



# Down South

Accounting & Tax

1025-D Director Court  
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## Client Interview Sheet

Name of Taxpayer	SS#
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*First M.I. Last*

Occupation	Date of birth	Driver's License No. and State	
Email		DL Issue Date	DL Expiration Date
Address	City	State	Zip
County	Home phone	Work or cell	

Name of Spouse	SS#
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*First M.I. Last*

Occupation	Date of birth	Driver's License No. and State	
Email		DL Issue Date	DL Expiration Date
Address	City	State	Zip
County	Home phone	Work or cell	

Filing status:    Single    Married Filing Jointly    Married Filing Separately    Widow(er)    Head of Household  
 Did you live or work in any states other than NC in 2021?    Yes    No.  
 Did you have health insurance from the Marketplace (Obamacare) at any time during last year?    Yes (if yes, include 1095A)    No  
 Have you received any notice from the IRS or state revenue department within the past year?    Yes    No  
 At any time during the year, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?    Yes    No  
 Amount received for third EIP / Stimulus Payment: \_\_\_\_\_ (Include letter 1444-C if you still have it)  
 Amount of monetary charitable donations in 2021: \_\_\_\_\_

### Names of dependent children

<i>Child's full name</i>	<i>Social Security #</i>	<i>Date of birth</i>	<i>Months lived in home</i>	<i>Relationship to taxpayer</i>	<i>College student?</i>

Did any of the children have income for the year?    Yes    No  
 Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for the tax year?    Yes    No

### Other dependents or people who lived with you

<i>Name</i>	<i>Social Security #</i>	<i>Date of birth</i>	<i>Relationship</i>	<i>Income</i>