

**INCOME TAX INTERVIEW INTAKE CONTINUATION SHEET**

(The proponent of this form is SJA)

**PRIVACY STATEMENT (5 U.S.C.552a)**

AUTHORITY: Title 10 USC 3012, AR 340-18. PRINCIPAL PURPOSES(S): The purposes of the Legal Assistance Interview Record file are to assist the tax preparer with the preparation of legal documents for the client, and to prepare statistical reports in order to maintain a record of the amount of work performed by the legal assistance office during the year. The Legal Assistance Interview Record is subject to the attorney-client privilege rule and the information contained thereon will not be given to any source without prior approval of the client. ROUTINE USES: The routine uses of the Legal Assistance Interview Record are to provide basic information necessary in the preparation of legal documents, i.e., powers of attorney, income tax returns, etc., and to prepare statistical reports of numbers and types of actions handled by the legal assistance office. DISCLOSURE: Voluntary disclosure. Nondisclosure precludes tax assistance preparation of documents desired by the client.

**PLEASE PRINT CLEARLY**

**DATE** \_\_\_\_\_

NAME (AS IT APPEARS ON SOCIAL SECURITY CARD) \_\_\_\_\_

SSN \_\_\_\_\_ RANK \_\_\_\_\_

BRANCH OF MILITARY \_\_\_\_\_ UNIT & CO \_\_\_\_\_

RESIDENT STATE \_\_\_\_\_, City \_\_\_\_\_ and County \_\_\_\_\_

or PART-YEAR RESIDENT STATE \_\_\_\_\_ & county \_\_\_\_\_ date from \_\_\_\_\_ to \_\_\_\_\_ & STATE \_\_\_\_\_ & county \_\_\_\_\_ date from \_\_\_\_\_ to \_\_\_\_\_

**SCHOOL DISTRICT:** \_\_\_\_\_

**DURING THE TAX YEAR DID YOU HAVE ORDERS ASSIGNING YOU TO ANY OF THE FOLLOWING AREAS:** Desert Storm, Haiti, former Yugoslavia, UN Operation, Joint Guard, Joint Forge, Northern Watch, Operation Allied Forces, Northern Forge, Enduring Freedom, Egypt, Jordan, or Operation Iraqi Freedom? IF SO, WHEN AND WHERE \_\_\_\_\_

SPOUSE'S NAME (AS IT APPEARS ON SOCIAL SECURITY CARD) \_\_\_\_\_

SSN \_\_\_\_\_

RESIDENT STATE \_\_\_\_\_ & County \_\_\_\_\_ or PART-YEAR RESIDENT STATE \_\_\_\_\_ date from \_\_\_\_\_ to \_\_\_\_\_ & State \_\_\_\_\_ & County \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

SCHOO DISTRICT: \_\_\_\_\_

DID YOU HAVE CHILD CARE EXPENSES? IF YES, HOW MUCH \$ \_\_\_\_\_

NAME OF CARE-GIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_

EIN OF PROVIDER \_\_\_\_\_ OR SSN \_\_\_\_\_

DID YOU HAVE EDUCATION EXPENSES? IF YES, HOW MUCH? \_\_\_\_\_ include 1098T/1098E or all supporting documents. QUALIFIED EXPENSES \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_, SSN \_\_\_\_\_

WHAT YEAR OF COLLEGE? 1 2 3 4 OTHER \_\_\_\_\_

IF ITEMIZING, HOW MUCH AD VALOREM TAX(ES) DID YOU PAY? \_\_\_\_\_

ARE YOU AN INJURED SPOUSE?

DO YOU WANT YOUR REFUND: (CHECK ONE) \_\_\_ MAILED TO YOUR ADDRESS ABOVE; OR \_\_\_ DIRECTLY DEPOSITED INTO A BANK ACCOUNT (YOU MUST PROVIDE A VOIDED CHECK or photocopy of blank check) CHECKING \_\_\_ SAVINGS \_\_\_

**BRING YOUR SOCIAL SECURITY CARD(S) WITH YOU.**