

**Client Interview
Form**

**REDEMPTION
ACCOUNTING**



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Secure Upload use the Guest Exchange at the below site
<https://redemptionaccounting.securefilepro.com/portal/#/login>

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.
- 1095A form if you used the Healthcare Marketplace.**
- 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. (ON WEBSITE)
- 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:** _____ **Phone/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

Driver's License # _____ **Driver's License Issued Date:** _____ **Driver's License Expiration Date:** _____

***Date of Birth:** _____

Phone/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	Relationship	College student?

Do any of the children have a disability? Yes No

Yes No Did you pay for child's or dependent's care? If "YES", provide childcare facility statement.

Yes No Did you pay adopt a child with a documented disability?

Yes No Was anyone in the household attending college? If "YES", provide 1098T from the college or university.

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

W2 -	Out of pocket Medical Expenses	A listing of these expenses must have documentation to justify the amounts claimed.
W2 -	Mortgage Interest	
W2 -	State Taxes Paid	
W2 -	Charitable Giving	

OTHER FINANCIAL

Yes No Did you, or will you, contribute any money into a Traditional 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 Did you use the Healthcare Marketplace Medical Insurance last year? If YES please provide the 1095A form.

Yes No Are you a Public School Full-Time Educator? Please Provide amount spent on school related supplies for th tax year

Yes No Are you a retired Law Enforcement officer eligible for the health insurance credit?

If you owe taxes, would you like the payment to be withdrawn from your bank account? Yes No

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

If "YES" to either of the above, please provide the Bank Name, Routing Number and Account Number.

BANK NAME: _____ ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

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