

Dapcevich Accounting Service
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Sitka, Alaska 99835

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Pre-Interview Information Worksheet

Tax Year _____

Your first name	M.I.	Last name	Your SSN	Your D.O.B.	PFD ?
					<input type="checkbox"/>

Spouse's first name	M.I.	Last name (if different)	Spouse's SSN	Spouse's D.O.B.	PFD ?
					<input type="checkbox"/>

Mailing Address	City	State	Zip

Telephone numbers:

Daytime	Evening	Cell	Fax

Best time to call?

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Dependent's first name	M.I.	Last name	Dependent SSN	Dependent D.O.B.	PFD ?
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Did you pay child care expenses for any of your dependents? If so, please provide the following:

Dependent	Child Care Provider	Amount

If you have a refund, would you like to receive it by direct deposit, no charge? Yes No
 If yes, please provide the following information:

Name of your bank	Account number	Checking	Savings
		<input type="checkbox"/>	<input type="checkbox"/>