

CCF Tax Year 2024 Interview Sheet

Version 1.1.24

All taxpayers must complete an interview sheet in its entirety for the current year. All parties MUST sign and date it.

Complete Tax cannot be held responsible for information that is misrepresented or unreported at the time of filing.

Complete Tax cannot prepare tax returns for single taxpayers with dependents, who DO NOT qualify to file Head of Household (HOH) due to documentation issues.

A. Main Information:

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone No: _____ Email: _____

Return Type: Please choose only one of the following filing options and enter Direct Deposit (DD) information, if DD available.

☐ **Paper Only:** All fees due upfront. Office prints return. Mailed by taxpayer. Refund mailed to address or DD (complete DD info) by IRS.

☐ **Efile Only:** All fees due upfront. Return Efiled. Refund mailed to address or DD (complete DD info) by IRS.

☐ **RT *Refund Transfer:** Fees taken from Refund. Refund available after IRS deposits usually in 10-14 days. Checks printed in the office.

☐ **DDRT *Direct Deposit RT:** Fees taken from Refund. Refund available after IRS deposits usually in 10-14 days. Deposited into your account (complete DD info).

☐ **RA *Refund Advance:** Fees taken from Refund. Advance up to \$7000 pending bank approval. Available in 24-48 hours. Remaining refund paid as an RT.

Direct Deposit (DD) Information: Routing #: _____ Account #: _____

What is your marital status: ☐ Single ☐ Legally Divorced/Separated (Lived with spouse at any time in the last 6 months of 2024)
☐ Married Living with Spouse ☐ Married NOT Living with Spouse for the last 6 months of 2024 ☐ Widowed/Widower

B. Bank Product Information:

Taxpayer's Mother's Maiden Name: _____ **Spouse's Mother's Maiden Name:** _____

Taxpayer's 5 Digit Security PIN: _____ **Spouse's 5 Digit Security PIN:** _____

C. Taxpayer Information:

Taxpayer's Name: _____ **SSN:** _____ **Date of Birth:** _____

Gender: ☐ M ☐ F **Are you claimed or will be claimed on someone else's return for 2024?** ☐ Yes ☐ No

Drivers License/ State ID #: _____ **Issuing State:** _____

Issue Date: _____ **Expiration Date:** _____

Were you issued an IRS Identity Theft PIN? ☐ Yes ☐ No **If yes, what is that PIN:** _____

Did you have health coverage through the Marketplace in 2024? ☐ Yes ☐ No

If yes, do you have form 1095-A? ☐ Yes ☐ No *(Note: Failure to file form 1095-A will delay document processing and the release of your refund. Form 1095-A can be obtained in your portal.)*

D. Spouse Information:

Spouse's Name: _____ **SSN:** _____ **Date of Birth:** _____

Gender: ☐ M ☐ F **Are you totally and/or permanently disabled?** ☐ Yes ☐ No

Drivers License/ State ID #: _____ **Issuing State:** _____

Issue Date: _____ **Expiration Date:** _____

Were you issued an IRS Identity Theft PIN? ☐ Yes ☐ No **If yes, what is that PIN:** _____

Did you have health coverage through the Marketplace in 2024? ☐ Yes ☐ No

If yes, do you have form 1095-A? ☐ Yes ☐ No *(Note: Failure to file form 1095-A will delay document processing and the release of your refund. Form 1095-A can be obtained in your portal.)*

A. Due Diligence-General:

1. Were you (or your spouse) a nonresident alien at any time during the year? ☐ Yes ☐ No
2. Was your main home (and spouse if MFJ) in the United States for more than half the year? ☐ Yes ☐ No
3. Could you (or your spouse) be a qualifying dependent on another persons return for the year? ☐ Yes ☐ No
4. Were any of the following credits claimed after 1996 reduced or disallowed for any reason other than a math or clerical error?

Earned Income Credit, Child Tax Credit, Additional Child Tax Credit, or American Opportunity Tax Credit: ☐ Yes ☐ No

*If yes, form 8862 is required. Attached statement with an explanation as to why it was disallowed.

5. How many people lived in the household in 2024? _____
6. Will everyone living in the household be included on this tax return? ☐ Yes ☐ No
7. Does anyone other than your spouse and/or children live in the home with you? ☐ Yes ☐ No (Skip to next section)

If yes, complete the following:

Name(s) of other people: _____

Relationship to taxpayer: _____

Did this person earn wages or income while they resided with you? ☐ Yes ☐ No

* If no, this person will need to be listed as a dependent. Complete a Dependent Worksheet. A birth certificate and SS card will need to be presented along with this completed interview sheet.

* If yes, please provide the following:

What is the amount of income that this person(s) earned in 2024? _____

Are you claiming this person(s) on your tax return? _____

If you are not claiming this person, please provide an explanation on why you are not claiming this person:

Does this person plan to file a tax return? ☐ Yes ☐ No

If this person will NOT file a return, please provide an explanation: _____

B. Due Diligence-Income:

Was your total household income (including your spouses income) less than \$15,000? ☐ Yes ☐ No

If no, skip to Section C.

If yes, did you receive any assistance during the tax year? (This includes assistance from county or state agency, housing assistance, assistance from family member or other entities.) ☐ Yes ☐ No

If yes, what was the amount of assistance received? _____

From whom did you receive this assistance? _____

C. Refund Itemizer (If applicable):

*Documentation must be provided as proof of the following expenses.

Did you pay mortgage interest or real estate taxes in 2024? ☐ Yes How much? _____ ☐ No

Did you pay medical, dental, and/or pharmaceutical expenses in 2024? ☐ Yes How much? _____ ☐ No

Did you pay Ad Valorem or other sales taxes in 2024? ☐ Yes How much? _____ ☐ No

Did you make any contributions to charity in 2024? ☐ Yes How much? _____ ☐ No

If yes, were those contributions cash or non cash donations? ☐ Cash ☐ Non-Cash

A. Income Adjustments (if applicable):

Did you itemize last year? ☐ Yes ☐ No

If yes, what was the amount of your state refund in 2023? _____

Did you receive alimony in 2024? ☐ Yes. How much? _____ ☐ No

Did you pay alimony in 2024? ☐ Yes. How much? _____ ☐ No

Ex spouse name? _____

Ex Spouse SSN? _____

Did you (or your spouse) contribute to an IRA in 2024? ☐ Yes. How much? _____ ☐ No

Did you (or your spouse) have educator expenses in 2024? ☐ Yes. How much? _____ ☐ No

Did you (or your spouse) pay student loan interest in 2024? ☐ Yes. How much? _____ ☐ No

B. State Worksheet:

Did you move from one state to another in 2024? ☐ Yes ☐ No

If yes, what state did you move from? _____

What state did you move to? _____

On what date did you move? _____

Did you move to a different address, including from another state, in 2024? ☐ Yes ☐ No

If yes, what address did you move from? _____

On what date did you move? _____

Ohio Residents: Do you live/work in a taxing school district and requests an SD return be prepared? ☐ Yes ☐ No

If yes, what is the 4-digit school district number: _____

Did you live/work in a taxing city and request a city return be prepared? ☐ Yes ☐ No

If yes, please provide city name: _____

Michigan Residents: Did you live/work in a taxing city and request a city return be prepared? ☐ Yes ☐ No

Renters Credit (If applicable): Do you rent your primary residence? ☐ Yes ☐ No

If yes, please provide the following: Landlord's name: _____

Landlord's Address: _____

Number of months rented: _____ Monthly rent amount: _____

I, the undersigned, hereby certify that all the information provided, along with any additional forms and documents, are true and accurate to the best of my knowledge. I further certify that I have supplied all required documents and information to the taxpayer. I understand that Complete Tax is not responsible for any information misrepresented, unreported or falsified at the time of filing.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

****For office use only:** Do you have any reason to believe that any of the information used to determine whether or not the taxpayer is eligible to claim EIC is incorrect, incomplete, or inconsistent? ☐ Yes ☐ No

If yes, please ask additional questions, gather more information and makes notes on a separate sheet of paper. These notes MUST be attached and Submitted with the completed interview sheets as well as making these notes in the return in Complete Tax.

Dependent Information

Dependents Name: _____ SSN: _____ Date of Birth: _____

Relationship to Taxpayer: _____ Over 18? ☐ Yes ☐ No Permanently or totally disabled? ☐ Yes ☐ No

**Proof of relationship will need to be provided for each dependent with a different last name the taxpayer. Acceptable documents include Birth Certificates and Courts Records (Adoption Certificate, etc.) All documents MUST be submitted along with completed interview sheet.*

1. Did the dependent live with you for more than 6 months of the year AND

did you provide more than 50% of expenses for the dependent? ☐ Yes ☐ No

If yes, skip to question 2.

If not, how many months did the dependent live with you? _____

2. Are both biological parents listed on this interview sheet? ☐ Yes ☐ No

If yes, skip to question 3.

If NOT, can the absentee parent claim the dependent on their tax return? ☐ Yes ☐ No

If the absentee parent CAN claim the dependent, did they provide more than 51% of expenses for the dependent? ☐ Yes ☐ No

If absentee parent CANNOT claim the dependent, please provide explanation below:

3. Is the dependent married? ☐ Yes ☐ No

4. Is the dependent a college student? ☐ Yes ☐ No

If yes, does the dependent have for 1098-T for educational expenses? ☐ Yes ☐ No

How many years has the student claimed the American Opportunity Tax Credit? _____

**Documentation must be provided to show that the dependent was a full time student for at least 5 months in 2024. Acceptable documents include form 1098-T or school statement. All documents MUST contain the name of the school and the dates attended in 2024.*

5. Was the dependent issued an IRS Identity Theft PIN? ☐ Yes ☐ No If yes, what is the PIN: _____

6. Did the dependent have health care at any time in 2024 through the Marketplace? ☐ Yes ☐ No

If yes, do you have form 1095-A? ☐ Yes ☐ No (Note: Failure to file 1095-A will delay document processing and the release of your refund. Form 1095-A can be obtained in your portal.)

7. Will the dependent be claimed on anyone else's return for 2024 ? ☐ Yes ☐ No

If yes, under the Tie Breaker Rule, would dependent be your qualifying child? ☐ Yes ☐ No

8. Do you pay child care expenses for this dependent? ☐ Yes ☐ No

If yes, please provide the following:

EIN or SSN: _____

Name of provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount Paid: \$ _____

9. Did the dependent work or earn wages at any time during 2024? ☐ Yes ☐ No

If yes, provide the amount of wages earned during the year. _____

Does the dependent plan to file their own tax return? ☐ Yes ☐ No