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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 <input type="checkbox"/>	Disabled <input type="checkbox"/>	ID Protection PIN _____
Taxpayer _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spouse _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

FILING STATUS

<input type="checkbox"/> Single
<input type="checkbox"/> Head of Household
<input type="checkbox"/> Married Filing Jointly
<input type="checkbox"/> Married filing Separately
<input type="checkbox"/> Qualifying Widow(er)
<input type="checkbox"/> Check if someone else can claim you as a dependent on their return

DIRECT DEPOSIT

Would you like direct deposit?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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 Statment</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				