



Luis Ramirez CPA. 2950 Buskirk Avenue, Suite 300. Walnut Creek CA 94597.  
(925)289-0332. contracostacpa.com

## New Tax Client Intake Form

Individual

Entity Case

### **Section 1: Personal Information/ Business Name**

Name of Individual: \_\_\_\_\_

Entity Name: \_\_\_\_\_

If entity, please indicate your title: \_\_\_\_\_

- Date of Birth : \_\_\_\_\_ EIN: \_\_\_\_\_
- Social Security Number : \_\_\_\_\_ Form:  1120- S Corp /  1120- C Corp  
 1065 Partnership/  Other \_\_\_\_\_

Entity Type:

Limited Liability Company   
Personal Service Corp. (PSC)

State of Incorporation/formation: \_\_\_\_\_  
Date Established: \_\_\_\_\_

- Describe your business activity (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

- Address (Mailing & Physical): \_\_\_\_\_

- Phone Number(s): \_\_\_\_\_

- Email Address: \_\_\_\_\_

- Preferred Contact Method: \_\_\_\_\_

### **Please describe briefly the purpose of the visit:**

Tax Preparation for business return.  Tax Preparation-individual return (incl. non-filer)  
 Representation before IRS and/or Cal FTB.  Tax Advisory Services (planning a transaction).

**Signature:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

Note: Luis Ramirez, C.P.A. will provide one free consultation of up to 45 minutes to evaluate your situation. We will not charge you, even if you decide not to use any of our services.



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### Individual Tax Return Basic Information

#### Section 2: Filing Status & Household

- Filing Status:  Single  Married Filing Jointly  Head of Household  Qualifying Widow(er)
- Spouse Information (if applicable):

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

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

- Dependents:

Name \_\_\_\_\_

DOB \_\_\_\_\_

SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Section 3: Income Sources

- W-2 Employment
- 1099-NEC / 1099-MISC
- Self-Employment Income
- Rental Income
- Retirement / Pension / TSP
- Social Security
- Investment Income (Dividends, Interest, Capital Gains)
- Foreign Income
- Other (please specify): \_\_\_\_\_

#### Section 4: Deductions & Credits

- Mortgage Interest
- Property Taxes
- Charitable Contributions
- Childcare Expenses
- Education Expenses (Form 1098-T)
- Medical Expenses
- Retirement Contributions (IRA, 401(k), etc.)
- Clergy Housing Allowance (if applicable)

- Other: \_\_\_\_\_

#### Section 5: Prior Year Tax Info

- Did you file last year?  Yes  No
- Refund or Balance Due?  
 Refund  Balance
- Any IRS or State Notices Received?  
 Yes  No
- Outstanding Tax Debt?  Yes  No – Amount: \$ \_\_\_\_\_

#### Section 6: Representation & Authorization

- I authorize representation before the IRS or state tax authorities
- I understand I am responsible for providing accurate documentation
- I consent to electronic filing and secure communication

Signature: \_\_\_\_\_

Date: \_\_\_\_\_