

CTS4Taxes
Interview Sheet
TAX YEAR _____

Do you have last years Tax Return with you? YES NO Who did your taxes last year? _____

PLEASE PROVIDE ALL NAMES AS THEY APPEAR ON SOCIAL SECURITY CARDS

TAXPAYER: _____ SS # _____
 FIRST *LAST*

SPOUSE: _____ SS # _____
 FIRST *LAST*

MAILING ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____ Would you like to receive tax info by email? YES NO

PHONE NUMBERS	Taxpayer	Spouse
DAY ()	_____ ()	_____
EVENING ()	_____ ()	_____
CELL ()	_____ ()	_____

	Taxpayer	Spouse
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BIRTH DATE: _____

OCCUPATION: _____

WERE YOU LEGALLY MARRIED, AS OF DEC. 31ST? YES NO

IF YES, DID YOU LIVE WITH YOUR SPOUSE DURING THE YEAR? YES NO

List the names(s) of everyone below who lived in your home and outside your home that you supported during the year.

Name (FIRST, LAST) Do not enter yourself or spouse.	Date of Birth	Social Security #	Relationship to you (i.e. son, mother, sister)	Months in Home? 0-12	Daycare (YES/NO)

Check all that apply:

___ Canceled debts	___ Retirement Income	___ Self-Employment Income	___ Stock Sales
___ Gambling winnings	___ Alimony Paid or received	___ Interest/Dividend Income	___ Foreclosures
___ Past due child support	___ Past due student loans	___ Unemployment	___ Back taxes
___ Rental Income	___ Received Emeral Advance	___ Any IRS or FTB letters	___ K-1's
___ Casualty Losses	___ Sale/Purchase of residence	___ Paid Family Leave	___ Health Insurance
		___ Social Security Income	

Do you currently have health insurance? YES NO

If you are due a refund, would you like direct deposit? YES NO

Notes: _____