Intake/Interview Sheet

For Tax year **2024**

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

Your First Name	M.I.	Last Name SSN: - -	Date of Birth (mm/dd/yy)
US Citizen or Resident Alien ☐ Yes ☐ No	Legally Blind Yes No	Totally and Permanently Disabled ☐ Yes ☐ No	Occupation
Spouse's First Name	M.I.	Last Name SSN: - -	Date of Birth (mm/dd/yy)
US Citizen or Resident Alien ☐ Yes ☐ No	Legally Blind Yes No	Totally and Permanently Disabled ☐ Yes ☐ No	Occupation

Address	Apt #	City	State	Zip Code

Phone Number and E-mail address	Could you or your spouse be claimed as a dependent on the income tax return of any other person?
Phone: ( ) Cell: ( ) E-mail: @	☐ Yes ☐ No

On December 31st 2024

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/yy)	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:

☐ Wages or Salary ☐ Alimony Income ☐ Disability Income ☐ Unemployment

☐ Interest/Dividends from saving accounts,bonds,CDs, or other accounts ☐ Social Security

☐ Self Employment Income from business ☐ Other Income: Identify ______________________________

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

☐ Alimony payment ☐ Educational Expense ☐ Home Mortgage Payments ☐ Medical Expense

☐ Charitable Contributions ☐ Estimated Tax Payments for 2024 ☐ Contributions to IRA or Retirement

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

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Your business,

faith and trust are sincerely appreciated.

Odesho Vardeh, CPA, EA