

**CONFIDENTIAL**

## CLIENT INTERVIEW FORM

**J.A.M. FINANCIAL SERVICES**  
127 Windsor Drive, Wake Forest, NC 27587

All questions contained in this questionnaire are strictly confidential and will become part of your Confidential INCOME TAX record.

**NAME: (T)** \_\_\_\_\_ **(S)** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Filing Status:** Single- YES Married filing Jointly- YES HOH- YES Married filing Separate- YES

**Widowed** YES (date of death) \_\_\_\_\_

**MFS – List Spouse Information Above**

**Phone: (T)** \_\_\_\_\_ **(S)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**VETERANS- (T)-** \_\_\_\_\_ **(S)** \_\_\_\_\_

**Did you get a Student Loan Reduction?** YES \_\_\_ NO \_\_\_ **Amount-** \_\_\_\_\_

**NC SALES TAX- Did you buy items online/phone/amazon-** YES \_\_\_ NO \_\_\_ **Approximate AMOUNT SALES TAX \$** \_\_\_\_\_

DO YOU HAVE ANY OF THE FOLLOWING? MEDICAL EXPENSES-RX-DOCTORS-HOSPITALS-X-RAYS-

MORTGAGE INTEREST-RE TAXES- CONTRIBUTIONS-

**HEALTH INSURANCE-** (T)- YES NO (S)- YES NO (D)- YES NO

RELIGIOUS- EMPLOYER- **ACA-** 1095A MEDICARE- MEDICAID- NONE

**Did you get Premium Tax Credits (PTC) towards your Health Insurance?** Yes \_\_\_ No \_\_\_ **(1095-A required)**

**REFUND: DD-** YES NO **MAIL CHECK-** YES NO **FEE COLLECT- (\$15)** YES NO

**DD-** BANK NAME: \_\_\_\_\_

ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

**DID YOU SELL A HOME DURING THE YEAR? (HUD-1 CLOSING/SETTLEMENT STATEMENT) Did you get a 1099-S?**

**DATE SOLD:** \_\_\_\_\_ **SALES PRICE:** \_\_\_\_\_ **CLOSING COST:** \_\_\_\_\_

**DATE PURCHASED:** \_\_\_\_\_ **PURCHASE PRICE:** \_\_\_\_\_ **CLOSING COST:** \_\_\_\_\_ **IMPROVE:** \_\_\_\_\_

**SELF -EMPLOYED:** YES NO

**VEHICLE-** TOTAL MILES:

**EXPENSES:** SE HEALTH INSURANCE: YES NO

**BUSINESS MILES:**

**WHAT VEHICLE DO YOU HAVE?** \_\_\_\_\_ **DID YOU SELL OR TRADE A VEHICLE?** \_\_\_\_\_ **Do you have receipts-** YES \_\_\_ NO \_\_\_

Revised- 10/1/2022 TP Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_

C:\Users\Default.DESKTOP-3H1C20E\Downloads\Client ^LL0 Dependent Tax QuestionnaireTY2022.doc

**CONFIDENTIAL****DEPENDENTS****(The following individuals live with me and I provide at least 51% of their care.)**

Last Name (If different from yours) First Name, Middle Initial		DOB (Date of Birth) Social Security Number		Last Name (If different from yours) First Name, Middle Initial	DOB (Date of Birth) Social Security Number
Father		DOB: __/__/____ SSN: _____	Child M <input type="checkbox"/> F <input type="checkbox"/>		DOB: __/__/____ SSN: _____
Mother		DOB: __/__/____ SSN: _____	Child M <input type="checkbox"/> F <input type="checkbox"/>		DOB: __/__/____ SSN: _____
Child M <input type="checkbox"/> F <input type="checkbox"/>		DOB: __/__/____ SSN: _____	Child M <input type="checkbox"/> F <input type="checkbox"/>		DOB: __/__/____ SSN: _____
Child M <input type="checkbox"/> F <input type="checkbox"/>		DOB: __/__/____ SSN: _____	Child M <input type="checkbox"/> F <input type="checkbox"/>		DOB: __/__/____ SSN: _____
Grandmother		DOB: __/__/____ SSN: _____	Grandfather		DOB: __/__/____ SSN: _____

**Health Care**

1. Did you have health insurance all year through employer? Yes\_\_\_ No\_\_\_ ( Need 1095-B)
2. Did you get health insurance through ACA healthcare? Yes\_\_\_ No\_\_\_ ( Need 1095-A)

**EARNED INCOME (EIC) QUESTIONS- Please answer all.**

1. Did the Dependents listed above live with you during the 2020 Tax Year? ☐ Yes ☐ No
2. How many months during the year did they live with you? \_\_\_\_\_ Months
3. Are the Dependents above US Citizens? ☐ Yes ☐ No Are you a Citizen? ☐ Yes ☐ No  
Do you have a form 8832 allowing you to claim this child? ☐ Yes ☐ No
4. Are you a Resident Alien or Green Card Holder? ☐ Yes ☐ No
5. Are you filing a form 2555 or 2555-EX? (Alien Status/Non US Citizen) ☐ Yes ☐ No
6. Were you a Non Resident alien during the year? ☐ Yes ☐ No
7. Are you a Qualifying Child of anyone else? ☐ Yes ☐ No
8. Can anyone else claim any of the Dependents above? ☐ Yes ☐ No
9. Under the Tie Breaker rule can you claim the Child above? (or can someone else) ☐ Yes ☐ No
10. Was your home and your spouse's home in the United States at least 1/2 year? ☐ Yes ☐ No
11. Did you provide at least half of the support for the dependent (s) above? ☐ Yes ☐ No
12. Is your child currently enrolled in college, elementary or high school ☐ Yes ☐ No Type \_\_\_\_\_

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Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_