

Client Intake Form

Date: _____

Referred by: _____

Taxpayer Name: _____ SS#: _____ DOB: _____
Legal First Name Middle Initial Last Name

Spouse Name: _____ SS#: _____ DOB: _____
Legal First Name Middle Initial Last Name

Address: _____

Filing Status: _____

	Taxpayer	Spouse
Identity protection PIN (if applicable)	_____	_____
Phone	_____	_____
Email	_____	_____
Occupation	_____	_____

	Check if:	Student	<input type="checkbox"/>		<input type="checkbox"/>
		Deaf	<input type="checkbox"/>		<input type="checkbox"/>
		Disabled	<input type="checkbox"/>		<input type="checkbox"/>
		Blind	<input type="checkbox"/>		<input type="checkbox"/>
		Military or National Guard	<input type="checkbox"/>		<input type="checkbox"/>
		If someone can claim you as a dependent	<input type="checkbox"/>		<input type="checkbox"/>

Any Dependents: Y N If yes, please fill in dependent information on back

Preferred method of contact: Phone Email

How would you like to receive a copy of your return? Paper Copy Via our Client Portal

How would you like to sign for your return? In person Electronically (\$5 additional fee)

If you are due a **refund**, how would you like to receive it?

- Check sent to you in the mail
- Apply to next year's estimates
- Direct Deposit (please provide information below)

If you **owe taxes**, How do you want to pay them?

- Paper check mailed with voucher
- Direct Debit (please provide information below)

Direct Deposit: Checking Savings Bank Name: _____

Routing Number: _____ Account Number: _____

- Copy of Last Year's Return
- Copy of Driver's License(s)

Dependents

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

Did you pay any dependent care expenses? Y N 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
			Y N		Y N		
			Y N		Y N		
			Y N		Y N		
			Y N		Y N		

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

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

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

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 Income

- 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 acquired 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:

