

Accounting Services LLC.

Client Interview

Please complete this form before your appointment.

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		Soc. Sec. No.	D.O.B.	Occupation	Phone Number				
Гахрауег									
Spouse								7	
Street Address				City			State ZIP		
Email Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Blind		Spo □Yes □Yes □Yes	□No □No	Marital Status ☐ Married ☐ Single ☐ Widow(er), Date of death:		Will File Jointly? □Yes □No			
2. Dependents (Children and	Others)								
Name (First, Last)	Relationship D.O.B.		Soc. Sec. No.	Months Lived with you	Disabled	Full Time Student	Dependent's Gross Income		
3. Basic Questions									
Please answer the following	g questions:								
1. Are you self-employed or do you receive hobby income?			□Yes* □No	6. Did you go through bankruptcy proceedings?			□Yes	□No	
2. Did you receive income from raising animals or crops?			□Yes* □No	7. Did you pay rent? If so, how much?			□Yes	□No	
3. Did you receive rent from real estate or other property?			□Yes* □No	7A. If rent was paid, was heat included?			□Yes	□No	
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?			□Yes* □No	8. Did you pay interest on a student loan for yourself, spouse, or dependent during the year?			□Yes	□No	
5. Did you withdraw or write checks from a mutual fund?			□Yes □No	9. Did you pay expenses for yourself, spouse or dependent to attend school beyond high school?			□Yes	□No	

10. Do you have a foreign bank account, trust, or business?	□Yes	□No	16. Did you have healthcare coverage for you, your spouse and dependents during 2016? If yes include 1095-A, 1095-B, and 1095-C forms.	□Yes	□No							
11. Do you provide a home for or help support anyone not listed as a dependent?	□Yes	□No	17. Did you have any children under the age of 19 or 19-23 year old students with unearned income of more than \$1000?	□Yes	□No							
12. Did you receive any correspondence from the IRS or State Department of Taxation?	□Yes	□No	18. Did you receive any payments in cash for services rendered?	□Yes	□No							
13. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	□Yes	□No	19. Did you own \$50,000 or more in foreign financial assets?	□Yes	□No							
14. Did you give a gift of more than \$14,000 to one or more people?	□Yes	□No	20. Have you or your spouse been a victim of identity theft and given an ID theft protection pin by the IRS? If yes, please provide us with the 6 digit identity protection PIN number.	□Yes	□No							
15. Did you have any debts cancelled, forgiven, or refinanced?	□Yes	□No										
* Contact us for further instructions												
4. Additional Information												
NYS now requires Taxpayer Driver's License informat Please provide us with the following information (or a pho License Number: Issuing State: Issue Date: Expiration Date: Please describe any unusual circumstances or events that y	tocopy (of the li	cense) below:									
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