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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 you 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: _____