

## **Client Intake Form**

					Date:
				R	eferred by:
Taxpayer Name:			SS#:		DOB:
Spouse Name:	Legal First Name Middle Initit	tal Last Name	SS#:		DOB:
•	Legal First Name Middle Initing	tal Last Name			
Address:					
Filing Status:			_		
dentity protection P Phone Email Occupation	IN (if applicable)	- - -	Taxpayer	_	Spouse
	Check if:	Student		<u> </u>	
		Deaf			
		Disabled			
		Blind			
	Military or N	ational Guard			
If someon	e can claim you as	s a dependent			
Any Dependents:	Y N	If yes, please	fill in dependent ir	nformation or	n back
Preferred method of	contact: □ Pho	one	□ Email		
How would you like	to receive a copy o	of your return?	□ Pape	r Copy	□ Via our Client Portal
How would you like	to sign for your ret	urn?	∃ In person	□ Electro	nically (\$5 additional fee)
If you are o	due a <b>refund</b> , how w	vould you like to	receive it?		
	☐ Check s	sent to you in the	mail		
	☐ Apply t	o next year's esti	mates		
If you <b>owe</b>	☐ Direct [ taxes, How do you		rovide information n?	below)	
	□ Paper o	heck mailed with	voucher		
	☐ Direct [	Debit (please pro	vide information be	elow)	
Direct Deposit:	Checking	Savings		Bank Name	
Routing Number:			Acco	ount Number:	

☐ Copy of Driver's License(s)

## **Dependents**

					# of months dependent		Full-Time		Can anyone else claim	Has Dependent provided over
				Relationship to	· ·		College		the	half their own
First Name	Last Name	SS#	DOB	Taxpayer	Taxpayer	US Citizen	Student	Disabled	dependent	
						Y N	Y N	Y N	Y N	Y N
						Y N	Y N	Y N	Y N	Y N
						Y N	Y N	Y N	Y N	Y N
						Y N	Y N	Y N	Y N	Y N
						Y N	Y N	Y N	Y N	Y N
						Y N	Y N	Y N	Y N	Y N
						Y N	Y N	Y N	Y N	Y N
						Y N	Y N	Y N	Y N	Y N

Did any dependents under 19 (or 24 if full time student) receive more than \$1,150 in investment income?

Υ

Ν

Did you pay any dependent care expenses?

Υ Ν

If yes, please provide additional information below

Name of Child Care Provider	Address	SSN or EIN	Is the Care Provider your household employee	Amount paid per dependent	Were any dependent care benefits received	Amount of benefits received	Dependent receiving care
			ΥN		Y N		
			Y N		Y N		
			Y N		ΥN		
			Y N		Y N		

Did you pay any education expenses for your dependent(s)?

Υ Ν

Have you ever had the EIC/CTC/ACTC credits disallowed or reduced in previous years?

Ν

Do you have documentation to substantiate these statements (see list below)?

Υ Ν

Some documents you may be asked to furnish regarding the dependents listed above:

birth certificates, school records, medical records, child care provider statements, social service records

YES	NO	Personal Information
		Any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
		Did you purchase or sell your principle residence?
		Have you been notified by the IRS or state of changes to a prior year's return or received
		any tax correspondence?
		Do you own rental property?
		Are you self-employed?
YES	NO	Health Care
		Did you or a member of your family have Marketplace Health Insurance Coverage? (Forms 1095-A)
YES	NO	<u>Income</u>
		Wages? (Form(s)W-2)
		Non-employee compensation? (Form 1099-NEC)
		Miscellaneous income? (Form 1099-MISC)
		Interest Income? (Form 1099-INT)
		Dividend income? (Form 1099-DIV)
		Gambling income? (Form W-2G)
		Social Security or Railroad Retirement benefits? (Form SSA-1099 & RRB-1099)
		Unemployment Compensation? (Form 1099-G)
		Did you receive tip income NOT reported to your employer?
		Did you receive \$600 or more in third-party network transactions IE via PayPal or Venmo?
		(Form 1099-K)
		Did you receive, sell exchange or otherwise acquire any financial interest in any virtual currency?
		Did you receive a state or local refund or a refund of any other deduction you itemized
		in a prior year? (Form 1099-G)
		Did you receive or expect to receive a Schedule K-1 from a trust, estate partnership or S Corp?
		Rental income?
		Alimony?
		Did you receive any other income not listed above?
YES	NO	Foreign Reporting
		Did you have an interest in or signature authority over a financial account in a foreign country?
		Were you the grantor of or transferor to a foreign trust?
		Did you receive income from a foreign source or pay taxes to a foreign government?
YES	NO	Retirement and Other Plans
		Did you receive any distributions from a retirement plan? (Form 1099-R)
		Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)
		Did you convert a traditional IRA to a Roth IRA?
		Did you receive a distribution from an HSA (Health Savings Account)? (Form 1099-SA)
		Did you make any contributions to an HSA (Health Savings Account)?
YES	NO	Miscellaneous
		Did you make any federal or state estimated tax payments?
		Did you purchase any items accuired out of state, online or by mail order that did not include sales tax?
		Did you make any gifts to any one person that exceed the IRS's annual gift exclusion amount?

## Other Notes:

## **Student Interview Questions**

Stu	ıdent Name:							
Ins	titution(s) Attended:							
Ful	I-Time Student?	Υ	N					
Ca	ndidate for a degree?	Υ	N					
Re	ceived Form 1098-T from t	his insti	itution?		Υ	N		
Re	ceived Form 1098-T from t	his insti	itution l	st year with box 7 checked?	Υ	N		
1	How many previous years Credit been claimed for t		•	cholarship Credit or American Opportunity to this tax year?		_		
2	2 Was the student enrolled at least half-time for at least one academic period that began in the current tax year at an eligible educational institution in a program leading towards a postsecondary degree, certificate or other recognized postsecondary educational credential?						Υ	N
3	3 Did the student take courses as part of a postsecondary degree program or to acquire or improve job skills?						Y	N
4	4 Did the student complete the first 4 years of postsecondary education prior to this tax year?						Y	N
5	Was the student convicted, before year end, of a felony for possession or distribution of a controlled substance?						Υ	N
	y expenses paid, other tha oks, supplies, equipment	n to the	institu -	on or not as a condition of enrollment:				
An	y student loan interest?	Υ	N					
An	y scholarships?	Υ	N					