Tax Therapy, LLC TY2021 Individual Tax Preparation Annual Client Interview

This interview must be completed before I begin work on your return. It is designed to help ensure that I have all of the information necessary to complete your return before beginning data entry. If you have questions about an item of income or a deduction please include them in the space(s) available. *Questions submitted by phone, e-mail, or secure message will cause delays in return processing.*

Please take your time and complete the interview as thoroughly and accurately as possible.

If you are a returning client please enter the Driver's License information to ensure that what is on file is up to date. Please make updates to your physical address, e-mail address, and phone number(s) if they have changed. If you are a returning client we have your SSN and your dependents' SSN information (if applicable) on file. You only need to complete those items if you have added a dependent, removed a dependent, or changed your legal name.

General Information					
Primary Name:		Spouse Name:			
Date of Birth:		Date of Birth:			
SSN:		SSN:			
DL#	State:	DL# State			
Issued:	Expires:	Issued:	Expires:		
Address:	,				
City	State	ZIP			
E-mail:		Phone:			
Foreign Accounts & Cryptocurrency					
☐ I do not own crypto or virtual currency					
☐ I do not own or have signature authority on non-US financial accounts					
 □ I have NFTs □ I have money in online gaming accounts 					
☐ I own other foreign asset	-				
☐ I have relatives living in another country					
Banking Information					
☐ Please deposit my refund((s) to my bank account.				
\Box Please debit my bank account for any balance(s) due on* If no date entered the amount will be debited on the 10 th of the month of the applicable filing deadline.					
Bank Name		☐ Checking	☐ Savings		

Account #:

Routing #:

Economic Impact Payment Information

$\hfill \square$ I received my Third Economic Impact Payment (stim	ulus money). <i>Pl</i>	ease attach Lei	tter 6475.			
☐ I did not receive an Economic Impact Payment or I d	on't think the p	ayment amour	nt was correct.			
Dependents (if you have m	ore than four	please attach	n a list)			
☐ I received advance payments of the Child Tax Credit	. Please attach	Letter 6419.				
Name:	Name:					
Relationship	Relationship:					
Date of Birth:	Date of Birth:					
SSN:	SSN:					
# Days in Home	# Days in Ho	me				
Name:	Name:					
Relationship	Relationship:					
Date of Birth:	Date of Birth:					
SSN:	SSN:					
# Days in Home:	# Days in Home:					
Estima	ted Payments					
Please provide dates and amounts. Attach the stubs from your payment vouchers if available. Do not include payments for federal or state balances due made in 2021.						
Federal Estimated Tax Payments	Qu1	Qu2	Qu3	Qu4		
State Estimated Tax Payments	Qu1	Qu2	Qu3	Qu 4		
Notes:						

Income (Check	all that apply. Att	ach W2s, 1099s,	K1s as appropriate.)			
☐ Wages/Unemployment		□ Social Security/Retirement				
☐ Contractor/Non-employee Compensation		□ Interest/Dividends				
☐ Gig Economy (uber, task rabbit, etc.)		☐ Partnership or	r Corporate Interests			
☐ Personal Property Rentals (AirBnB	, etc.)	☐ Gambling, Hobby, or Other (describe)				
Notes:						
Income Contin	ued (Check all tha	t apply. Attach 1	099 as appropriate.)			
☐ Small Business Income (Sch C)	☐ Bought/Sold Rea	l Property	☐ Cancelled Debt			
☐ Rental or Royalty Income (Sch E)	☐ Bought/Sold Stoo	cks/Bonds	☐ Bought or Cashed Savings Bonds			
☐ Farm or Ranch Income (Sch F)	☐ Bought/Sold Cry	ptocurrency	☐ Other (describe)			
	Please include income/expense worksheets and other information as appropriate.					
Notes:						
	Deductions (Ch	neck all that app	ly.)			
☐ State/Local Income Taxes and/or	Property Taxes (prim	nary residence, vac	ration home, land, etc.)			
☐ Mortgage/Investment Interest						
☐ Substantial Out of Pocket Medical (insurance premiums, prescriptions, co-pays, etc.)						
☐ Major Purchases (car, boat, RV, la	rge repairs or remod	leling, etc.)				
☐ Student Loan Interest						
☐ Tuition and Fees for Post-seconda	ary Education					
☐ IRA Contributions (Traditional or I	Roth)					
☐ Daycare or Dependent Care Expen	nses					
☐ Other (educator expenses, charita	able contributions, re	enewable energy/s	olar system, etc.)			

Other Information			
☐ Household employees (regular staff)			
□ Foreclosure or Bankruptcy			
☐ Worked in a state or states other than your resident state (list)			
□ Adopted a child			
Additional Notes, Questions, Information			
Notes:			