

Nick Storhaug, CPA

TAX CLIENT INTERVIEW FORM

TAX YEAR _____

Driver's License	<u>Issue Date</u>	<u>Expiration Date</u>	<u>Number</u>	<u>State</u>
Taxpayer	_____	_____	_____	_____
Spouse	_____	_____	_____	_____

Can another taxpayer claim you as a dependent on their return? If yes, did they? _____

Was your home in the United States for more than half of the tax year? _____

Did your marital status change in the tax year? _____

State of Residence _____ Did you live there the entire year? _____

If no, list other state or states you resided in with dates _____

Did you pay alimony or spousal support? \$ _____ Person paid _____ SS# _____

Did you receive alimony? _____ Amount \$ _____

Do you have childcare expenses? _____ **Please provide statement from the child care provider**

Amount Paid? _____ Do you have a flex plan? _____

Do you pay student loan interest? _____ **provide statement**

Did you, your spouse, or dependent attend and pay for College? _____ **provide 1098-T & paid invoice from school**

Do you contribute to a Retirement Plan? IRA? Roth? _____

Do you make federal or state estimated payments? _____

Did you receive a 1099K? _____ (Do you sell items and get paid with a credit card or PayPal – i.e. eBay, Craft shows, Flea markets, Small Business?)

Do you have a foreign bank account valued at over \$10,000? _____

Did you transfer or was a home transferred from parent to child? _____

Did you or your spouse become disabled or legally blind during the tax year? _____

Did you receive combat pay? _____

Were you notified by the IRS or State of any changes in a prior year's tax return? _____ **Bring in notice**

Do any of your dependents have income over \$1900 from interest or dividends? _____

Was your mortgage or credit card forgiven in foreclosure or restructure? (Bankruptcy) _____

How many months of the tax year did you, your spouse and dependents have health insurance? _____

Have you purchase any large items on which you paid sales tax (i.e. boat, house, car)? _____

Have you itemized in the past? _____

CLIENT INFORMATION

**NICK J. STORHAUG
CERTIFIED PUBLIC ACCOUNTANT**

PO BOX 669, LISBON, ND 58054
PHONE (701) 683-5303
FAX (701) 683-4315

PO BOX 12, FORMAN, ND 58032
PHONE (701) 724-3327
FAX (701) 724-4006

Taxpayer: _____ Occupation: _____ SS# _____ DOB: _____

Spouse: _____ Occupation: _____ SS# _____ DOB: _____

_____ Single _____ Married filing Separate
_____ Married _____ Head of Household

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ **Indicate which # we can reach you at**

Email: _____

Dependents - Please let us know if your dependent did not live with you for the entire year

NAME	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Direct Deposit Information

Bank Name: _____ Checking _____ Savings _____

Routing #: _____ Account #: _____