



CLIENT INTAKE QUESTIONNAIRE FORM

All clients must fill out this form for tax preparation services even if information is still the same as prior year.

☐ Prior Year ☐ New Client If new, how did you hear about us? _____

If you have a Tax Preparer, or know who you want to prepare your return, enter name: _____

What tax period are you filing for? ☐ (Current Tax Year 2025) ☐ Prior Tax Year: _____

Personal Information

List your name exactly as it appears on your Social Security Card or ITIN documents.

Primary Taxpayer

First Name: _____ Middle Initial _____ Last Name: _____

Social Security Number or ITIN _____ Birth Date: _____

Phone Number _____ Email Address _____

Occupation: _____ Primary language _____ Best time to contact you _____

Are you blind? ☐ Yes ☐ No Have you ever been issued an IRS Identity PIN (IP PIN)? ☐ Yes ☐ No

Address _____

Spouse Information

First Name: _____ Middle Initial _____ Last Name: _____

Social Security Number or ITIN _____ Birth Date: _____

Phone Number _____ Email Address _____

Occupation: _____ Primary language _____ Best time to contact you _____

Are you blind? ☐ Yes ☐ No Have you ever been issued an IRS Identity PIN (IP PIN)? ☐ Yes ☐ No

Other Information

Did you and spouse if married, have health insurance? ☐ Yes ☐ No If you didn't have health insurance all 12 months, provide the reason why not _____

Did you or spouse have health insurance through the marketplace or receive form 1095-A? ☐ Yes ☐ No

Have any of your tax deductions or credit ever been disallowed by the IRS or State? ☐ Yes ☐ No

Dependent Information

☐ **Check Here if No Dependents and go to next page.**

List everyone who lived in your home for more than 6 months during the tax year that you provided more than half the support for; or list your parents whom you provided more than half the support for even if they did not live with you. **Add additional worksheet if you have more than 4 dependents.**

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
First Name				
Last Name				
Social / ITIN				
DOB				
Relationship to you				
How many months lived with you during the tax year? Ex: 12 months, etc.				
Full time student at least 5 months during the year				
Permanently & Totally Disabled?				
Had health insurance all year? If not, list reason.				
Paid childcare expense: if so, how much during the tax year?				
U.S. Citizen/Resident				
How much income did this person have during the year?				

Answer the following questions to help us determine your eligibility for the dependents listed

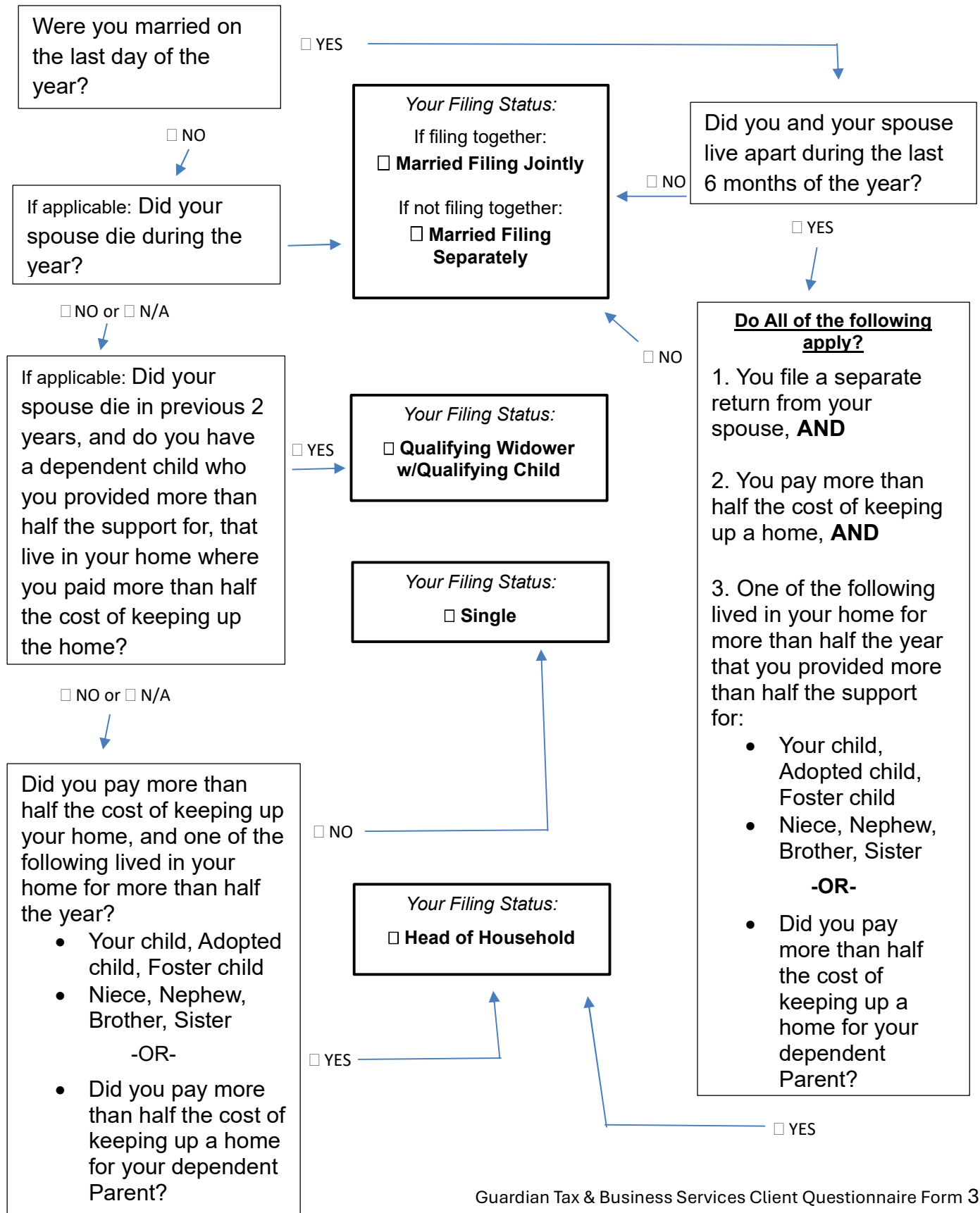
- Did anyone else over the age of 18 live in the home with you and the dependent? ☐ Yes ☐ No
- How much of the dependents' support (food, clothing, education, medical, rent) did you provide? _____
- Who else provided support for the dependents listed, and how much? _____
- Can anyone else claim the dependents you listed, if so, who? _____
- If audited, can you prove your relationship with each dependent (by providing the Birth Certificate and yours if claiming niece/nephew/brother/sister, Marriage License, etc.)? ☐ Yes ☐ No
- For each dependent listed, are you able to provide proof this person lived with you for more than 6 months during the tax year, such as: school records, medical, court docs, etc.? ☐ Yes ☐ No

