Intake/Interview Sheet

For Tax year **2021**

Part I: Taxpayer Information **Taxpayer Number:** 1 ☐ ☐ ☐

Your First Name	M.I.	Last Name	SSN:	Date of Birth (mm/dd/yyyy)

US Citizen or Resident Alien	Legally Blind	Totally and Permanently Disabled	Occupation
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Spouse's First Name	M.I.	Last Name	SSN:	Date of Birth (mm/dd/yyyy)

US Citizen or Resident Alien	Legally Blind	Totally and Permanently Disabled	Occupation
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Address	Apt #	City	State	Zip Code

Phone Number and E-mail address
Phone: Cell:
E-mail:

Could you or your spouse be claimed as a dependent on the income tax return of any other person?
☐ Yes ☐ No

On December 31st 2021
a. Were you: ☐ Single ☐ Legally Married ☐ Divorced ☐ Widowed
b.If married, did you live with your spouse during any part of the last six months of the year? ☐ Yes ☐ No

Part II: Family and Dependent Information - Do not include you or your spouse.

Print the name of everyone who lived in your home and outside your home that you supported during the year.

Name (first - last)	Date of Birth (mm/dd/yyyy)	Relationship to you (son,daughter,father, mother,etc.)	Social Security Number	US Citizen Resident? (yes or no)	Number of months live with you

Income and Deductions

Part III: Income - Did you or your spouse receive:

☐ Wagages or Salaryes ☐ Alimony Income ☐ Disability Income ☐ Unemployment ☐ Social Security
☐ Interest/Dividends from saving accounts,bonds,CDs, or other accounts ☐ Self Employment Income from Business
☐ Other Income: Identify

Part IV: Expenses - Did you or your spouse make or have:

☐ Home Mortgage & Property Tax ☐ Charitable Contributions ☐ Educational Expense
☐ IRA Contributions ☐ Other Deductions

Please provide any W-2s, 1098s, 1099s,1095 and other documents and send them to-

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