



# “Interview Sheet Tax Year 2022”

Prior year client? Yes  or  No If no, referred by: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Can anyone claim you?  Yes or  No

- 1.  Single
  - 2.  Married Filing Jointly
  - 3.  Married Filing Separate
  - 4.  Head of Household
  - 5.  Widower
- Preferred Language:  ENG or  SPA

Did you receive the Economic Impact Payment?  Yes or  No If yes, what was the amount : \$ \_\_\_\_\_

Have you received the advance CTC “Letter 6419: 2022”?  Yes or  No If yes, what was the amount \$ \_\_\_\_\_

For how many kids did you received the credit: \_\_\_\_\_

### Tax payer information:

First name \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

SSN/ITIN : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ W7  D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone #: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ Additional #: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Have you tested positive for COVID?  Yes or  No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

If filing a JOINT/ SEPARATE Return, enter spouse information IP PIN: \_\_\_\_\_ SP IP PIN: \_\_\_\_\_

SP First Name \_\_\_\_\_ SP Middle initial: \_\_\_\_\_ SP Last name: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ W7  D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone #: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you tested positive for COVID?  Yes or  No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

### DEPENDENTS INFORMATION – (one level)

(1) First Name	Middle Initial	Last Name	D.O.B	SSN or ITIN	Relationship	Months w/TP
_____	_____	_____	____/____/____	____-____-____	_____	_____
(2) First Name	Middle Initial	Last Name	D.O.B	SSN or ITIN	Relationship	Months w/TP
_____	_____	_____	____/____/____	____-____-____	_____	_____
(3) First Name	Middle Initial	Last Name	D.O.B	SSN or ITIN	Relationship	Months w/TP
_____	_____	_____	____/____/____	____-____-____	_____	_____

Taxpayer Initials: \_\_\_\_\_

**HEALTH INSURANCE** --Did you and your family have Health Insurance last year?  Yes or  No

If yes, how many months: \_\_\_\_\_ If yes, was it COVERED CALIFORNIA/1095-A?  Yes or  No

**INCOME --**

Did you receive other income from any of the following for both yourself and spouse(please check all the apply):

Withdrew Retirement /1099-R  Dividends  Bank Interest  Social Security  EDD/1099G  Gambling /W2G

**EDUCATION --**

Is anyone in the household a full-time student?  Yes or  No If yes, does the student have 1098-T Form?  Yes or  No

If yes, who? \_\_\_\_\_ # years in college/univ.? \_\_\_\_\_

Name of Institution \_\_\_\_\_ EIN: \_\_\_\_\_ - \_\_\_\_\_

Did the student have educational expenses?  Yes or  No If yes, how much? \$ \_\_\_\_\_

**REAL ESTATE PROPERTIES --**

Do you own a home?  Yes or  No Did you refinance your home?  Yes or  No

*(If yes -- ask client to provide 1098-Mortgage Interest Statements, Property Taxes and Bank Interest Form)*

Do you own Rental Properties?  Yes or  No If yes, how many? \_\_\_\_\_ + one level =

**PASS THROUGH INCOME --**

**Do you operate a business?**  Yes or  No

How many businesses do you own? \_\_\_\_\_ + one level =

1099-Misc/NEC How many? \_\_\_\_\_  Profit and Loss *(if not, have the client sign a log sheet)*

Bank Statements  Other: \_\_\_\_\_

K-1 Form How many? \_\_\_\_\_

**CAPITAL GAINS -- SELL OF ASSETS**

Did you sell any stocks?  Yes or  No Did you sell any real estate property?  Yes or  No

Did you sell any cryptocurrency?  Yes or  No Did you sell any business property?  Yes or  No

**SERVICE PAYMENT OPTIONS --**

**How do you want to pay for your tax services?**  Upfront by Check/ Cash / Credit  Withheld from Refund

How do you want to receive your refund?  Direct Deposit  Check at Office (TPG)  Check at home (upfront)

Bank or Institution Name \_\_\_\_\_  Checking or  Savings

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

*(Taxpayer initials below indicate correct service option and bank information was entered).*

**Taxpayer Initials:** \_\_\_\_\_

**CHILDCARE --**

Child Care Paid \$ \_\_\_\_\_ annual Provided for: \_\_\_\_\_

Child Care Paid \$ \_\_\_\_\_ annual Provided for: \_\_\_\_\_

Caregiver/Organization Name: \_\_\_\_\_ SSN/EIN/ITIN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Head of Household:**Did qualifying dependent live with you for more than half of the year?  Yes or  No**EITC ADDITIONAL QUESTIONS --**Did you change dependents?  Yes or  No

If yes, why did you? \_\_\_\_\_

Were any of these credits disallowed or reduced in a previous year?  Yes or  No**Residency Test Documentation****Age****Relationship** School  Medical Records Birth Certificate Birth Certificate Court Documentation ID Court Documents SS- Cards  Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_**SINGLE PARENT --**

Why isn't the other parent claiming child? \_\_\_\_\_

Are expenses shared?  Yes or  NoDo you have full custody?  Yes or  NoDo you have court documentation?  Yes or  NoDoes taxpayer make enough to support child?  Yes or  No If no, how do you complement for expenses? (rent, food, rent, clothing, etc.) Please explain: \_\_\_\_\_*(e.g. State assistance or family Contributions)***IF NOT THE PARENT -- (TAX PREPARER ONLY)**Are the parents of child filing a tax return?  Yes or  NoDo the parents live in the same home as the child you're claiming?  Yes or  NoAre they employed?  Yes or  NoDid parents collect unemployment?  Yes or  

Why aren't the parents claiming the child? \_\_\_\_\_

Any other adults related to the child in the home?  Yes or  No What's the relation to the child? \_\_\_\_\_Are they employed?  Yes or  NoDoes anyone in the home make more than you?  No or  YesIf yes, are expenses shared?  Yes or  No How long have you had the child for \_\_\_\_\_ Iffoster child, do you have court documentation?  Yes or  No Date of placement? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Taxpayer Initials: \_\_\_\_\_

## **CONSENT TO USE / TEXT DISCLOSURE**

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. If you consent to the use of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the; duration of your consent, your consent is valid for one year from the date of signature. If you do not consent, you may still have your tax return prepared and electronically filed by us for a fee.

Duration of consent: Calendar year 2022 through Calendar year 2025

Pursuant to Reg 301.7216-3, I (we) authorize Quint Tax Services, Corp. to use all information contained within my 2022 tax return to determine whether to offer me a bank product from *TPG*.

Pursuant to Reg 301.7216-3, I (we) authorize Quint Tax Services, Corp. to use any and all tax return information. Including all forms, schedules, documents and attachments for the purpose of offering a prepaid tax audit assistance, support and representation service, provided by Audit Protections Quint Tax Services, Corp.

**Quint Tax Services, Corp.** ("we," "us" and "our")

For your convenience, we have entered into an arrangement with certain companies to offer an Electronic Refund Disbursement Service and/or Loan product. To determine whether these offerings may be of interest to you, we will need to use your tax return information in order to calculate the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these offerings are relevant to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you authorize us to use the information you provide to us during the preparation of your 2022 tax return to determine whether to offer you an opportunity to apply for these products and services.

If your believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

**T.D.:**By initializing you will be authorizing to receive texts of our company updates, reminders, deadlines and greetings. If you would like to opt out of the text messages do not intitial bellow.

**Print Name of Taxpayer:** \_\_\_\_\_

**Signature of Taxpayer:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Print Name of Spouse:** \_\_\_\_\_

**Signature of Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Taxpayer Initials:** \_\_\_\_\_