Tax Therapy, LLC TY2023 Individual Tax Preparation Annual Client Interview

Please take your time and complete the interview as thoroughly and accurately as possible.

This interview must be completed before I begin work on your return.

If you have questions about an item of income or a deduction please include them in the space(s) available. *Questions submitted by phone, e-mail, or secure message will cause delays in return processing.*

If you are a returning client please enter the Driver's License information to ensure that what is on file is up to date. Please make updates to your physical address, e-mail address, and phone number(s) if they have changed. If you are a returning client we have your SSN and your dependents' SSN information (if applicable) on file. You only need to complete those items if you have added a dependent, removed a dependent, or changed your legal name. **If you, your spouse, or your dependents have one, please enter your current IRS Identity Protection PIN in the space(s) provided.**

General Information					
Primary		Spouse			
Name:		Name:			
Date of Birth:		Date of Birth:			
SSN:	IP-PIN:	SSN:	IP-PIN:		
DL#	State:	DL#	State		
Issued:	Expires:	Issued:	Expires:		
Address:					
City	State	ZIP			
E-mail:	Phone:	E-mail:	Phone:		
Occupation:		Occupation:			

Banking Information

 \Box Please deposit my refund(s) to my bank account.

 \Box Please debit my bank account for any balance(s) due on _____* If no date entered the amount will be debited on the 10th of the month of the applicable filing deadline.

Bank Name

Checking

Savings

Routing #:

Public Election Financing (does not affect your refund/balance due)

Account #:

□ **Taxpayer:** I want to contribute \$3 to the Presidential Election Campaign Fund.

□ **Spouse:** I want to contribute \$ 3 to the Presidential Election Campaign Fund.

Foreign Accounts & Cryptocurrency

□ I **do not** own cryptocurrency or other digital assets (NFTs, etc.)

- □ I **do not** own or have signature authority on non-US financial accounts
- □ I have money in online gaming accounts
- □ I own other foreign assets (property, etc.)

□ I have relatives living in another country

Dependents (if you have more than four please attach a list)

Name:	Name:
Relationship	Relationship:
Date of Birth:	Date of Birth:
SSN:	SSN:
IP-PIN:	IP-PIN:
Name:	Name:
Relationship	Relationship:
Date of Birth:	Date of Birth:
SSN:	SSN:
IP-PIN:	IP-PIN:

Estimated Payments

Please provide dates and amounts **or let me know that the information was previously uploaded to TaxDome**. Attach the stubs from your payment vouchers if available. *Do not include payments for federal or state balances due.*

Federal Estimated Tax Payments	Qu1	Qu2	Qu3	Qu4
State Estimated Tax Payments	Qu1	Qu2	Qu3	Qu 4

Notes:	

Income (Check all that apply. Attach W2s, 1099s, K1s as appropriate.)

- □ Wages/Unemployment
- □ Contractor/Non-employee Compensation
- □ Gig Economy (uber, task rabbit, etc.)
- □ Personal Property Rentals (AirBnB, etc.)
- □ Gambling, Hobby, or Other (describe)

- □ Social Security/Retirement
- □ Interest/Dividends
- □ Partnership or Corporate Interests
- □ Employer Stock Options
- □ Investment Income (stocks, crypto, etc.)

Notes:

Income Continued (Check all that apply. Attach 1099 as appropriate.)

- □ Small Business Income (Sch C)
- □ Bought/Sold Real Property
- □ Rental or Royalty Income (Sch E) □ Bought/Sold Stocks/Bonds □ Farm or Ranch Income (Sch F)
- □ Cancelled Debt

□ Bought or Cashed Savings Bonds

- □ Bought/Sold Cryptocurrency
 - □ Other (describe)

Please include income/expense worksheets and other information as appropriate.

Notes:

Deductions (Check all that apply.)

- □ State/Local Income Taxes and/or Property Taxes (primary residence, vacation home, land, etc.)
- □ Mortgage/Investment Interest
- □ Substantial Out of Pocket Medical (insurance premiums, prescriptions, co-pays, etc.)
- □ Major Purchases (car, boat, RV, large repairs or remodeling, etc.)
- □ Student Loan Interest
- □ Tuition and Fees for Post-secondary Education
- □ IRA Contributions (Traditional or Roth)
- □ Daycare Expenses
- □ Educator Expenses
- □ Other (describe)

Notes:			

Other Information

□ Got married

□ Had a child

□ Got divorced or separated

Date left old state:

- Adopted a child
- $\hfill\square$ Moved to a new state
- □ Household employees (regular staff)
- □ Foreclosure or Bankruptcy
- □ Legal Settlement
- $\hfill\square$ Inheritance or Gifts
- □ Made large gifts of money or other property
- $\hfill\square$ Worked in a state or states other than your resident state (list)
- $\hfill\square$ Adopted a child
- $\hfill\square$ Received Medicaid/Medicare payments for taking care of a household member

Additional Notes, Questions, Information

Notes:

 $\hfill\square$ No longer supporting a dependent

Date entered new state: