

Moore's Income Tax Service Intake/ Interview Sheet 2023 Tax Year

- o In addition to this form, you will need to provide:
 - Tax forms such as W-2, 1099,1098,1095.
 - Social Security cards or ITIN letters for all persons on the tax return.
 - Unexpired picture ID card (such as driver's license) for you and your spouse.

- o Ensure you complete pages 1-3 of this form.
- You are responsible for the information on this return. Please provide complete and accurate information.
- o If you have questions, please ask your preparer.



Part 1- Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return.)

Your First Name M.I. Last		<u>Last Name</u>	Best Contact Number		Email Address		SSN #	
							US Citizen?	Yes No
Your Spouse First Name M.I. Last Name		Last Name	Best Contact Number		Email Address		SSN #	1.63
							, ra cui	7.,
Mailing Address		Α	pt # City State			State	US Citizen? Zip code	Yes No
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V		1 ====			- u			
Your Date of Birth	Your Jo		ast year were you: a. Full Time Student Yes No c. Legally blind Yes No					
				<u> </u>		c. zegany simia		
			Last year was your spouse: a. Full Time Student Yes No b. Totally and permanently disabled Yes No c. Legally blind Yes No					
b. Totally and permanently disabled Yes No c. Legally blind Yes No								
Can anyone claim you or your spouse as a dependent? Yes No Unsure								
Have you, your spouse or dependents been a victim of tax related identity theft or been issues an Identity Protection PIN? Yes No Provide PIN to your preparer.								
Part 2- Marital Status and Household Information: As of December 31, 2023, what was your marital status?								
Never Married (This includes registered domestic partnerships, civil <u>unio</u> ns, or other formal relationships under state law)								
Married a. If yes, did you get Married in 2023? Yes lo b. Did you live with your spouse during any part of the last six months of 2023? Yes Vo								
Divorced Date of Final decree								
Legally Separated Date of separate maintenance decree								
Widowed Tear of Spouses death								
What was your 2022 Filing Status:								
Single Married Filing Jointly Married Filing Separately Head of Household Qualifying Widower								
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Taxpayers Last Name	
Last 4 of Social	

List the names below of: Everyone who lived with you last year (other than your spouse). Anyone who you supported but did not live with you last year.

Name	DOB	SSN	Relationship (Son/	Number of	US citizen	Resident of	Single or	Full Time	Totally and
(First, Last)			Daughter, Parent, None etc.)	months lived in your home last	(Yes/ No)	US Canada or Mexico	Married as of 12/30/23	Student last year (Yes/No)	Permanently Disabled
Do not enter your name or spouse name			,	year or provided		last year	(Yes/No)	` , ,	(Yes/No)
				support.		(Yes/No)			

Check appropriate box for each question in each section.

Yes	No	Unsure	Part 3- Income- Last Year, Did You (or Your Spouse) Receive								
			Wages or Salary? Form W-2. If yes how many jobs did you have last year?								
			Tip Income								
			Scholarships (Forms W-2, 1098T)								
			Interest/Dividends from check/savings accounts, bonds, CD's brokerage? (Forms 1099-INT, 1099-DIV)								
			Refund of state and local income taxes? Form 1099-G								
			Alimony income or separate maintenance payments?								
			Self-employment income? Form 1099-MISC, 1099-NEC, cash, virtual currency or other property or services								
			Cash/check/virtual currency payments or other property or services for any work performed not reported on Forms W-2 or 1099?								
			Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate (Including your home) (Forms 1099-S, 1099-B)								
			Disability Income? (Such as payments from insurance or workers compensation) (Forms 1099-R, W-2)								
			Retirement Income or payments from Pensions, Annuities, IRA? (Form-1099-R)								
			Unemployment compensation? (Form 1099G)								
			Social Security or Railroad Benefits? (Forms SSA-1099, RRB-1099)								
			Income (or loss) from Rental Property								
			Other Income (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other property, or services, etc. Please specify:								
Yes	No	Unsure	Part 4- Expenses- Last Year, Did You (or Your Spouse) Pay								
			Alimony or separate maintenance payments? If yes do you have the recipients SSN? Yes No								
			Contributions to a retirement account? IRA 401K Roth IRA Other								

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					Last 4 of Social					
			College or post-secondary educational expenses for yourself or your dependents? (Form 1098-T)							
			Any of the following?	Medical and Dental (including insurance premiums)	Mortgage Interest (Form 1098)					
			-	Taxes (State, Real Estate, Personal Property, Sales)	Charitable Contributions					
			Child or dependent care exp	enses such as daycare?						
			For supplies used as an eligi	ble educator such as a teacher, teacher's aide, counselor, et	c.?					
			Expenses related to self- en	ployment income or any other income you received?						
			Student loan interest? (Forr	n 1098-E)						
Yes	No	Unsure	Part 5- Expenses- Life I	events- Last Year, Did You (or Your Spouse)						
			Have a Health Savings Acco	unt? (Form 5498-SA, 1099-SA, W-2 with a code W in box 12)						
			Have a credit card or mortg	age debt cancelled or forgiven by a lender or have a home for	preclosure? (Forms 1099-C, 1099-A)					
			Adopt a child?							
			Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in prior year? If yes for which tax year?							
			Receive the First Time Home Buyers Credit in 2008?							
			Make estimated tax payments or apply last year's refund to this year's tax? If so, how much							
			File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?							
			Have health coverage through the Marketplace (Exchange)? Provide Form 1095-A							
Presid If you Do yo Did y	dential I are du ou live i ou, or y	Election (ue a refun an area th your spou		posit? Yes No PROVIDE VOIDED CH disaster area? Yes No If yes whe letter from the IRS? Yes No Prepar	e if you, or your spouse if filing jointly, want \$3 to go to this fund ECK LAST 4 OF ACCOUNT IF PROVIDED LAST YEAR	You Spouse				
Pleas	se sign	certifyir	ng that all the information	on on this document is accurate. Taxpayer	Spouse	Date:				

Taxpayers Last Name

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