CONFIDENTIAL

CLIENT INTERVIEW FORM



Tax Year 2023

 $All\ questions\ contained\ in\ this\ question naire\ are\ strictly\ confidential\ and\ will\ become\ part\ of\ your\ Confidential\ INCOME\ TAX\ record.$

NAME: (Taxpayer)	(Spou	(Spouse)				
DOB: SSN:	DOB:	DOB: SSN:				
OCCUPATION: OCCUPATION:						
Address:	City:		State:			
Phone : (T) (Sp)		Email:				
Filing Status: Single- YES Married filing Jointly- YES HOH- YES Married filing Separate- (you are a student)						
Widowed YES (date of death) Can someone else claim you as a dependent: Yes No VETERANS- (T) (Sp) Did you participate in Virtual Currency during the tax year? Yes No Or Bartering Yes No						
	Health Care					
1. HEALTH INSURANCE- (T)- YES	NO (Sp)- \	res no	(D)- YES NO			
2. Did you have health insurance all year						
3. Did you get health insurance through a						
Income Sources-Please check all that apply						
W-2's						
1099R- Pension, Annuity, Roth IRA or Retirement I			or Dividends 1099-Div			
1099G- Unemployment Compensation SELF -EMPLOYED: YES NO: VEHICLE D						
EXPENSES: SE HEALTH INSURANCE: YI						
K-1 Income Rental Income			ning from gambling			
W2G or 1098T- Scholarships or Grants for School_			cellation of Debt			
Foreign Earned/Investment Income						
Jury Duty Pay Received Alimor						
CryptoCurrency Income Statements (1099-B) from	Pay Any?					
Did you make any Estimated Pmts to IRS? You			tate? Yes No			
NC SALES TAX- Did you buy items online/phone/amazon- YES NO Approximate AMOUNT SALES TAX \$ DO YOU HAVE ANY ITEMIZED DEDUCTION EXPENSES? YES NO						
REFUND: DD- YES NO DD-BANK NAME:						
ROUTING #: ACCOUNT #:						
MAIL CHECK- YES NO FEE COLLECT- (\$30) YES	NO					
DID YOU SELL A HOME DURING THE YEAR? (HUD-1 CLOSING/SETTLEMENT STATEMENT) Did you get a 1099-S?						
I certify that I would like my taxes prepared according to the information supplied. By signing and submitting this form, I						
give JAM Financial Services consent to complete and file my taxes. ½ Payment due at Drop Off Remainder at Pick Up.						
TP/SP Signature:	Date:	Reviewer:				

DEPENDENTS

(The following individuals live with me and I provide at least 51% of their care.)						
DOB (Date of Birth) Social Security Number		Last Name (If different from yours) First Name, Middle Initial	DOB <i>(Date of Birth)</i> Social Security Number			
DOB:// SSN:	Child M		DOB:// SSN:			
DOB://	Child M		DOB:// SSN:			
DOB:// SSN:	Child M		DOB:// SSN:			
DOB:// SSN:	Dep Type M		DOB:// SSN:			
Have you ever been disallowed Dep. Credits? If so, complete form 8862						
EARNED INCOME (EIC) QUESTIONS-Please answer all						
	DOB (Date of Birth) Social Security Number DOB: _ // SSN: DOB: _ // SSN: DOB: _ // SSN: DOB: _ // SSN:	DOB (Date of Birth) Social Security Number Child M	DOB (Date of Birth) Social Security Number Child DOB: _ / / F F Child DOB: _ / / F F F			

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EARNED INCOME (EIC) QUESTIONS-Please answer all				
1. Did the Dependents listed above live with you during the 2023 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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TP/SP Signature: D)ate:	Reviewer:
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