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Springfield MO 65806
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CLIENT INTERVIEW SHEET

This interview sheet will help us in the preparation of your taxes. Please fill out as much as you can and bring it with you to your appointment. Don't worry if you aren't sure about an item, just leave it blank and we'll help you determine the answer during your appointment. If you have any questions prior to your appointment, contact us at help@prioritytaxsolutions.com.

1. TAXPAYER INFORMATION				
First Name	Middle Name	Last Name	Social Security/Tax ID No	
Occupation	Date of Birth	Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attend College in '09? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone No	Home Phone No	Work Phone No	Email Address	
Street Address		City	State	Zip Code
2. SPOUSE INFORMATION				
First Name	Middle Name	Last Name	Social Security/Tax ID No	
Occupation	Date of Birth	Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attend College in '09? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone No	Home Phone No	Work Phone No	Email Address	
Street Address		City	State	Zip Code
3. FILING STATUS				
Please select your Filing Status. All of the filing status categories below are based upon your status as of December 31 st (the last day of the tax year).				
<input type="checkbox"/> Single – You are single if you were not married and you are claiming no dependents. <input type="checkbox"/> Married Filing Joint – You are MFJ if both you and your spouse have agreed to file a joint return. <input type="checkbox"/> Married Filing Separate – You are MFS if you would like to be responsible for your own tax. <input type="checkbox"/> Head of Household – You are not married (or are legally separated) and you are claiming at least one dependant. <input type="checkbox"/> Widow with dependent child – You can claim this filing status if your spouse died in 2009 or 2008 and you have not remarried and you have a qualifying dependent.				
Can anyone else claim you as a dependant? <input type="checkbox"/> Yes <input type="checkbox"/> No Your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No				

CLIENT INTERVIEW SHEET (continued)

4. DEPENDANTS

1	Name (First, Last)	Social Security/Tax ID No	Date of Birth	Relationship	# of months lived in your home
	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Married as of 12/31/09? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	More than \$3650 income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name (First, Last)	Social Security/Tax ID No	Date of Birth	Relationship	# of months lived in your home
	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Married as of 12/31/09? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	More than \$3650 income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name (First, Last)	Social Security/Tax ID No	Date of Birth	Relationship	# of months lived in your home
	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Married as of 12/31/09? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	More than \$3650 income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name (First, Last)	Social Security/Tax ID No	Date of Birth	Relationship	# of months lived in your home
	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Married as of 12/31/09? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	More than \$3650 income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name (First, Last)	Social Security/Tax ID No	Date of Birth	Relationship	# of months lived in your home
	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Married as of 12/31/09? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	More than \$3650 income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. CHILDCARE PROVIDER

Providers Name	Social Security/Tax ID No	Amount Paid	
Street Address	City	State	Zip Code

6. DEDUCTION INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a home? If so, how much mortgage interest expense?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Property tax paid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make charitable contributions? If so, please provide to who and how much.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any medical expenses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Un-reimbursed business expenses?

CLIENT INTERVIEW SHEET (continued)

7. LIFE EVENTS

- Yes No Buy a brand new vehicle? If yes, what was the date of purchase?
- Yes No Buy a home? If yes, what was the closing date?
- Yes No Have a foreclosure or did the bank cancel any part of your mortgage loan?
- Yes No Receive an Economic Recovery Payment from Social Security Administration, Railroad Retirement Board, or Veterans Administration?
If yes, how much? \$250 \$500
- Yes No Are you or your spouse a government retiree?
- Yes No Did you purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
- Yes No Live in an area that was affected by a natural disaster? If yes, where?
- Yes No Pay college tuition for yourself, your spouse, or your dependents?
- Yes No Do you have any student loans?
- Yes No Make estimated tax payments or apply last year's refund to your 2009 tax?

8. INCOME

- Yes No Wages or Salary?
- Yes No Tip Income?
- Yes No Scholarships ?
- Yes No Interest/Dividends from: checking or savings accounts, bonds, CDs, brokerage, etc. ?
- Yes No Did you get a State Tax Refund?
If yes, did you itemize your deductions last year? Yes No
- Yes No Self-Employment Income (such as earnings from contract labor, small business, hobby, etc.)?
- Yes No Alimony Income?
- Yes No Proceeds (or loss) from sale of Stocks, Bonds or Real Estate (including your home)?
- Yes No Disability Income?
- Yes No Pensions, Annuities, and/or IRA Distributions?
- Yes No Unemployment Compensation?
- Yes No Social Security or Railroad Retirement Benefits?
- Yes No Income from Rental Property?
- Yes No Other Income: (gambling, lottery, prizes, awards, jury duty, etc.)
If so, Identify:

CLIENT INTERVIEW SHEET (continued)

9. EXPENSES		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alimony? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contributions to IRA, 401(k), or other retirement account, including employer retirement account?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Educational expenses (such as a computer, books, etc.)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Classroom supplies if you are a teacher
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical expenses?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Home mortgage interest?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Real estate taxes for your home?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Charitable contributions?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child/dependent care expenses that allowed you and your spouse, to work or to look for work?
10. REFUND/PAYMENT INFORMATION		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you are DUE a refund, do you prefer direct deposit?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you OWE taxes, do you prefer a direct debit?
11. SERVICE AGREEMENT		
<p>Priority Tax Solutions (PTS) will prepare your Individual Income Tax Return and any applicable State and local income tax returns. PTS understands that you will provide us with the basic information required for us to perform the services as described. You are responsible for the accuracy and completeness of that information. As such, in connection with the preparation of your return, you represent to us the following in your completed returns:</p> <ol style="list-style-type: none"> 1. All information is complete and accurate. 2. All social security numbers and dates of birth for taxpayer, spouse and dependants are correct according to those on file with the Social Security Administration and the IRS. 3. You have reported all income earned by you and/or spouse including income not reported to you by third parties. 4. You have not presented to us any fraudulent statements. <p>Due to the nature of our services we cannot guarantee that the IRS will not examine your return at some future date. We suggest you retain all records and documents related to this return for a period of five (5) years should it ever be necessary for you to substantiate any information reported on your return. Priority Tax Solutions assumes responsibility only for errors made on its part and does not assume responsibility for the information provided. If any of this information is incorrect, I understand that a \$10 fee will be charged per IRS rejection of this information.</p> <p>If you agree with this statement as outlined above, please sign at the bottom.</p>		
Taxpayer Signature	Date	
Spouse Signature	Date	

