees and required school supplies. Please have this amount ready for our appointment. For more information see IA Dept. of Rev Iowa Tuition and Textbook Credit

Check here if you have the following Income Forms and Docs

<input type="checkbox"/> W-2	<input type="checkbox"/> 1099-SSA/RRB Social Security	<input type="checkbox"/> 1099Q 529 plans
<input type="checkbox"/> W-2G Gambling	<input type="checkbox"/> 1099-MISC/1099-NEC	<input type="checkbox"/> 1099C Debt Forgiveness
<input type="checkbox"/> 1099-G Unemployment	<input type="checkbox"/> 1099-K Payment Processing	<input type="checkbox"/> 1099A Debt Forgiveness
<input type="checkbox"/> 1099-G Other	<input type="checkbox"/> 1099R Retirement	<input type="checkbox"/> 1098 Mort Int Paid
<input type="checkbox"/> 1099INT Interest Earned	<input type="checkbox"/> 1099HSA Health Savings Dist.	<input type="checkbox"/> 1095A MarketPlace Health Ins
<input type="checkbox"/> 1099DIV Dividends	<input type="checkbox"/> 1098E Student Loan Int Pd	<input type="checkbox"/> 1098T College Tuition Pd
<input type="checkbox"/> 1099B Stock Trades Cap Gain		

Do you have ownership in any Partnerships, LLC's, Rental LLC's or Corporations? Y N

Do you want Direct Deposit? Y N

Notes: \_\_\_\_\_

Bank Name \_\_\_\_\_

\_\_\_\_\_

RTN: \_\_\_\_\_

\_\_\_\_\_

Acct# \_\_\_\_\_

\_\_\_\_\_

Taxpayer ID

Spouse ID

Type: DL Other State: \_\_\_\_\_

Type: DL Other State: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Or copy scanned into our office \_\_\_\_\_

Or copy scanned in our office \_\_\_\_\_

Are you interested in Audit Protection for an Additional \$75 Y N Maybe

Do you want your fee taken out of your refund for an additional \$61 Y N

Client Acknowledgement:

I have reported to the office of Anderson Professional Services, all of my taxable income. I understand it is my responsibility to timely provide additional information if asked, and then sign and pay for any time and services provided by Anderson Professional Services before my tax return will be electronically filed with the proper taxing authorities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be signed when work is complete:

I have received a complete copy of my 2022 tax return. Format: Hard Copy \_\_\_\_\_ electronic \_\_\_\_\_ Password: \_\_\_\_\_

I understand that if I request an additional copy there will be an additional charge of \$35 (whether we email it, mail it, or you pick up up)

I understand that I can check my own refund status by going to "Where's my refund" on [www.irs.gov](http://www.irs.gov) or state revenue site.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

2022 Prep Fee: \_\_\_\_\_ Date paid: \_\_\_\_\_ Form: \_\_\_\_\_

Date e-filed \_\_\_\_\_ Ack'd \_\_\_\_\_

Fed tax due or refund \_\_\_\_\_ State Tax due or refund \_\_\_\_\_ State tax due or refund \_\_\_\_\_

Prior Year Loss (type) \_\_\_\_\_ Amount \_\_\_\_\_