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Tax Interview Worksheet

PERSONAL INFORMATION

Taxpayer _____	SSN _____			
Spouse _____	SSN _____			
Home Address _____				
City _____	State _____	Zip _____		
Telephone _____	Email _____			
Date of Birth	Occupation	Blind	Disabled	ID Protection PIN
Taxpayer _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spouse _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

FILING STATUS

DIRECT DEPOSIT

- Single
- Head of Household
- Married Filing Jointly
- Married filing Separately
- Qualifying Widow(er)
- Check if someone else can claim you as a dependent on their return

Would you like direct deposit? Yes No

Bank _____
Routing _____
Account _____

IDENTIFICATION

Taxpayer DL# _____	Issue Date: _____	Expiration Date: _____
Spouse DL# _____	Issue Date: _____	Expiration Date: _____

DEPENDENTS

First Name	Last Name	DOB	SSN	Childcare Expense
				<input type="checkbox"/>

ESTIMATED TAX PAYMENTS MADE

Federal				
State				

Y N

	Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency (e.g., bitcoin)?
	Did you pay or receive any alimony payments? (If so, please provide recipient SSN, date of divorce or separation)
	Can anyone else claim any of the dependents you listed on the first page of this form?
	Did you purchase or sell a main home or rental/investment property during the year? <i>Provide Closing Statement</i>
	Did you, or will you contribute any money to an IRA for 2024? <i>Traditional or ROTH</i>
	Did you pay for dependent care so you could work or go to school? <i>Provide name, address, SSN/EIN, amount paid</i>

DEDUCTIONS AND CREDITS

Medical Insurance Premiums		Property Taxes	
Prescriptions		Personal Property Taxes (vehicle tags)	
Doctors/Dentists/Hospitals		Sales Tax Paid (vehicle, boat, RV)	
Medical Miles (# of miles)		State Income Tax Paid	
Church Contributions		Post-secondary Tuition & Expenses	
Non-cash Contributions		Self-Employed Health Insurance	
Volunteer Miles (# of miles)		Gambling losses (to extent of winnings)	
Educator Expenses		Other _____	

FOR INTERNAL OFFICE USE ONLY

W2 EMPLOYMENT					Overtime	Y/E Check Stub	
#1	Fed	\$	State	\$			
#2	Fed	\$	State	\$			
#3	Fed	\$	State	\$			
#4	Fed	\$	State	\$			
1099-INT			1099-DIV			1099-B	
1099-R	Fed				State		
SSA-1099				1099-G			
Schedule K-1 Partnership, S Corporation							
Self-Employment Income			Expenses				
Rental Income			Expenses				
1098			W2 G				
1095-A			Charitable Donations				
1098-T			Medical Expenses				
1098-E			Property Tax Statements				
5498-SA/1099-SA			Interest on vehicle/VIN				