

Tax Preparation Client Intake Form

Filing Status

Single

Married Filing Separate

Qualifying Widower

Head of Household

Married Filing Joint

Name

First Name

Last Name

Age

Date of Birth

Month

Day

Year

Phone Number

Please enter a valid phone number.

Email

example@example.com

Address

Street Address

Street Address Line 2

Occupation

SSN

Are you a full-time student?

Yes

No

Are you totally and permanently disabled?

Yes

No

Are you legally blind?

Yes

No

Is this individual dependent of other?

Yes

No

Name

First Name

Last Name

Age

Date of Birth

Month

Day

Year

Phone Number

Please enter a valid phone number.

Email

example@example.com

Address

Street Address

Street Address Line 2

CityState / Province

Postal / Zip Code

Occupation

SSN

Are you a full-time student?

YesNo

Are you totally and permanently disabled?

YesNo

Are you legally blind?

YesNo

Is this individual dependent of other?

YesNo

Enter your dependents here

	Name	SSN	Date of Birth	Relationship
1				
2				

3
4
5
6

Does you, your spouse, and your dependents have health insurance within 12 months last year? If yes, who covers for it?

	Yes/No	Employer	Spouse Ins	Exchange/ Marketplace	Direct with Insurer	Medicare	Medicaid
Taxpayer							
Spouse							
Dependent							
1							
Dependent							
2							
Dependent							
3							
Dependent							
4							
Dependent							
5							

Employment Status (select all that apply)

<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Freelancer		

Did you earn any income as a freelancer for which you received a 1099-MISC or 1099-NEC?

☐ Yes
☐ No

Did you receive Social Security income during the tax year?

☐ Yes
☐ No

Did you receive any income from investments, dividends or interest, in the current tax year?

No

Did you receive unemployment income during the tax year?

Yes

No

Did you receive rental income during the current tax year?

Yes

No

Did you sell any property during the tax year?

Yes

No

Did you purchase property during the tax year?

Yes

No

Are you contributing to 401k or other pre-tax account?

Yes

No

Is this your first time opening a pre-tax account?

Yes

No

Please select what other return you are requesting?

State return

School

Local

RITA

Country returns

Do any of your dependents have tuition expenses in 2022?

Yes

No

Did you pay for child care in 2022?

Yes

No

Did you receive energy star rated improvements to your home in 2022?

Windows

Doors

Furnace

Are you currently renting?

Yes

No

How long have you been renting this property?

of months

What is the monthly rental amount?

Do you own your home with a mortgage?

Yes

No

Did you pay mortgage interest during 2022?

Yes

No

Did you pay property taxes in 2022?

Yes

No

Did you sell stock in 2022?

Yes

No

Did you withdraw money from a 401K in 2022?

Yes

No

Did you pay taxes on a vehicle in 2022?

Yes

No

Did you receive a federal tax refund last year?

Yes

No

Are you a victim of identity theft?

Yes

No

Please fill-in the expenses that you incurred during the current tax year. If you do not know the exact amount, please give your best estimate. You do not need to add them up.

General Expenses

Amount

Medical Expenses

Dental Expenses

Insurance Premiums paid

Long Term Care Premiums

Prescription Drugs and Medications

Home Mortgage

Investment Interest

Cash Contributions

Non-Cash Contributions

Unreimbursed Business Expenses

Union Dues

Tax Preparation Fees

Investment Expenses

Additional comments

- I confirmed that all information I entered here is accurate and true.
- I allow ABC Financial to capture my sensitive data like personal id, government id, social security

number (SSN), and other information.

- I have read the terms and conditions and privacy policy of ABC Financial.
- By signing below, you acknowledge that you have read and understood your responsibilities and our responsibilities in doing this tax return.

Date Signed

Month Day Year

Date Signed

Month Day Year