



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 / W: WWW.ABREUSERVICES.COM



Occupation: _____

DEPENDENTS (ages 0 – 24 years old)

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

.....

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:

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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