

**SC TAX ADVISORS
PRE-INTERVIEW FORM**

TODAYS DATE: ____ / ____ /20__

CLIENT INFORMATION

REFERRED BY: _____

Filing Status: HEAD OF HOUSEHOLD MARRIED FILING SEPARATELY MARRIED FILING JOINTLY SINGLE WIDOWER

Your Full Name: _____ Occupation _____

Date of Birth: _____ SSN: _____ Phone: _____

Current Address: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____ Alternate Phone: _____

Spouse Name: _____ Spouse Occupation _____

Spouse Date of Birth: _____ Spouse SSN: _____ Spouse Phone: _____

Spouse Current Address: _____

Spouse City: _____ Spouse State: _____ Spouse ZIP Code: _____

Spouse Email: _____ Spouse Alternate Phone: _____

School District Code: _____ Active Duty Military? YES NO Are you Blind? YES NO

Do you have a checking account? YES NO Driver lic#: _____ State: __ Issue Date: __/__/__ Expiry: __/__/__

Can you be claimed as a dependent of another? YES NO NOT SURE

DEPENDENT INFORMATION

Do you have Dependents? YES NO How many? _____ Did they live with you for more than six months in 2015? YES NO

How are you related? _____ Can you provide proof? YES NO (*SS Card* *Birth Cert* *Other*)

Are there children aged 17/YO and below or above 17/YO and are also enrolled in college? YES NO Did you have any childcare expenses? How much? YES NO \$ _____ Did you and or your dependents have minimum essential coverage for 2015? YES NO

Please enter dependent information for each dependent below:

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>SSN#</i>	<i>DOB</i>	<i>RELATIONSHIP</i>
1)				
2)				
3)				

Could another person qualify to claim your child as a dependent or receive EIC for your child? YES NO If so, who? _____

Were you audited last year? YES NO Who did your taxes last year? _____ Would you like to be contacted by a Legal Shield Representative? Yes

Do you require previous returns filed? YES NO Do you have an Identity Theft pin? YES NO NEED ONE Annual income: _____

I authorize SC TAX ADVISORS to verify the information provided on this form as to my tax return.

Signature of applicant: _____ Date _____

Signature of spouse if applicable: _____ Date _____