

1025-D Director Court Greenville, North Carolina 27858 Tel. (252) 364-2900 Fax (252) 364-8933

## **Client Interview Sheet**

Name of Taxpayer					SS#			
First M.I.		Last						
Occupation		Date of birth			Driver's License No. and State			
Email				DL Issue Da	Date DL Expira		ation Date	
Address		City			State	Zip		
County		Home phone			Work or cell			
Name of Spouse				SS#				
First	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 that	an NC in 2023	Yes No.						
Did you have health insurance from the Ma	arketplace (Oba	amacare) at any time d	luring last year?	Yes	(if yes, in	clude 10	95A) N	lo
Have you received any notice from the IRS	or state reven	ue department within	the past year?	Yes	No			
At any time during 2023, did you: (a) receidispose of a digital asset (or a financial into						exchange	e, gift, or o	therwise
Bank Account for Direct Deposit (or Direct	ng No Account No							
Names of dependent children								
Child's full name Soc		al Security #	Liate of hirth				onship to payer	College student?
Did any of the children have income for the		No		.1 .	0. W			
Is it anticipated that a different taxpayer will	seek to claim a	child listed above as th	eir dependent for f	tne tax	year? Yes	No		
Other dependents or people who lived wit	1		1			1		
Name	Social Security #		Date of birth Relat		tionship Inco		те	