

# Client Interview Form

## REDEMPTION ACCOUNTING



112 East 2nd St.  
MAIL TO: P.O. Box 32  
Jackson, GA 30233

Phone: (770) 775-6464 Fax: (470) 251-5388

**INSTRUCTIONS:**

**New clients** - Please fill out the all the sections that pertain to you. All the information requested is needed to fill out your tax return accurately

**Current Clients** - We have your vital information but we ask that you please use the check lists and other assistance forms we have created for your convenience.

We appreciate your business and look forward to seeing you this year.

**QUICK CHECKLIST: *New Clients-Bring previous year's tax return***

- All income forms: w-2s, 1099s, K-1s, other income reports.
- New clients**, copy of previous year's tax return.
- Complete this form
- Copy of closing statements on sales or purchases.
- Mileage figures for automobile expenses claimed and vehicle information.
- Detail of estimated tax payments made.
- Separate sheet of income and expenses for business or rental activities.
- List of itemized deductions and supporting paperwork; medical, taxes, interest, charity, miscellaneous.

**\*Name of Taxpayer:** \_\_\_\_\_ **\*SS#** \_\_\_\_\_  
First Middle Initial Last  
 Are you self-employed?  Yes  No

**Driver's License #** \_\_\_\_\_ **Driver's License Issued Date:** \_\_\_\_\_ **Driver's License Expiration Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **\*Date of Birth:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**\*Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work or Cell:** \_\_\_\_\_

**Filing Status:**  Single  Married Filing Jointly  Married Filing Separately  Widow(er)  Head of Household

Yes  No Were you Married in the last year?  Yes  No Are either you or your spouse legally blind?

**\*Name of Spouse:** \_\_\_\_\_ **\*SS#** \_\_\_\_\_  
First Middle Initial Last  
 Is spouse self-employed?  Yes  No

**\*Date of Birth:** \_\_\_\_\_

**Work or Cell:** \_\_\_\_\_

Yes  No Were you divorced or separated in the last year?

Yes  No Were any children born or adopted in the last year?

**Names of dependent children:** \_\_\_\_\_

Child's full name	Social Security #	Date of birth	Months lived in home in the	Relationship	College student?

Did any of the children have **UNEARNED** income above \$1050 or **EARNED** income of \$6300 for the year?  Yes  No

Do any of the children have a disability?  Yes  No

Is it anticipated that another taxpayer will seek to claim a child listed above as their dependent for tax year the last year?  Yes  No

Yes  No Did you pay or receive alimony in the last year? Paid / Received \$ \_\_\_\_\_ Recipient's SS# \_\_\_\_\_

Yes  No Were any children attending college? Tuition paid by you \$ \_\_\_\_\_ Student loan interest \$ \_\_\_\_\_ Books \$ \_\_\_\_\_

Tuition paid by student \$ \_\_\_\_\_ Student loan interest \$ \_\_\_\_\_ Books \$ \_\_\_\_\_

Yes  No Did you pay for child's or dependent's care so you could work or go to school?

Name of provider \_\_\_\_\_ EIN or SS# \_\_\_\_\_

Address \_\_\_\_\_ Amount paid \_\_\_\_\_

Yes  No Do you have any children that earned more than \$1,900 of investment income?

**Other dependents or people who lived with you for which you provided 50% or more of their support:**

Name	Social Security #	Date of Birth	Relationship	Income

**HOME**

**State information**       Full-year resident    Part-year resident    Nonresident

States and dates of residence during the last year:

Yes    No   Have you moved in the last year?

Old Address:

Yes    No   Do you rent or own your home?       Own    Rent

Yes    No   Did you purchase a new main home during the year? If yes, provide details.

Yes    No   Did you sell a home in the last year? (Provide the closing statement)

Yes    No   If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.

Yes    No   Did you make new energy-efficient improvements to your home? If yes, provide details.

Yes    No   Did you have an uninsured loss on your property in the last year?

**YOUR WORK**    *List W2s from ALL Employment in 2019*

**DEDUCTIBLES**    *Unreimbursed Employee Expenses are no longer itemized deductions as of 2018.*

W2 -    Out of pocket Medical Expenses

W2 -    Mortgage Interest      A listing of these expenses must have documentation to

W2 -    State Taxes Paid      justify the amounts claimed.

W2 -    Charitable Giving

**YOUR BUSINESS**      *Answer these questions and then download and use the "Business checklist"*

Yes    No   Do you have ALL of your income and expenses for your business?

Yes    No   Did you engage in any farming activities?

Yes    No   Do you own a business or an interest in a partnership, corporation, LLC or other venture?

Yes    No   Did you sell or transfer any stock or sell rental or investment property?

Yes    No   Do you rent residential or commercial property?      **Download and Use the Rental Property Checklist**

Yes    No   Did you receive any income from an installment sale?

**MISCELLANEOUS**

Yes    No   Did you pay interest on a boat or RV loan? If yes, provide details.

Yes    No   Did you pay sales tax on a major purchase in the last year, such as a vehicle, boat or home?

Yes    No   Did you receive any foreign income?

Yes    No   Have you paid Alternative Minimum Tax (AMT) in previous years?

**OTHER FINANCIAL**

Yes    No   Did you, or will you, contribute any money into an IRA for the tax year?

Yes    No   Did you roll over any amounts from a retirement account in the tax year?

Yes    No   Will there be any significant changes in income or deductions in the coming year, such as retirement?

Yes    No   Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?

Yes    No   Are you or members of your household covered by medical insurance through the Healthcare Marketplace (afordable Care Act/"Obamacare")?

Yes    No   Are you a Public School Full-Time Educator?      *Amount spent on school related supplies for 2019 -*

Yes    No   Are you a member of the military?    Duty status?

Yes    No   Are you employed in public safety (Law Enforcement, Fire, EMS)?

**If you are due a refund, would you like it directly deposited into your bank account?**    Yes    No

*If "YES" please bring a check or other document listing the Bank Name, Routing Number and Account Number.*

**Please let us know if you would like to have your refund deposited into more than one account.**

**ASK ABOUT REFUND OPTIONS**

**Your preparation fees may be deducted out of your refund? (Additional fees may apply)**

**Advance refund loans are available from \$500 up to 50% of your refund. If eligible your check will be issued within 24 hours (often same day).**

**For those without bank accounts we can print a check for you as soon as the funds are available.**

*If unsure of a question place a "?" next to the question.*

**\*Privacy Policy:** The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy all information we obtain about you will be provided by you or obtained with your permission. Our firm has procedures and policies in place protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

We will prepare your tax return based on information you provide. In the event that your return is audited you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Signature of Taxpayer: \_\_\_\_\_

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