



CLIENT INTAKE

Taxpayer Name *

First Name

Last Name

Suffix

Social Security Number *

Date of Birth *

Month

Day

Year

Occupation *

Email *

example@example.com

Phone Number *

Please enter a valid phone number.

Spouse Information

First Name

Last Name

Suffix

Social Security Number

Date of Birth

Month Day Year

Occupation

Email

example@example.com

Phone Number

Please enter a valid phone number.

Address *

NO P O BOX/ PHYSICAL ADDRESS ONLY

Street Address Line 2

City

State / Province

Postal / Zip Code

PLEASE READ CAREFULLY

I understand that to claim a person as a dependent, they must meet IRS requirements for relationship, age, residency, and support.

By listing a dependent below, I confirm that:

This person meets the IRS definition of a qualifying child or qualifying relative

This person lived with me for more than half of the tax year (unless an exception applies)

I provided more than half of their financial support (if required)

This dependent is not being claimed by another taxpayer unless permitted by IRS rules

I understand that providing false or inaccurate information may result in denial of credits, repayment of refunds, penalties, or audits.

Dependent 1

Last Name

Suffix

First Name

Social Security Number

Date of Birth

Month Day Year

Relationship

Dependent 2

First Name Last Name Suffix

Social Security Number

Date of Birth

Month Day Year

Relationship

Dependent 3

First Name Last Name Suffix

Date of Birth

Month Day Year

Social Security Number

Relationship

Choose One

IF YOU ARE CLAIMING A DEPENDENT: Please answer the questions below that apply to your relationship with the dependent. As required by the IRS, **we must verify that no one else** is eligible to claim your dependent other than you.

If you are claiming a niece, nephew, aunt, or uncle: What is your relationship to the dependent? Where are the parents of the dependent (or dependents)?

If you are claiming a son or daughter: Where is the other parent of the dependent (or dependents)? Does the other parent provide any financial support?

If you are claiming a brother or sister: What is your relationship to the dependent? Why are the parents not claiming the dependent (or dependents)?

If low income status. How are you able to provide for the dependents?

Did you pay someone to watch your child/children?

- ☐ YES
☐ NO

CHILDCARE Information

	Provider/Daycare	EIN OR SSN IF PROVIDED	ADDRESS	TOTAL QUALIFIED EXPENSES PAID
CHILDCARE INFO				

Are you married? *

- ☐ YES
☐ NO

Have you been married before? *

- ☐ YES
☐ NO

Can you provide separation/divorce paperwork? *

- ☐ YES
☐ NO

Did you collect social security or retirement income?

- ☐ YES
☐ NO

Did you purchase health insurance through healthcare.gov marketplace (Obama Care)? *

- ☐ Yes
☐ No

If yes, did you receive a 1095-A Form from the marketplace?

- ☐ Yes
☐ No

Were you ever disallowed the E.I.T.C prior to this year? *

- ☐ Yes
☐ No

Did you receive unemployment compensation (1099-G) regular or PUA last year? *

- ☐ YES
☐ NO

If yes, did you receive regular unemployment or PUA?

- ☐ Regular
☐ PUA

PLEASE READ CAREFULLY

I understand that the American Opportunity Tax Credit (AOTC) has specific IRS eligibility requirements. By requesting the AOTC, I confirm that the student listed below:

Was enrolled at least half-time in a degree or certificate program at an eligible educational institution

Was pursuing a post-secondary degree or recognized credential

Has not completed four years of post-secondary education before the tax year

Did not claim the AOTC for more than four tax years

Had qualified education expenses paid during the tax year

Was not convicted of a federal or state felony drug offense by the end of the tax year

I understand that inaccurate or incomplete information may result in denial of the credit, repayment of refunds, penalties, or IRS examination.

Did you make college tuition payments and received a 1098-T Form last year? *

- ☐ YES
☐ NO

College Information

	Name of College/ University	Were you PT or FT?	How many years have you claimed the AOTC	EIN
COLLEGE INFO				

Do you have any other income than your w-2(s)? *

- ☐ YES
☐ NO

Do you have an IP Pin? *

- ☐ YES
☐ NO

IP Pin

Do you owe any delinquent: *

- ☐ Child Support
☐ Alimony
☐ Student Loans
☐ Back Taxes
☐ State Taxes
☐ None of the above

Business Name

EIN

Business Address

Street Address

Street Address Line 2

Business Email

City
example@example.com

State / Province

Postal / Zip Code

Business Phone Number

Please enter a valid phone number.

What is your business entity?

- ☐ Sole Proprietor
- ☐ LLC
- ☐ Nonprofit
- ☐ Corporation

What type of products/services do you offer?

Aprox how many clients did you service in 2025?

What type of expenses do you have?

What much did your business make in 2025?

What type of payments do you take?

If requested could you submit all income and expense documents?

Total business income for 2025:

Total expenses for 2025:

How would you like to receive your refund? *

☐ Refund Transfer Direct Deposit ☐ Refund Transfer Debit Card ☐ Refund Transfer Paper Check

Bank Information

Name of Bank

Routing Number

Account Number

ENTER BANK DATA

Client Acknowledgment and Agreement:

I hereby state that all information provided above is true and accurate to the best of my knowledge. I authorize **YOUR TAX BUSINESS** to prepare my tax return(s) based on the information I have supplied. I understand that I am financially responsible for any balance due resulting from false or incomplete information provided by me.

If there is a balance due, the tax preparation fee must be paid upfront. In the event that my refund is intercepted or applied to an outstanding debt owed to any entity, I understand that I am still responsible for paying the full tax preparation fee for services rendered.

If an amendment must be filed for any reason not caused by an error of the tax preparer, an upfront fee of **\$150.00** will be required. Please review your tax return carefully — it will be emailed to you prior to submission. Any additional copy requested after the initial one will incur a \$10.00 reprint fee.

All bank and service fees are disclosed within your return and are non-refundable and non-negotiable. No exceptions.

To track your refund:

Visit www.irs.gov for federal refunds.

Visit your state Department of Revenue website for state refunds.

Please do not combine federal and state refund amounts when tracking. Allow up to 8 weeks from the submission date before contacting the IRS regarding refund status.

IRS Contact: 1-800-829-1040

To check your federal refund status online, you will need your filing status, Social Security number, and the total refund amount before fees.

<https://sa.www4.irs.gov/irfof/lang/en/irfofgetstatus.jsp>

Were you referred? *

☐ Yes
☐ No

Who referred you?

Date

MonthDayYear

