



## TAX PREPARATION SERVICES CLIENT INTAKE AND INTERVIEW SHEET

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

Day: Mon Tue Wed Thur Fri Sat

Your Information  
 \_\_\_\_\_  
 First Name MI Last Name SSN/ITIN

Spouse Information  
 \_\_\_\_\_  
 First Name MI Last Name SSN/ITIN

Street Address Apt. City State Zip

Email Address: \_\_\_\_\_

<b>Telephone Numbers:</b>	<b>YOU</b>	<b>SPOUSE</b>	<b>OCCUPATION</b>
Daytime	_____	_____	_____
Evening	_____	_____	Your Occupation # Jobs in 2007
Cell	_____	_____	Spouse Occupation # Jobs in 2007

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Legally Blind?  Yes  No  Yes  No

Disabled:  Yes  No  Yes  No

Are you a U.S. Citizen?  Yes  No  Yes  No

Are you (or your spouse) in the United States on an F, J, M, or Q Visa?  Yes  No

MARITAL STATUS on 12/31/07:  Single  Married  Divorced, since (year) \_\_\_\_\_  
 Widowed, since (year) \_\_\_\_\_  Married, living separately since (date) \_\_\_\_\_  
 Does anyone else contribute to your household expenses?  Yes  No

FAMILY INFORMATION – Please list everyone who lived in your home during 2007. Also list anyone else that you supported during 2007. Is there an agreement, such as a divorce decree or IRS Form 8332, that allows someone else to claim a member of your family? <input type="checkbox"/> Yes <input type="checkbox"/> No							
First Name	Last Name	Birth date	SSN/ITIN	Relationship	Months lived with you in 2007	Did you provide more than 50% of support for this person?	Other Questions
							<input type="checkbox"/> Have any income? <input type="checkbox"/> Disabled <input type="checkbox"/> Full time Student
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							<input type="checkbox"/> Have any income? <input type="checkbox"/> Disabled <input type="checkbox"/> Full time Student

**DURING 2007:**

Can your parents or someone else claim you or your spouse as a dependent?  Yes  No

Did you pay for child care?  Yes  No

Did you or anyone in your family earn income that was not reported on a W-2?  Yes  No

Did you receive Social Security payments?  Yes  No

Did you receive unemployment payments?  Yes  No

Did you have any other income such as lottery winnings, pensions, alimony, disability, interest or tips?  Yes  No

Did you or anyone in your family attend college or vocational school?  Yes  No

Did you pay interest on a student loan?  Yes  No

Did you participate any kind of retirement plan?  Yes  No

Did you own your home?  Yes  No

*If yes, did you pay for an energy-saving improvement on your home?*  Yes  No

Did you have any unreimbursed medical expenses or make any charitable contributions?  Yes  No

Did you receive a letter from the IRS?  Yes  No

Was the EITC previously disallowed?  Yes  No

Did you pay alimony to any other person in 2007?  Yes  No

Did you file a tax return last year?  Yes  No

The information in this client intake sheet is true and correct. I understand that the Burrell Financial Services will retain this information for tax preparation purposes in the event I return next year. I realize that the above company will use this information to improve tax assistance services to me, speed preparation of tax returns, and offer other services. My personal information is kept confidential and is not shared with or sold to any other organization or company. Information will be properly stored and, when no longer needed, information will be properly disposed.

We will provide both physical and electronic protection for the information while in its care. Information collected on the intake and interview sheet will not be sold or shared with anyone else. Electronic records will be maintained for 7 years as required by IRS E-file regulations and aggregate data is retained by the program for program purposes. Such information will not include specific information about the taxpayer. Contact us to request that we not use your information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**For BFS Tax Site Use ONLY**

Filing Status: -S  MFJ  MFS -HOH -QW

Preparer Name: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date the Federal E-File transmitted (MM/DD/YEAR): \_\_\_\_\_

Accepted Date: \_\_\_\_\_ Rejected Date: \_\_\_\_\_

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

Client is willing to be a media contact? Yes No

Date the Federal Paper prepared (MM/DD/YEAR): \_\_\_\_\_

Extension? Yes No Date filed (MM/DD/YEAR) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_