

SEIFERT TAX

INFORMATION NEEDED FOR YOUR TAX INTERVIEW

- Information needed to complete your taxes
- Last year's tax return
 - W-2s for each job held in 2017 for each person in the household
 - 1099s showing other income
 - 1098s showing payments you've made
 - Completed Seifert Tax interview form

CLIENT INFORMATION

Name: _____

Date of birth: _____ SSN: _____ Phone: _____

Current address: _____ Own or Rent _____

City: _____ State: _____ ZIP Code: _____

Occupation: _____

Marital Status: Single ____ Married ____ Widow(er) ____ Date of spouse's death _____

If applicable, date of divorce or legal separation: _____

SPOUSE

Name: _____ SSN: _____ Phone: _____

Date of Birth: _____ Occupation: _____

CHILDREN

Name	Birth date	SSN	# MONTHS LIVED IN YOUR HOME	ANY INCOME EARNED	FULL TIME STUDENT

OTHER DEPENDENTS (Anyone you provide more than half of their support)

Name	Birth date	SSN	Relationship

	Yes	No
Is there any change in dependents from last year?		
Does everyone in your tax household have qualified health insurance for all 12 months of 2017?		
Please indicate where you received your health insurance from for all members of your tax household. ____ Employer ____ Government-Sponsored Marketplace ____ Individual Insurance Company		
Are you currently repaying the First-Time Homebuyer Credit? (for home purchased in 2008)		
Did you move during 2016?		
Did any children have interest or dividend income or gains of over \$2,000?		
Can you or your spouse be claimed as a dependent by another taxpayer?		
Did you have any financial interest in, or signature authority, in any accounts in a foreign country?		
Did you refinance a mortgage during 2017?		
Have you received any notices or correspondences from the IRS or state in the past 3 tax years?		

SEIFERT TAX

Please Check the Items Pertain to Anyone in Your Household
Bring any paperwork relating to checked items and we will discuss during our interview

INCOME

Interest	Retirement/Pension/IRA	Social Security
Dividends	Rental	Unemployment
Business/Self Employed	Fed or State Tax Refund	Alimony
Farm	Tips Received	Sale of Investments
Jury Duty	Gambling Winnings	Foreign Income
Capital Gains or Losses	Other Income	Hobby Income
Tuition Grants	IRA Distribution	Partnership or S Corp (K-1)
Early Withdrawal of Retirement Account	Cancellation of debt	Sold Land

ADJUSTMENTS TO INCOME

Educator Expenses	Health Saving Account	Moving Expenses
SE Health Insurance	SE Retirement Plan	SE Tax
Penalty for Early Withdrawals	Alimony Paid	Student Loan Interest
IRA Contribution	Tuition and Fees Paid	Domestic Production

ITEMIZED DEDUCTIONS

Medical Expenses	Dental Expenses	Long term care premiums
Prescriptions	Nursing Help	Health insurance premiums
Glasses or Contacts	Medical Equipment	Gambling Losses
State & Local Income Tax	State Sales Tax	Real Estate Taxes
Personal Property Taxes	Other Taxes	Large Purchase Sales Tax
Home Mortgage Interest	Points not on 1098	Mortgage Insurance Premiums
Investment Interest	Gifts to Charity	Casualty or Theft Losses
Job Expenses	Unreimbursed Employee Expenses	Tax Preparation Fees
Job Search Expenses	Investment Fees	Premium On Taxable Bonds
Loss from Ponzi-Type Scheme		

MISC

Contribute 529 Plan	Paid Estimated Taxes	Paid for Child Care
Household Employee	Indiana Use Tax	

Your cost for Health Insurance _____ Weekly Bi-Weekly Monthly Quarterly

Landlord's name and address: _____

Monthly Rent Payment: _____

What school district do you live in? _____

Voided Check, if depositing your refund directly into your account

Do you want to authorize me to speak to the IRS or State if they have questions about your return? Yes No

Any additional information you have that is needed to prepare your taxes

Your Signature _____ Date _____