

**E&E TAX SERVICES
TAX FILING INTERVIEW SHEET**

SSN: _____

STEP 1 - ESTIMATE

How do you want your money?

Cashier's Check Direct Deposit ATM Card

Marital Status

Single Married – You or your spouse wants to file separately
 Married – You and your spouse want to file together Widow
 Head of Household I Don't know – Help Me (If you choose this option, the clerk will ask you a few additional questions to help.)

Self	Spouse
_____	_____
_____	_____

What is your Social Security Number (SSN)?

What is your date of birth (mm/dd/yyyy)?

Are you listed as a dependent on anyone else's tax return? YES NO YES NO
 Are you or your spouse legally blind? YES NO YES NO
 Do you have children or other dependents? Check here and tell us about your children below. YES NO

Dependent Information – If you have more than 5 dependents, enter them in Step 5 notes.

Type of Dependent = Child, Child lived apart, Other, Non-dependent College Level = Senior, Junior, Sophomore, Freshman

If you received the "Advanced Child Tax Credit" check from the IRS, enter the amount you received here \$ _____

First Name					
Last Name					
SSN					
Birth Date (mm/dd/yy)					
Relationship					
Type of Dependent					
Months in Home					
Disabled? X for Yes					
Amt of Childcare	\$	\$	\$	\$	\$
College Tuition	\$	\$	\$	\$	\$
College Level					

Do you want Earned Income Credit? Complete the EIC Qualification Checklist in step 4. YES NO

INCOME QUESTIONS

Did you have a job during 2017? (or your spouse if filing together) YES NO **Income Questions: You need to provide documents with the tax Filing Interview Sheets, i.e. W2, 1099G that will need to be entered.**
This would be W-2's or 1099-Misc
 Do you want a state tax return prepared? If yes, enter the state. _____

Did you receive any unemployment benefits (1099G) YES NO
 Did you receive income from other than your job? YES NO
If yes, answer the questions below. If no, go to step 2.

Gambling/lottery winnings (W2G) YES NO Interest Income (1099-Int)? YES NO
 Pension or an IRA (1099R) YES NO Social Security Benefits (SSA-1099)? YES NO
 Dividends (1099-DIV)? YES NO Have you been in business for yourself? Note: If yes, complete the business income section on page 4. YES NO

STEP 2 – PERSONAL INFORMATION

Complete this ONLY if you are requesting a Direct Deposit to your personal account

Routing Transit Number (RTN): _____

Deposit Account Number (DAN): _____ Acct Type: Checking Savings

SELF		
First Name		
Last Name		
Home # ()		
Occupation		
Work # ()	Ext	Cell # ()
Address		
Zip	City	
State	County	
Email Address		

SPOUSE		
First Name		
Last Name		
Home # ()		
Occupation		
Work # ()	Ext	Cell# ()
Address		
Zip	City	
State	County	
Email Address		

PIN Information (Personal Identification Number) Choose a 5 digit number to use as identification for this return.

Your Pin: _____

Spouse's PIN: _____

Identification (ID) Complete this section

Self
ID Description
ID Number

Spouse
ID Description
ID Number

STEP 3 - DEDUCTIONS

Are you a teacher? Did you have any expenses that were not reimbursed?	
Did you make a contribution to an IRA account during 2017?	
Did your spouse make an IRA contribution during 2017?	
Did you pay any interest on Student Loans?	

If you attended school, enter total tuition and fees that you paid.	
If you spouse attended school, enter the spouse's total tuition and fees you paid.	
If you paid alimony, enter the amount here:	
Alimony Recipients SSN:	

Complete this section if you have any additional deductions:

Medical Expenses:	
Did you pay any Real Estate Taxes?	
Did you pay any Personal Property Tax?	
Did you pay interest on a home loan?	

Cash Charitable Contributions:	
Non-Cash Charitable Contributions:	
Prior Year Tax Return Preparation Fee:	
Did you have Gambling Losses?	

STEP 3 – DEDUCTIONS CONTINUED

If you had any of the following expenses, enter in the related box below:

Union dues, professional subscriptions, uniforms, and protective clothing, job search, expenses.

