

## 2007 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 2007?  YES  NO  
 At the end of 2007, were you legally married but considered unmarried?  YES  NO  
 If married, will you and your spouse file separate returns for 2007?  YES  NO  
 If married, did you and your spouse live together, at any time, during the last 6 months of 2007?  YES  NO  
 At the end of 2007, were you Single? (Never Married or Legally Divorced)  YES  NO  
 Did you provide more than half the cost of keeping up your home for 2007?  YES  NO

### On December 31, 2007 you were:

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

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 **			
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.**

**DEPENDENT DEFINITION** – Generally you can claim a person as your dependent if he/she meets the following requirements and you yourself cannot be claimed as a dependent by another person:

**Qualifying Child** – 1) A dependent is your child, stepchild, eligible foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them; 2) Is under age 19 at the end of 2007, is under age 24 if a student, or any age if totally and permanently disabled; 3) The child did not provide more than half of his/her own support; 4) Is a U.S. citizen, resident alien or national, or resident of Canada or Mexico; 5) Is not married or if married – did not file a joint return or filed a return only to claim a refund of tax withheld because neither spouse was required to file and no tax liability would exist for either spouse if separate returns were filed; and 6) Lived with you for more than half of the year (certain temporary absences due to special circumstances can be ignored).

**Qualifying Relative** – 1) The person cannot be a qualifying child to anyone else; 2) You provided more than half of the person's total support for the year; 3) The person cannot have gross income in excess of the current year personal exemption deduction; 4) The person has to have lived with you for more than half of the year or if not related must have lived with you all year; and 5) The person must also meet obligations # 4 and # 5 under the Qualifying Child definition above.

**Income**

- Wages W-2                                      How Many \_\_\_\_\_
- Gambling W-2G                                      How Many \_\_\_\_\_
- Unemployment 1099-G                                      How Many \_\_\_\_\_
- Pension or IRA 1099-R                                      How Many \_\_\_\_\_
- Social Security SSA-1099                                      How Many \_\_\_\_\_
- Interest 1099-INT                                      How Many \_\_\_\_\_
- Dividends 1099-DIV                                      How Many \_\_\_\_\_
- Alimony Recv'd  Self  SP    How Much \$ \_\_\_\_\_
- Other \_\_\_\_\_                                      How Many \_\_\_\_\_
- Other \_\_\_\_\_                                      How Many \_\_\_\_\_
- Self Employed  **If yes, attach Business Income Sheet**
- Misc 1099-MISC                                      How Many \_\_\_\_\_
- If Box 7 of 1099-Misc has income then you **must attach a completed Business Income Sheet**

**Deductions (Expenses)**

- Unreimbursed Teacher (occupation) expenses?  YES     NO    Self \$ \_\_\_\_\_    Spouse \$ \_\_\_\_\_
- Did you contribute to a traditional IRA?  YES     NO    Self \$ \_\_\_\_\_    Spouse \$ \_\_\_\_\_
- Pay student loan interest?  YES     NO    Self \$ \_\_\_\_\_    Spouse \$ \_\_\_\_\_    Dependent \$ \_\_\_\_\_
- Pay alimony?  YES     NO    Amount \$ \_\_\_\_\_    Alimony Recipient's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Would you like to take Itemized Deductions on your tax return?  YES\*     NO

*(Medical Expenses, Real Estate Taxes, Mortgage Interest, Charitable Contributions, Gambling Losses, etc...)*

**\*You must complete a 2007 Schedule A Sheet & fax it to Ultimate Tax Service.**

**EIC Qualifications Checklist – These questions must be answered by all taxpayers!!**

1. Are there any EIC denials for tax years after 1996 for which Form 8862 has not been filed?.....  YES     NO
2. Do you and your spouse and all qualifying children have valid social security numbers for work? .....  YES     NO
3. Can anyone else claim you as a qualifying child?.....  YES     NO
4. Were you either: a U.S. Citizen or resident alien for the entire year, or filing a joint return with your spouse who is a U.S. Citizen or resident alien?.....  YES     NO

**Complete this section ONLY if you have children:**

**Child 1**

**Child 2**

5. Is your qualifying child your: son, daughter, adopted child, grandchild, stepchild, brother, sister, half-brother, half-sister, stepbrother, stepsister, niece, nephew, or eligible foster child?                                       YES     NO                                       YES     NO
- If your child is a foster child, was the child placed in the home by an Authorized agency? *(Skip this question if the child is not a FOSTERCHILD)*                                       YES     NO                                       YES     NO
6. If your child is married, are you claiming the child as a dependent?                                       YES     NO                                       YES     NO  
*(Skip this question if the child is NOT married)*
7. Can another person (other than your spouse with whom you are filing together) claim your child as a qualifying child?.....  YES     NO                                       YES     NO

**If you answered "YES" to question 7, fill out the table below:**

	Child's relationship to that person	Was your 2007 income greater than the other person's 2007 income?		# of Months the child lived with the other person during 2007	Can the child be claimed for any of the 6 tax benefits by the other person?	
		___ YES	___ NO		___ YES	___ NO
<b>Child 1</b>		___ YES	___ NO		___ YES	___ NO
<b>Child 2</b>		___ YES	___ NO		___ YES	___ NO

**Complete this section ONLY if you do not have children:**

8. Was your main home, and that of your spouse if filing together, in the U.S. for more than half the year?     YES     NO
9. Are you, or spouse if filing together, eligible to be claimed as a dependent on anyone else's tax return?     YES     NO

**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 2006 Federal Return?  YES  NO

**If Yes,** did you receive a 2006 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 2007?  YES  NO

4. If filing separate (MFS), is your spouse itemizing deductions on his / her 2007 Federal Tax Return?  YES  NO

5. What State did you live in on December 31<sup>st</sup>, 2007? \_\_\_\_\_

6. 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 2007 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 \_\_\_\_\_