

My/Our Tax appointment is on _____ at _____ am/pm



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PRE-INTERVIEW WORKSHEET

CLIENT PHONE

Cell	Home	Work (H)	Work (W)

Client	Birth Date	Blind	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	S.S.N.	Occupation	Number of W2 Forms
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Spouse	Birth Date	Blind	S.S.N.	Occupation		
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Address	City	State	Zip Code	County		

DEPENDENTS

NAME	BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP	NO. MONTHS LIVED WITH YOU DURING YEAR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Are any of your dependent children permanently handicapped severe enough that it constitutes not less than 50% disability? If yes, attach a physician's certificate. YES NO

INCOME – (Estimates Not Acceptable)

- Did you sell securities or other property? If yes, attach Purchases & Sales Statements and Form 1099B received from brokers. **YOU MUST PROVIDE US WITH THE COST OF THE STOCKS OR PROPERTY SOLD. VERY IMPORTANT.** (A worksheet is available.) YES NO
- Do you own mutual funds (not a retirement plan)? If yes, attach 1099 forms. YES NO
- Did you or your spouse make a withdrawal or rollover from any retirement account? (IRA; 401K Plan; Profit Sharing; etc.) If yes, attach 1099R and list below. YES NO
- Did you have dividend income? If yes, attach 1099 forms (including tax exempt dividends) and list below. YES NO
- Did you have interest income? If yes, attach 1099 forms (including tax exempt interest) and list below. YES NO

INCOME-Attach 1099 Forms

Interest Income		Dividend Income	
Source	Amount	Source	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Tax Exempt Interest Income	\$ _____	_____	\$ _____

Income from Pensions, Annuities & IRA Withdrawals

(Attach Form 1099Rs)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Miscellaneous Income – Attach any miscellaneous forms

Unemployment _____	\$ _____	Royalties _____	\$ _____
529 Education Dist. (attach 1099Q) _____	\$ _____	Oil & Mineral Leases _____	\$ _____
Other _____	\$ _____	Alimony _____	\$ _____

ITEMIZED DEDUCTIONS (Estimates Not Acceptable)

MEDICAL

		TOTALS			TOTALS
Prescription Drugs _____	\$	_____	Long Term Care Insurance Husband _____	\$	_____
Doctors, Dentists & Hospitals _____	\$	_____	Long Term Care Insurance Wife _____	\$	_____
Nursing Home Costs _____	\$	_____	Medical Lodging _____	\$	_____
Medical Insurance Premiums _____	\$	_____	Medical Travel _____	\$	_____ (Miles)
Medicare Insurance Premiums _____	\$	_____	Glasses and Hearing Aids _____	\$	_____
(Do NOT include pre-tax premiums or flex plan payments)			Other _____	\$	_____

TAXES

		TOTALS			TOTALS
Real Estate _____	\$	_____	Vacation Home Taxes _____	\$	_____
Motor Vehicles (Attach Vehicle Registration) _____	\$	_____	Personal Property (Mobile Home) _____	\$	_____
(Boats, Cycles, Trailers are not qualified)			Other _____	\$	_____

INTEREST EXPENSES

		TOTALS			TOTALS
Home Mortgage (Attach 1098 Form) _____	\$	_____	Mortgage Points (Attach Closing Statement) _____	\$	_____
2nd Home Mortgage (Attach 1098 Form) _____	\$	_____	Student Loan Interest (Attach 1098 Form) _____	\$	_____
Home Equity Line Interest _____	\$	_____	Other _____	\$	_____

CONTRIBUTIONS

		TOTALS			TOTALS
Church _____	\$	_____	Non-Cash Items _____	\$	_____
United Way _____ Heart _____ M.D.A. _____	\$	_____	<small>(Receipt and detailed description of property required)</small>		
Easter Seals _____ Cancer _____	\$	_____	Charitable Travel _____	\$	_____ (Miles)
			Other _____	\$	_____

No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. ALL contributions must be substantiated by a receipt or cancelled check. Single contributions over \$250 must be substantiated with a receipt, **not just a cancelled check. Contributions to an individual are not deductible.**