IRA maintenance fees, legal/accounting fees relating to your income taxes, safe deposit box rental fees, unemployment from prior year repaid in current year.

Description	Amount

Description	Amount

STEP 4 - DETAILS

CHILDCARE: If you entered childcare amounts for your dependents in step 1, you will need to provide the SSN or EIN, name of care provider, their address and total amount paid. If you had more than one care provider, enter the information in step 5 notes.

Name of Care Provider:			
Street Address:			
City, State, Zip:			
SSN or EIN		Amount Paid:	\$

EIC QUALIFICATIONS CHECKLIST

1. Are there any unresolved EIC denials for which Form 8862 has not been filed?	Yes	NO
2. Do you and your spouse and all qualifying children have social security numbers that allow you to work?	Yes	No
3. Can anyone else claim you as a qualifying child?	Yes	NO
4. Were you either: a U.S. citizen or resident alien for the entire year, or filing a joint return with your spouse who is a U.S. citizen or resident alien?	Yes	No

Complete this section ONLY if you have children:	Child 1		Child 2	
5. Is your qualifying child your: son, daughter, adopted child, grandchild, stepchild, brother, sister, niece, nephew or eligible foster child who you cared for as your own child? ___ I don't know – Help me	Yes	No	Yes	No
If your child is a foster child, was the child placed in the home by an authorized agency?	Yes	No	Yes	No
6. If your child is married, are you claiming the child as a dependent?	Yes	No	Yes	No
7. Can another person (other than your spouse with whom you are filing together) claim your child as a qualifying child?	Yes	No	Yes	NO

If you answered "YES" to question 7, fill out the table below.

	Child Relationship to That Person	Was your 2017 Income Greater than the other Person's 2017 Income?		# of Months the child Lived with the other Person during 2017	Was the child claimed for EIC by the other person?	
		Yes	No		Yes	NO
Child 1					Yes	NO
Child 2					Yes	NO

Complete this section ONLY if you do not have children:

8. Was your main home, and that of your spouse if filing together, in the U.S. for more than half the year?	Yes	NO
9. Are you, or spouse if filing together, eligible to be claimed as a dependent on anyone else's tax return?	Yes	No

BUSINESS INCOME NOTE: If you have more than one business, enter the information for the other businesses in Step 5.	
Principal business or profession, including product or service	Employer ID Number (EIN) If any
Business Name: If none, leave blank	
Street or PO Box Address: Not required if the same as home address	City, State & Zip

Figure Your Net Profit	
Total money received before expenses	\$
Check this box if this income was reported to you on Form W2 and the "Statutory employee" box were checked.	
Total Expenses. If more than \$2,500.00, enter the details of the expenses in step 5.	\$

Information on you vehicle. Complete this section only if car or truck expenses are included in the Total Expenses amount above.

When did you start using your vehicle for business purposes? (mm/dd/yyyy)	
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Of the total number of miles driven during 2017, enter the number of miles you used your vehicle for:

Business Miles		Commuting Miles		Other Miles	
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Do you (or your spouse) have another vehicle available for personal use?				
Was your vehicle available for personal use during off-duty hours?				
Do you have evidence to support your deduction?				
If yes, is it written?				

STEP 5 - NOTES

We will prepare your 2017 Form 1040 US Individual Income Tax Return & applicable state tax returns if any are required. We understand that you will provide us with the basic information required for us to perform the services as described and that you are responsible for the accuracy and completeness of that information. As such, in connection with the preparation of your return, you represent to us the following in your complete return.

1. All information is complete and accurate.
2. All social security numbers and dates of birth for the taxpayer, spouse and dependents are correct according to those on file with the social security administration and the IRS.
3. You have reported all income earned by you and/or your spouse including income not reported to you by third parties.
4. You have not presented to us any fraudulent statements or misrepresented any information.

We suggest you retain all records and documents related to this return for a period of five (5) years should it ever be necessary for you to substantiate any information reported on your return. We do not assume any responsibility for the information provided. If you agree with the statement outlined above, please sign at the bottom.

Your Signature: _____ Date: _____

Your Spouse's Signature: _____ Date: _____