**Client Interview Form –   
Please fill out *in full* and provide with your other tax documents.**

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

Requested Preparer: Angie Kim 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 MFJ HOH QW Can someone else claim you as a Dependent? Y N   
If HOH: Did you provide more than ½ household support? Y N Are you considered Legally Blind? Y N   
 Any other adults residing in the household? Y N Are you Legally Disabled? Y N   
 \*\*\*\*Are you still Married as of 12/31/22? Y N Are you (or both) US Citizens? Y N   
Did you purchase your health Insurance from the Marketplace: Y N Sell, exchange, gift or dispose any digital assets? Y N  
 If yes, you must provide a form 1095-A Receive as a reward, award or compensation   
Any IRS or state revenue correspondence received last year? Y N any digital assets? Y N  
Do you have an IP PIN due to prior Identity Theft? Y N Do you hold any Foreign Trusts Y N   
 If yes, Taxpayer or Spouse? IP Pin #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 2024**- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_ \*\*\*\*Will need copy of birth certificate\*\*\*\*  
 ***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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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  
\_\_\_\_\_ W-2 \_\_\_\_\_1099-SSA/RRB Social Security \_\_\_\_\_1099Q 529 plans  
\_\_\_\_\_W-2G Gambling \_\_\_\_\_1099-MISC/1099-NEC \_\_\_\_\_1099C Debt Forgiveness

\_\_\_\_\_1099-G Unemployment \_\_\_\_\_1099-K Payment Processing \_\_\_\_\_1099A Debt Forgiveness  
\_\_\_\_\_1099-G Other \_\_\_\_\_1099R Retirement \_\_\_\_\_1098 Mort Int Paid  
\_\_\_\_\_1099INT Interest Earned \_\_\_\_\_ 1099HSA Health Savings Dist. \_\_\_\_1095A Market-Place Health Ins  
\_\_\_\_\_1099DIV Dividends \_\_\_\_\_1098E Student Loan Int Pd \_\_\_\_1098T College Tuition Pd  
\_\_\_\_\_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#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Checking \_\_\_\_\_\_ Savings\_\_\_\_\_\_\_\_\_

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 – additional fees apply 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 2024 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 it is emailed, uploaded, mailed, or picked 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_