MISCELLANEOUS

		TOTALS			TOTALS
IRA Contribution (Self) _____ (Spouse) _____	\$	_____	Required Prof. Dues & Supplies _____	\$	_____
Union Dues _____	\$	_____	Required Professional Licenses _____	\$	_____
Employment Fees _____	\$	_____	Required Uniforms _____	\$	_____
Tax Preparation _____	\$	_____	Required Education _____	\$	_____
MT Education 529 Plan _____	\$	_____	Required Small Tools _____	\$	_____
College Tuition/Course Materials _____	\$	_____	Safe Deposit Box _____	\$	_____
(Attach College 1098)			_____	\$	_____
Gambling Losses to Extent of Winnings _____	\$	_____	_____	\$	_____

CHILD CARE- Did you pay dependent care benefits into a flex plan? YES NO
 If yes, you must still provide the information below.

PROVIDER NAME	ADDRESS	SOC SEC #	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESTIMATED INCOME TAX PAYMENTS

		YES	NO
• Did you pay Federal and/or State estimated income taxes? _____		<input type="checkbox"/>	<input type="checkbox"/>
If yes, Federal:	If yes, State:		
(April) Date Pd. _____ \$ _____	(April) Date Pd. _____ \$ _____		
(June) Date Pd. _____ \$ _____	(June) Date Pd. _____ \$ _____		
(Sept) Date Pd. _____ \$ _____	(Sept) Date Pd. _____ \$ _____		
(Dec/Jan) Date Pd. _____ \$ _____	(Dec/Jan) Date Pd. _____ \$ _____		

PLEASE NOTE: DUE TO NEW STRINGENT GUIDELINES AND FEDERAL TAX LAWS, **THE QUESTIONNAIRE ON THE BACK OF THIS FORM AND THE ATTACHED ENGAGEMENT LETTER** MUST BE COMPLETED, SIGNED AND INCLUDED WITH YOUR TAX INFORMATION.

☺ Would you like to have you refund(s) directly deposited into your bank account? YES NO
 If yes, please attach a voided check.

NOTES

CHECKLIST OF ADDITIONAL ITEMS (estimates not acceptable)

- | | YES | NO |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> • Did your employer require you to be away from home overnight at your expense? _____ <input type="checkbox"/> If yes, enter: number of days away from home _____; meals \$ _____; lodging \$ _____. Subsistence received \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you use your car for business, other than commuting to and from work? _____ <input type="checkbox"/> If yes, business miles _____. Personal miles _____. Reimbursement rcvd \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you move your personal residence more than 50 miles during the year for employment? _____ <input type="checkbox"/> If yes, attach list of expenses and date moved. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you refinance your home this year? If yes, attach refinance papers. _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Are you holding U.S. Savings Bonds that are more than 30 years old? _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you or your spouse receive Social Security or Railroad Retirement? _____ <input type="checkbox"/> If yes, attach statements for each. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you have partnership, estate, trust, or S Corporation income? _____ <input type="checkbox"/> If yes, attach Schedule K-1 for each. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you sell/buy your home during the year? If yes, attach closing statements. _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you have rental or royalty income? If yes, attach separate sheet with income and expenses. _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you receive disability benefits? If yes, amount received \$ _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you have tip income that was unreported to employer? If yes, how much \$ _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you have income from any other sources? (Contracted services, babysitting, etc)
If yes, attach statements stating nature and describe fully. _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Do you contribute to a Federal or State medical/health savings account? _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Were there any changes in dependents? If YES, indicate: _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, business interest or real property? _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you purchase a new hybrid vehicle (Gas/Electric) vehicle in this tax year? _____ <input type="checkbox"/> If YES; Cost \$ _____ Model _____ Date Purchased _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you add any energy efficient improvements (insulation systems, furnace, air conditioner, exterior windows and doors, metal roof) to your home, rentals or other structure? _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you pay more than \$1,000 to any household employee? _____ <input type="checkbox"/> If YES, you may be required to pay employment taxes, file W-2 and payroll reports.
Our minimum fee for this will be \$150. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you or your spouse make any gifts to an individual that total more than \$13,000? _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you exercise any employee incentive stock options this year? _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Did you have a credit card debt or bank debt cancelled this year? (If yes attach 1099C) _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • May the IRS discuss your tax return with Ferro, Willett & Thompson? _____ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE SIGN & DATE ENCLOSED ENGAGEMENT LETTER