What was your Marital Status as of December 31st of the Tax Year you are filing:

☐ Single ☐ Married ☐ Divorced: Date: _____ ☐ Separated: Date: _____ ☐ Widowed Yr.: _____

In the chart below, check either YES or NO and follow the arrow to the next question to determine your filing status.

Start Here ↓



Income Received

You must report all the income you received during the tax year. Read each item carefully, and select either Yes or No. If you received income not listed, enter it in the other box.

Yes No

- ☐ ☐ W2 Wages: How many jobs did you have last year, or how many W2? _____
- ☐ ☐ Income from Tips included in income: How much Qualified Tips: _____
What occupation did you work in while earning these tips? _____
- ☐ ☐ Income from IHSS: In Home Support Services: as a Live-in Care Provider; If so, how many months did you and Recipient live in the same home? _____
- ☐ ☐ 1099-NEC Independent Contractor (Fill out Business Information on next page)
- ☐ ☐ Business Income: Cash/Checks/1099 (Fill out Business Form on next page)
- ☐ ☐ 1099-INT Interest
- ☐ ☐ 1099-DIV Dividends
- ☐ ☐ 1099-R Retirement Distributions or 1099-SSA Social Security (If received a distribution from retirement account before reaching age 59 1/2, provide the reason: _____)
- ☐ ☐ 1099-B Stocks/Bonds or 1099-S Home Sale (If sold home, how long did you live in home before sale? _____ How long did you own the home before sale? _____)
- ☐ ☐ 1099-G Unemployment or State/Local Refund
- ☐ ☐ W2G Gambling Winnings (How much were your gambling losses? _____)
- ☐ ☐ 1099-C Cancellation of Debt (Type and reason: _____)
- ☐ ☐ 1099-MISC (Prizes/Awards/Other Income)
- ☐ ☐ Rental or Royalty Income
- ☐ ☐ S Corporation or Partnership Income (Schedule K-1)
- ☐ ☐ Alimony Income: If so, what date was the divorce agreement final? _____
- ☐ ☐ 1099-DA Digital Assets Sales such as Virtual Currency, Bitcoin, etc.
- ☐ ☐ Other: _____

If receiving a refund back, do you want it direct deposited, if so, enter account info below:

Routing # _____ Account # _____ ☐ Checking ☐ Savings

Business Information

☐ Check here if you did not operate a business during the tax year and Sign the bottom of this page.

What Type of Business did you operate during the year?

☐ Sole Proprietorship/Self-Employed ☐ Independent Contractor ☐ Single-Member LLC ☐ _____

Business Information

Business Name (leave blank if no business name): _____

Owner Name (or Independent Contractor): _____ Ownership Percentage: _____

Tax ID # (EIN): _____ or last 4 of Owner's SSN: _____

Business Location Address (if no separate location, list your home address):

Describe the type of Business Activity (Products/Services): _____

Did you start this business this year? ☐ Yes ☐ No Date Started Business: _____

Business Income Received during the tax year (Check Yes or No)

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1099-NEC How many contracting jobs did you have during the tax year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 1099-K (Debit/Credit Card transactions) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cash/Check Business Income |
| <input type="checkbox"/> | <input type="checkbox"/> | 1099-DA Received payments from Digital Assets such as Virtual Currency, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Income from Tips included in income: (How much Qualified Tips: _____
What occupation did you work in while earning these tips? _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1099-MISC for Other Business Income or Other Farm Income |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Income or Tax Documents received: _____ |

Other Information

To determine if this activity is operating as a business or hobby, please answer the following questions:

- 1) Do you have a separate business account for this activity? ☐ Yes ☐ No
- 2) How do you keep track of your income and expenses? _____
- 3) Do you advertise or market this business activity? (ex: advertise, social media, etc.) ☐ Yes ☐ No
- 4) Do you actively participate in this activity; What role do you take in this activity? _____
- 5) Do you have an income statement or profit & loss statement? ☐ Yes ☐ No
- 6) If IRS request, can you provide proof of income (invoices, receipts, client list, etc.) ☐ Yes ☐ No
- 7) If audited, can you provide proof of expenses (receipts, statements, logbooks, etc.) ☐ Yes ☐ No

I certify under penalty of perjury that the information on this form is true and correct to the best of my knowledge, and I can provide proof of all information listed if asked by the IRS or State.

Taxpayer Signature: _____ **Date:** _____ **Spouse:** _____ **Date:** _____