

TAX INTERVIEW

SR FINANCIAL SERVICES

6565 W SUNSET BLVD. SUITE 419 · HOLLYWOOD · CALIFORNIA · 90028
 PHONE (323) 461-2200 · FAX (323) 461-2201
 EMAIL · SAM@SRFINANCIALSERVICES.COM
 WWW.SRFINANCIALSERVICES.COM

TAXPAYER INFORMATION							
TAXPAYER NAME							
SPOUSE'S NAME							
CHECK ONE: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> MARRIED FILING SEPARATELY <input type="checkbox"/> UNMARRIED HEAD OF HOUSEHOLD <input type="checkbox"/> SURVIVING WIDOW(ER)							
DATE OF BIRTH (MM/DD/YY)	YOURS			YOUR SPOUSE'S			
SOCIAL SECURITY NUMBER(S)	YOURS			YOUR SPOUSE'S			
HOME ADDRESS <input type="checkbox"/> SAME FILING ADDRESS <input type="checkbox"/> DIFFERENT FROM PREVIOUS FILING	STREET						
	CITY, STATE, ZIP						
TELEPHONE NUMBERS	HOME/ MOBILE						
	BUSINESS						
EMAIL ADDRESS(ES)							
OCCUPATION(S)	YOURS			YOUR SPOUSE'S			
HOW DID YOU HEAR ABOUT US?							
DEPENDENTS (LIST EVERYONE WHO LIVED WITH YOU EXCEPT YOUR SPOUSE OR ANYONE YOU SUPPORTED BUT DID NOT LIVE WITH YOU)							
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER *	RELATIONSHIP	MONTHS IN HOME	DATE OF BIRTH	IF OVER THE AGE OF 18	
						INCOME	STUDENT?
*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return. Members of your family attending college may make you eligible for a Hope Scholarship Credit, Lifetime Learning Credit, or Tuition and Fees Deduction.							
STATUS CHANGES THIS YEAR							
	DATES				DATES		
<input type="checkbox"/> MARRIED				<input type="checkbox"/> SPOUSE DECEASED			
<input type="checkbox"/> DIVORCED				<input type="checkbox"/> DEPENDENT DECEASED			
<input type="checkbox"/> SOLD HOME				<input type="checkbox"/> MOVED			
BANK INFORMATION: REFUND DIRECT DEPOSIT OR WITHDRAWAL							
BANK NAME						<input type="checkbox"/> DIFFERENT FROM PRIOR YEAR	
ROUTING NUMBER						<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ACCOUNT NUMBER							
ESTIMATED TAX PAYMENTS							
DATE DUE	DATE PAID	FEDERAL AMOUNT		DATE PAID	STATE AMOUNT		
04/15 (or apply refund)		\$			\$		
07/15		\$			\$		
10/15		\$			\$		
01/15		\$			\$		

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QUESTIONNAIRE (CHECK APPROPRIATE BOX FOR EACH QUESTION IN EACH SECTION)

Yes	No	Unsure	INCOME – LAST YEAR, DID YOU (OR YOUR SPOUSE) RECEIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages of Salary? (Form W-2) If yes, how many jobs did you have last year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Payments from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Unemployment compensation? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Income (or loss) from partnerships, S corporations, trusts, etc. (Form K-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other income? (Royalties, gambling, lottery, prizes, awards, jury duty, foreign income, etc.) Specify
Yes	No	Unsure	EXPENSES – LAST YEAR, DID YOU (OR YOUR SPOUSE) PAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Alimony or separate maintenance payments? If yes, recipient's SSN _____ - _____ - _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA Traditional/SEP <input type="checkbox"/> IRA Roth <input type="checkbox"/> 401(K) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Unreimbursed employee business expenses? (such as uniforms or mileage)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Medical expenses? (including health insurance premiums)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Charitable contributions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Student loan interest? (Form 1098-E)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Adoption Expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Moving Expenses?
Yes	No	Unsure	LIFE EVENTS – LAST YEAR, DID YOU (OR YOUR SPOUSE)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Buy, sell, refinance or have a foreclosure of your home? (Form 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever qualified for Earned Income Credit (EIC)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Purchase an energy efficient vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
Yes	No	Unsure	HEALTH CARE COVERAGE – LAST YEAR, DID YOU, YOUR SPOUSE OR DEPENDENT(S)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Enroll for lower cost Marketplace (Exchange) Coverage under the Affordable Care Act? Form(s) 1095-A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Receive form(s) 1095-B or 1095-C?