

## 2006 Tax Prep Interview Form



Primary SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_

To: Ultimate Tax Service Fax #: 1-866-448-6670

# of Pages including this sheet \_\_\_\_\_ EFIN: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Include:  IDs (Photo and Social Security Cards)  Proof of Income  Receipt of Payment  
 Questions Specific for (your State) Sheet (If applicable)

*All information must be filled out and faxed to Ultimate Tax Service.*

### Filing Status

- Were you a U.S. Citizen or resident for the entire year of 2006?  YES  NO  
 At the end of 2006, were you legally married but considered unmarried?  YES  NO  
 If married, will you and your spouse file separate returns for 2006?  YES  NO  
 If married, did you and your spouse live together, at any time, during the last 6 months of 2006?  YES  NO  
 At the end of 2006, were you Single? (Never Married or Legally Divorced)  YES  NO  
 Did you provide more than half the cost of keeping up your home for 2006?  YES  NO

### On December 31, 2006 you were:

- Single  Married – You OR your spouse want to file separately\*  
 Married – You AND your spouse want to file together \*You must include the spouse's Name & SSN below.  
 Head of Household  Widow(er) with Dependent Child

Self

Spouse

First and Last Name _____	_____
Social Security Number _____	_____
Date of Birth (mm/dd/yyyy) _____	_____
Occupation _____	_____
Listed as a dependent on another return? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student? <b>If yes, attach Education Sheet</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Current \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home / Cell Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Dependent Information: If more than 3 dependents, attach additional sheet

First Name			
Last Name			
Social Security Number			
Date of Birth			
Relationship <small>If Stepson or Stepdaughter, were you married to their Mother/Father at any time?</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is anyone else going to claim this dependent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Months lived in your Home **			
<small>** If months in home are less than 7, you <b>MUST</b> have a signed 8332. A blank 8332 can be found at <a href="http://www.ultimatetaxservice.com">www.ultimatetaxservice.com</a> under Tax Prep Forms.</small>			
Amount paid for Childcare	\$	\$	\$
Disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Amount of Income dependent earned	\$	\$	\$
Did you provide more than half of their support?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
College Class Level **			

\*\* Freshman, Sophomore, Junior, Senior -- Attach Education Sheet.



**Child Care:** If you entered an amount for child care on the 1<sup>st</sup> page of this interview form in the dependent section, you must complete all of the below.

Name of Care Provider \_\_\_\_\_

Address, City, State & Zip \_\_\_\_\_, \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **OR** EIN \_\_\_\_\_ - \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_

**Additional Required Questions**

1. Did you Itemize on your 2005 Federal Return?  YES  NO

**If Yes,** did you receive a 2005 State Refund?  YES  NO **If Yes,** Amount Received \_\_\_\_\_

**If No,** Amount Paid \_\_\_\_\_ (SR is taxable on Fed 1040 Line 10, Amount paid is deductible on Fed Sch. A)

2. Did you / your spouse, in the past 2 years, receive a distribution from a qualified retirement plan(s), reported to you on a 1099R form?  YES  NO

**If Yes,** amount of distribution / year received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Were you / your spouse a Full Time Student in 2006?  YES  NO

4. If filing separate (MFS), is your spouse itemizing deductions on his / her 2006 Federal Tax Return?  YES  NO

5. Did you pay for long-distance phone service after February 28, 2003 and before August 1, 2006?  YES  NO

6. What State did you live in on December 31<sup>st</sup>, 2006? \_\_\_\_\_

7. Were you a resident of that State all year?  YES  NO

**If No,** What State and County did you live in? \_\_\_\_\_ / \_\_\_\_\_

What School District did you live in? \_\_\_\_\_

What date did you move? \_\_\_\_\_

**Additional Notes & Comments**

If you have information that you have not included elsewhere, please write it on the lines below. Please be as specific as you can.

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We will prepare your 2006 Form 1040-US Individual Income Tax Return and one (1) state tax return. Additional states are available at an additional charge. You may be required to file a city, locality, or school district tax return; however, we do not prepare or electronically file these returns. It is your responsibility to find out if you are required to file any of these returns and if so, it is fully your responsibility to do so. We understand that you will provide us with the basic information required for us to perform the services as described and that you are responsible for the accuracy and completeness of that information. As such, in connection with the preparation of your return, you represent to us the following in your complete return.

1. All information is complete and accurate.
2. All social security numbers and dates of birth for the taxpayer, spouse, and dependents are correct according to those on file with the Social Security Administration and the IRS.
3. You have reported all income earned by you and/or spouse including income not reported to you by third parties.
4. You have not presented to us any fraudulent statements or misrepresented any information.
5. You agree and understand that if someone has a lien on your Federal or State income tax refund, you may not receive any refund at all. It may all be applied to the debt.

We suggest you retain all records and documents related to this return for a period of five (5) years, should it ever be necessary for you to substantiate any information reported on your return. We do not assume any responsibility for the information provided. If you agree with the statements outlined above, please sign at the bottom.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_