

**Gallagher Financial Services**  
**TY \_\_\_\_\_ Tax Preparation**  
**Client Interview**

Name:

Address:	
City:	State:
ZIP:	
E-mail:	Phone:
Contact by <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	Best time to call:

**Taxpayer and Spouse (if we have your SSN on file, please leave that line blank)**

**Primary**

**Spouse**

Name:

Name:

Date of Birth:		Date of Birth:	
SSN:		SSN:	
DL#	State:	DL#	State
Issued:	Expires:	Issued:	Expires:
<input type="checkbox"/> Healthcare Coverage All Year?		<input type="checkbox"/> Healthcare Coverage All Year?	

**Dependents (if we have their SSN on file, please leave that line blank)**

Name:

Name:

Relationship:		Relationship:	
Date of Birth:		Date of Birth:	
SSN:		SSN:	
# Days in Home:		# Days in Home:	
<input type="checkbox"/> Healthcare Coverage All Year?		<input type="checkbox"/> Healthcare Coverage All Year?	

Name:

Name:

Relationship:		Relationship:	
Date of Birth:		Date of Birth:	
SSN:		SSN:	
# Days in Home:		# Days in Home:	
<input type="checkbox"/> Healthcare Coverage All Year?		<input type="checkbox"/> Healthcare Coverage All Year?	

### Income (Check all that apply. Attach W2s, 1099s, K1s as appropriate.)

- Wages/Unemployment
- Contractor/Non-employee Compensation
- Gig Economy (uber, task rabbit, etc.)
- Personal Property Rentals (AirBnB, etc.)
- Social Security/Retirement
- Interest/Dividends
- Partnership or Corporate Interests
- Alimony, Gambling, Hobby, or Other (describe)

Notes:

### Income Continued (Check all that apply. Attach 1099 as appropriate.)

- Small Business Income (Sch C)
- Rental or Royalty Income (Sch E)
- Farm or Ranch Income (Sch F)
- Bought/Sold Real Property
- Bought/Sold Stocks/Bonds
- Bought/Sold Cryptocurrency
- Cancelled Debt
- Bought or Cashed Savings Bonds
- Other (describe)

***Please include income/expense worksheets and other information as appropriate.***

Notes:

### Deductions (Check all that apply.)

- State/Local Income Taxes and/or Property Taxes (primary residence, vacation home, land, etc.)
- Mortgage/Investment Interest
- Substantial Out of Pocket Medical (insurance premiums, prescriptions, co-pays, etc.)
- Major Purchases (car, boat, RV, large repairs or remodeling, etc.)
- Student Loan Interest
- Tuition and Fees for Post-secondary Education (provide 2017 statement of accounts and 1098-Ts)
- IRA Contributions (Traditional or Roth)
- Daycare Expenses (include provider name, address, EIN or SSN, and phone number)
- Other (alimony, moving, educator expenses, charitable contributions, gambling losses, etc.)

Notes:

### Other (Check all that apply.)

- Own or have signature authority on non-U.S. financial accounts (includes cryptocurrency and online gaming)
- Own other foreign accounts or assets (property, cryptocurrency, etc.)
- Have household employees (regular staff)
- Office in Home (self-employed)
- Business Use of Auto (attach mileage log)
- Unreimbursed Employee Expense (tools, uniforms, union dues, licenses, protective clothing, etc.)
- Foreclosure or Bankruptcy
- Worked in a state other than your resident state (list)
- Adopted a child

### Miscellaneous

- Contribute \$3 to Presidential Election Fund:     Primary     Spouse
- Dependent(s) Over 18 is/are full-time student(s) [list]:

<input type="checkbox"/> Estimated Federal Taxes Paid in TY____:	Qu1	Qu2	Qu3	Qu4
<input type="checkbox"/> Estimated State Taxes Paid in TY____:	Qu1	Qu2	Qu3	Qu 4

- Person(s) named on return are blind/disabled (list):
- Primary or Spouse is a dependent on another return(list):
- Do **not** want a paper copy of tax return (electronic only)
- Want refund/balance due directly deposited/debited

Bank Name

Checking

Savings

Routing #:

Account #:

### Additional Notes or Questions