Tax Client Interview Sheet

	Contact Info	ormation		
Home Phone Number Work Phone Number		Email Address		
		Mailing Address		
Cell Phone Number				
<u>Taxpayer</u>		Spouse		
Name*		Name*		
Occupation		Occupation		
Date of Birth		Date of Birth		
Did you receive an AK Permanent Fund Divide	end Y / N	Did you receive an AK Permanent Fund Dividend Y / N		
Social Security #		Social Security #		
	<u>Depend</u>	<u>dents</u>		
Dependent #1 Name*		Relationship		
SSN		Date of Birth		
Number of Months dependent lived in your hon	ne during tax year			
Did they receive a PFD Y / N	**Would you like to	o claim your child's PFD on your return ? Y / N		
Dependent #2 Name*		Relationship		
SSN		Date of Birth		
Number of Months dependent lived in your hon	ne during tax year			
PFD <u>Y / N</u>	**Would you like to	o claim your child's PFD on your return ? Y / N		
Dependent #3 Name*		Relationship		
SSN		Date of Birth		
Number of Months dependent lived in your hon	ne during tax year			
PFD <u>Y / N</u>	**Would you like to	o claim your child's PFD on your return ? Y / N		
Dependent #4 Name*		Relationship		
SSN		Date of Birth		
Number of Months dependent lived in your hon	ne during tax year			
PFD <u>Y / N</u>	**Would you like to	claim your child's PFD on your return ? Y / N		

Other Misc. Questions				
Did you move in or out of the State of AK in the last year?	Y / N	If yes please answer the remaining questions!		
State you moved from ?	Dates of Residency	to		
State you moved into?	Dates of Residency	to		
Did you have any unreimbursed Moving Expenses?	Y / N	If yes please answer the remaining questions!		
City you moved from?				
City you moved to?				
Please bring in all documentation of all expenses related to moving				

For addittional dependents please fill out info on a separate sheet.

^{*} Name as it appears on Social Security Card

^{**} You can claim your child's PFD on your return on if they are under 18 and did not receive wages.