



**Robert J. Klein, CPA**  
Tax & Financial Consulting

Client Interview Form

Please complete this form before your tax return preparation for calendar year 2024.

**1. Personal Information**

Name		Soc. Sec. No.	D.O.B. (MM/DD/YYYY)	Occupation	Phone Number
Taxpayer					
Spouse					
Email Address		City		State	ZIP
Street Address					

<b>Blind?</b>	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	<u>Will File Jointly?</u>
	Yes No	Yes No	Married	Yes No
<b>Disabled?</b>	Yes No	Yes No	Single	
			Widow(er), Date of death : _____	

**2. Dependents (Children and Others)**

Name (First, Last)	Relationship	D.O.B. (MM/DD/YYYY)	Soc. Sec. No.	Months Lived with you	Disabled? (Yes/No)	Full Time Student? (Yes/No)	Dependent's Gross Income

**3. Interview Questions**

Please answer the following questions:

- |  |     |    |  |     |    |
|--|-----|----|--|-----|----|
| 1. Are you self-employed or do you receive hobby income?                                   | Yes | No | 7. Did you go through bankruptcy proceedings?  | Yes | No |
| 2. Did you receive income from raising animals or crops?                                   | Yes | No | 8. Did you receive unemployment compensation?  | Yes | No |
| 3. Did you receive rent from real estate or other property?                                | Yes | No | 9. Did you pay interest on a student loan for yourself, spouse, or dependent during the year?                            | Yes | No |
| 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, or patents? | Yes | No | 10. Did you pay expenses for yourself, spouse or dependent to attend school beyond high school?                          | Yes | No |
| 5. Did you withdraw or write checks from a mutual fund?                                    | Yes | No | 11. Did you have any children under the age of 19, or 19-23 year-old students with unearned income of more than \$1,100? | Yes | No |
| 6. Do you have a foreign bank account, trust, or business?                                 | Yes | No | 12. Did you receive any payments in cash for services rendered?  | Yes | No |



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- |   |     |    |   |                         |                       |
|---|-----|----|---|-------------------------|-----------------------|
| 13. Do you provide a home for or help support anyone not listed as a dependent?               | Yes | No | 19. Did you receive any Forms 1099-K from third-party networks (eBay, PayPal, Venmo, etc.)?   | Yes                     | No                    |
| 14. Did you receive any correspondence from the IRS or State Department of Taxation?          | Yes | No | 20. Have you or your spouse been a victim of identity theft and given an ID theft protection pin by the IRS? If yes, please provide us with the 6 digit PIN.  | Yes                     | No                    |
| 15. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? | Yes | No |   |                         |                       |
| 16. Did you give a gift of more than \$17,000 to one or more people?                          | Yes | No |   | Taxpayer IRS PIN: _____ | Spouse IRS PIN: _____ |
| 17. Did you have any debts canceled, forgiven, or refinanced?                                 | Yes | No | 21. Did you purchase a new alternative technology vehicle or electric vehicle?  | Yes                     | No                    |
| 18. Did you own \$50,000 or more in foreign financial assets?                                 | Yes | No | 22. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells, or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, water heaters, etc.? | Yes                     | No                    |

4. Additional Information

**\*\*\*NYS now requires Taxpayer Driver's License information when E-filing to protect against Identity theft. Please provide us with the following information (or a photocopy of the front and back of your license) below:\*\*\***

License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Document Number: \_\_\_\_\_

**Please describe any unusual circumstances or events that you feel may affect your tax return.**

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\_\_\_\_\_

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date