

Tasha's Total Tax Service

Client Intake Form

Filing year



Filing Status: Head of Household, Single, Married filing jointly, Qualifying Widower, Married filing separately

Date: _____

Client: _____
(First) (MI) (Last)

Residence Address: _____

Mailing Address: _____

Phone: _____ **Mobile:** _____

Phone Carrier: _____

Email Address: _____

Video chat availability: Yes/No If yes what type: _____
(Skype, Face Time, etc.)

ID type and number _____ **Social Security Number** _____ **Date of Birth** _____

Issue date of ID/DL _____ **Expiration date of ID/DL** _____

Filing State (Residence) _____ **State filing required** Yes/No _____ **City filing required** Yes/No _____

Place of employment: _____ **Occupation:** _____

Employer: _____ **Phone:** _____

Employer Address: _____ **Employer EIN if required:** _____

Prior Employment Information

Type of employment: _____ Occupation: _____

Employer: _____ Phone: _____

Employer Address: _____

Employer EIN if required: _____

Spouse: _____
(First) (MI) (Last)

Spouse Email: _____ Spouse Phone Number: _____

ID type and number _____ Social Security Number _____ Date of Birth _____

Issue date of ID/DL _____ Expiration date of ID/DL _____

Filing State _____ State filing required _____ City filing required _____
Yes/No Yes/No

Current Employment Information:

Type of employment: _____ Occupation: _____

Employer: _____ Phone: _____

Employer Address: _____

Employer EIN if required: _____

Spouse's Prior Employment Information

Type of employment: _____ Occupation: _____

Employer: _____ Phone: _____

Employer Address: _____

Employer EIN if required: _____

Dependent Information:

1. _____
(First) (MI) (Last)

Sex: M/F Date of Birth: _____

Social Security Number ____ - ____ - ____ Relationship: _____

2. _____
(First) (MI) (Last)

Sex: M/F Date of Birth: _____

Social Security Number ____ - ____ - ____ Relationship: _____

3. _____
(First) (MI) (Last)

Sex: M/F Date of Birth: _____

Social Security Number ____ - ____ - ____ Relationship: _____

4. _____
(First) (MI) (Last)

Sex: M/F Date of Birth: _____

Social Security Number ____ - ____ - ____ Relationship: _____

Childcare Expenses:

Are any of your children/dependents in a day care type setting or have needs that require care services? Yes/No

If yes, please list all children/dependents

Please state the facility and or location attended and facilities FEIN

Do you have receipts or a total balance of each amount per dependent, attach a copy of said receipts and facility information to paperwork?

Are any of your dependents adopted? If so, please state which dependent, as well as a copy of reimbursement paperwork issued by the state.

Real Estate:

Any property owned: Yes/No

If yes address: _____

Is property currently being rented: Yes/No

If you answer yes to rental property currently being rented, please provide all property management information, expenses, rental agreement, lease if available, additions added on to the property and any information if you have established the property as a SAFE HARBOR.

Assets:

Any Vehicles owned: Yes/No

Are vehicles currently being used for work: Yes/No

Are other employees using this (these) vehicles: Yes/No

Daily mileage usage: _____ Total yearly mileage: _____

Do you own any boats/RV's/trailers/ or any other property not listed here on this form? Yes/No _____

Work related items:

Are you currently employed as a truck driver? Yes/No

Do you provide your meals? Yes/No

If Yes, how much do you spend daily on your meals? \$ _____

(Preparers Only) multiply the clients daily work week by the cost of meals to get yearly cost \$ _____

Are you required to wear a uniform? Yes/No

Preparers Page ONLY (CLIENT(S) DO NOT FILL)

Calculated expenses on work clothes/uniform/required items **(Preparer Only)**

Were you reimbursed from your place of employment for any or work required items? Yes/No

If yes, how much? _____

Does your job require you to stay overnight in hotels/motel or other rental establishments? Yes/No

Prior Tax Information requirements:

What is your prior year's Annual Gross Income (AGI)? _____

Are you allowed to E-file or does the IRS require you to Paper File your tax return? _____

Do you have an electronic filing pin required to file your taxes issued from the IRS? Yes/No. If so, please state it _____.

