



## TAX CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of **ABREU ACCOUNTING SERVICES, LLC**. This form is used to collect information about new clients and is for internal purposes only. The information you provide is confidential and will be treated accordingly.

**REFERRED BY:** \_\_\_\_\_

### FILING STATUS

- ☐ **Single**
- ☐ **Married Filing Joint**
- ☐ **Married Filing Single**
- ☐ **Head of Household**
- ☐ **Qualifying Widower**

### TAXPAYER INFO

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

### SPOUSE INFO

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

LOCATION: LEHIGH ACRES, FL 33974

O: (239) 230-7937 / C: (239) 848-7431

E: [AASLLC@ABREUSERVICES.COM](mailto:AASLLC@ABREUSERVICES.COM) / W: [WWW.ABREUSERVICES.COM](http://WWW.ABREUSERVICES.COM)



Occupation: \_\_\_\_\_

**DEPENDENTS (ages 0 – 24 years old)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

.....

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

.....

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

.....

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

**INCOME**

Did you receive W2 income? ☐ Yes ☐ No

-If yes, how many total W2s? \_\_\_\_\_

Did you receive any self-employment income? ☐ Yes ☐ No

Did you receive income from rental property? ☐ Yes ☐ No

Did you receive unemployment income? ☐ Yes ☐ No

Did you receive any money from stock sales? ☐ Yes ☐ No

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## DEDUCTIONS

Did you receive any interest or dividends? ☐ Yes ☐ No

Did you receive any Social Security income? ☐ Yes ☐ No

Did you receive any miscellaneous (1099) income? ☐ Yes ☐ No

Did you receive any alimony? ☐ Yes ☐ No

Did you receive any other income from assets sold? ☐ Yes ☐ No

Did you take any money from your 401k? ☐ Yes ☐ No

Did you receive any taxable refunds/credits/offsets? ☐ Yes ☐ No

Did you receive any foreign income? ☐ Yes ☐ No

Did you receive any other income? ☐ Yes ☐ No

-If yes, list other streams of income: \_\_\_\_\_

### Adjustments to Income:

Did you have any educator (teaching) expenses? ☐ Yes ☐ No

Did you have any health savings account deductions? ☐ Yes ☐ No

Did you have any moving expenses (military only)? ☐ Yes ☐ No

Did you pay for self-employed health insurance? ☐ Yes ☐ No

Did you make contributions to a retirement plan? ☐ Yes ☐ No

Did you have any student loans or tuition/fees deductions? ☐ Yes ☐ No

Did you pay any alimony? ☐ Yes ☐ No

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Do you have any mortgage interest? ☐ Yes ☐ No

Did you pay any real estate tax? ☐ Yes ☐ No

Did you pay any vehicle tax? ☐ Yes ☐ No

Did you pay any childcare expenses? ☐ Yes ☐ No / Amount Paid: \_\_\_\_\_

Childcare Name: \_\_\_\_\_ EIN/Social Security #: \_\_\_\_\_

Did you have any other deductions or credits? ☐ Yes ☐ No

-If yes, list other deductions or credits: \_\_\_\_\_

### PAYMENTS

Did you file taxes last year? ☐ Yes ☐ No

Did you pay the state last year? ☐ Yes ☐ No

Do you owe the IRS? ☐ Yes ☐ No

-If yes, how much? \_\_\_\_\_

Did you receive a federal refund last year? ☐ Yes ☐ No

Have you received any letters from the IRS? ☐ Yes ☐ No

Did you borrow funds for college tuition? ☐ Yes ☐ No

Did you make any estimated payments toward this year's tax return? ☐ Yes ☐ No

-If yes, enter all payments made along with the dates:

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### HEALTH INSURANCE

In order to comply with the Affordable Care Act, answer the following questions regarding healthcare insurance coverage.

Do you have Healthcare Insurance? ☐ Yes ☐ No

Does your Employer Provide Healthcare Insurance Coverage? ☐ Yes ☐ No

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**Does your Spouse and/or all dependents have Healthcare Insurance coverage?**

☐ Yes ☐ No

### MISCELLANEOUS

**Are you part of a business partnership or corporation?** ☐ Yes ☐ No

**Are you an Armed Forces Reservist?** ☐ Yes ☐ No

**Are you a victim of identity theft?** ☐ Yes ☐ No

### BANK INFORMATION

**Bank Name:** \_\_\_\_\_

**Account Type:** Savings \_\_ Checking \_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

### SIGNATURE / DISCLAIMER

The above information is true and correct, and I / we understand that the information given on this questionnaire will be used to complete my / our 2024 tax return(s). I / We agree to hold this company harmless for any errors that they may make on my / our tax return. I / We also understand that error on my / our return will cause a delay in the processing of the return and the receipt of the refund, if any.

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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