



Down South

Accounting & Tax

1025-D Director Court
Greenville, North Carolina 27858
Tel. (252) 364-2900
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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 Surviving Spouse Head of Household

Did you live or work in any states other than NC in 2024? 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 2024, 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. _____

Names of dependent children

<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

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>