



# Down South

## Accounting & Tax

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## Client Interview Sheet

|   |                          |                      |                                     |                                 |                         |
|---|--------------------------|----------------------|-------------------------------------|---------------------------------|-------------------------|
| Name of Taxpayer  |                          |                      | SS#                                 |                                 |                         |
| <i>First</i>  |                          |                      | <i>M.I.</i> <i>Last</i>             |                                 |                         |
| 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#                                 |                                 |                         |
| <i>First</i>  |                          |                      | <i>M.I.</i> <i>Last</i>             |                                 |                         |
| 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      Surviving Spouse      Head of Household  |                          |                      |                                     |                                 |                         |
| Did you live or work in any states other than NC in 2025?    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 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (Cryptocurrency, NFTs, etc.)?    Yes    No |                          |                      |                                     |                                 |                         |
| Bank Account for Direct Deposit (or Direct Debit): Routing No. _____ Account No. _____  |                          |                      |                                     |                                 |                         |
| <b>Names of dependent children</b>  |                          |                      |                                     |                                 |                         |
| <i>Child's full name</i>  | <i>Social Security #</i> | <i>Date of birth</i> | <i>Months lived in home in 2024</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   |                          |                      |                                     |                                 |                         |
| <b>Other dependents or people who lived with you</b>  |                          |                      |                                     |                                 |                         |
| <i>Name</i>   | <i>Social Security #</i> | <i>Date of birth</i> | <i>Relationship</i>                 | <i>Income</i>                   |                         |
|   |                          |                      |                                     |                                 |                         |
|   |                          |                      |                                     |                                 |                         |