Are you now or have you ever been a/n victim of identity theft? Yes/No

If so, what is the Pin Number associated with your social security that allows you to file with the IRS? _____

Do you require any additional forms that needed to be filed with your taxes per request of the IRS? Yes/No If so, please those form(s) here.

NEW CLIENT'S ONLY:

PRIOR YEAR REFUND AMOUNT: _____

NAME OF REFERRAL:

Credit and Deductions form

Itemized Breakdown

Total Income Summary

\$ _____

Advertising: _____
Commissions and Fees: _____
Contract Labor: _____
Depletion: _____
Employee Benefit Programs: _____
Insurance: _____
Mortgage Interest: _____
Other Interest: _____
Legal / Professional Services: _____
Office Expense: _____
Pension / Profit-Sharing Plans: _____
Equipment Rent: _____
Other Rent: _____
Repairs and Maintenance: _____
Supplies: _____
Taxes and Licenses: _____
Business Travel: _____
Utilities: _____
Wages: _____
Meals: _____
Uniforms: _____
Daily Vehicle Miles: _____
Total Vehicle Miles: _____
Medical Expense: _____
Dental Expense: _____
Vision Expenses: _____
Pharmacy Expenses: _____

Filing Worksheet

Filing type FT _____ Filing type SW _____

Client(s) username and or ID _____

Client(s) required Password _____

Client(s) five digit filing pin _____

Client(s) confirmation code _____

Client(s) filing information email _____

Clients Primary Deposit Information

Routing Number _____

Accounting Number _____

Type of Account _____

Name of Bank or Entity _____

Required Filing Fee and or Banking Fee _____

Third party filing fee _____

Audit Protection required? Yes/No

Audit Protection requested? Yes/No

Audit Protection fee amount \$50

Authorize ERO/Preparers Fee \$ _____

Refund amount \$ _____

Refund amount after fees and deductions \$ _____

ERO Routing number _____

ERO Accounting number _____

ERO Deposit Location: _____

Total: _____

Receipt reflection of services requested and or received.

Refund Processing Status

Date sent: _____

Accepted or Denied: _____

If denied reason for rejection: _____

If return was denied was problem fixed and or corrected:

If return couldn't be corrected state, why below.

If return was accepted after correction, state the date.

Expected refund date: _____

Completed/Not Completed

FAITH'S VISIONS NONPROFIT ORGANIZATION INFORMATION:

FIRST RESPONDERS DISCOUNT: ORGANIZATION & DISCOUNT AMOUNT

DONATION TYPE:

DISCOUNT AMOUNT:

CASH DONATION AMOUNT:

RECEIPT NUMBER:

CUSTOMER NUMBER:

INTERVIEW REMINDERS

1. Did you complete the return based on information for tax year _____ provided by the taxpayer or Yes ___ No ___ OR N/A ___ reasonably obtained by you?

2. If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?

3. Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
 - Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
 - Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s).

4. Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)
 - a. Did you make reasonable inquiries to determine the correct, complete, and consistent information?
 - b. Did you contemporaneously document your inquiries?
(Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)

5. Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s). Yes _____ No _____

List those documents provided by the taxpayer, if any, that you relied on:

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6. Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?
7. Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)
- a. Did you complete the required recertification Form 8862?

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8. If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? Yes/No
9. Ensure that your thoroughly Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
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Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under document retention IRS compliance for record keeping protocol.

Document Retention.

- 1. A copy of Form 8867, a signed copy of Form 8879**
- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.**
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).**
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.**
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).**

Annotate any further preparer notes below:

6. Did you complete the return based on information for the applicable tax year provided by the taxpayer? Yes _____ No _____ reasonably obtained by you?
7. If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? Yes _____ No _____
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8. Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
- Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)

9. Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? Yes _____ No _____
