

Client Intake Sheet

This Questionnaire is required for New and Prior clients.

Prior Client: Thank you, what's the reason you continue to be a loyal customer? _____

New Client: Instagram Facebook Website/Google Walk-in/Banner Referred by: _____

What was your Marital Status on Dec. 31st: Single Married Divorced/ Separated Date: _____

I. TAXPAYER PERSONAL INFORMATION		SPOUSE PERSONAL INFORMATION	
Taxpayer Name		Spouse Name	
Social/ITIN	Birth Date	Social/ITIN	Birth Date
Occupation		Occupation	
Email:		Email:	
Phone (<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work):		Phone (<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work):	
Primary Language Spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		Best time to reach you:	

List your Address (Physical or Mailing): Street _____ Apt # _____

City _____ State _____ Zip Code _____

Is this a new address / Did you move since your last tax return? Yes No

II. ANSWER ALL THE FOLLOWING QUESTIONS

- Did you (or Spouse if married) sell virtual currency; receive, exchange, gift, or dispose of a digital asset (ex: bitcoin)? Yes No
- Did you pay rent for at least 6 months during the tax year? Yes: What State: ____ No
- Are you disabled or blind? You: Yes No If married, Spouse: Yes No
- Do you have an Identity Protection PIN (IP PIN)? You: Yes No Spouse: Yes No
- Did you have health insurance all year? You: Yes No Your Spouse: Yes No
 - Check all health insurance forms you received: 1095-A 1095-B / C FTB 3895
 - If you did not have health insurance, state the reason for not having health insurance:

 - List the months you were not covered _____

III. INCOME INFORMATION (Select either **Yes** or **No** or leave blank if unsure)

Yes No

Employee Compensation / Independent Contractor Income

- W2 Wages** (How many jobs did you have? _____)
- Did you have any unreimbursed job expenses for any of the w2 jobs?
- Are you a household worker? (Babysitter, Cook, Maid, etc., in a home?)
- Did you received income from IHSS/ or Medicaid Waiver Payments?
- If yes, did the IHSS Client/Recipient live in your home? How many months: _____

Retirement Income:

- 1099-R** or **RRB-1099-R** (Retirement Income: Distributions from 401k, IRA, Pensions)
If received distribution prior to age 59, what's the reason: _____
- 1099-SSA** or **RRB-1099** (Social Security Benefits or Railroad Retirement Benefits)

Capital Gains/Loss:

- 1099-B** (Income from sell of stocks, bonds, securities, virtual currency transactions)
- 1099-S** (Income from sale of home or property):
If sold your home, when did you purchase home? _____
How long did you live in your home as your primary residence prior to selling? _____

Business Income: (If any of the following applies, Fill out Business Questionnaire):

- 1099-NEC** or **1099-K** (Independent Contractor)
- Business Income** (Sole Proprietor/ Self-Employed / Single-Member LLC)
- 1099-MISC, 1099-K, or Cash/Checks**
- Rental Income** or Royalty Income
- Schedule K-1** (Your Share of Income from Partnership or S Corporation)

Other Income:

- 1099-G** (Unemployment Compensation or Taxable State/Local Refund)
- 1099-INT** (Interest Income) or **1099-DIV** (Dividend Income)
- Alimony Income** (Date of original divorce or separation agreement: _____)
- W2G Gambling Winnings** (How much were your gambling losses: _____)
- 1099-C** (Cancellation of Debt Income): Reason for debt cancellation? _____
- 1099-MISC** (Other Income)
- Other Income not listed above:** Type/Description: _____ Amount: _____

Under penalties of perjury, I declare that I examined this form, and to the best of my knowledge the information I provided on this form is true, correct, and complete.

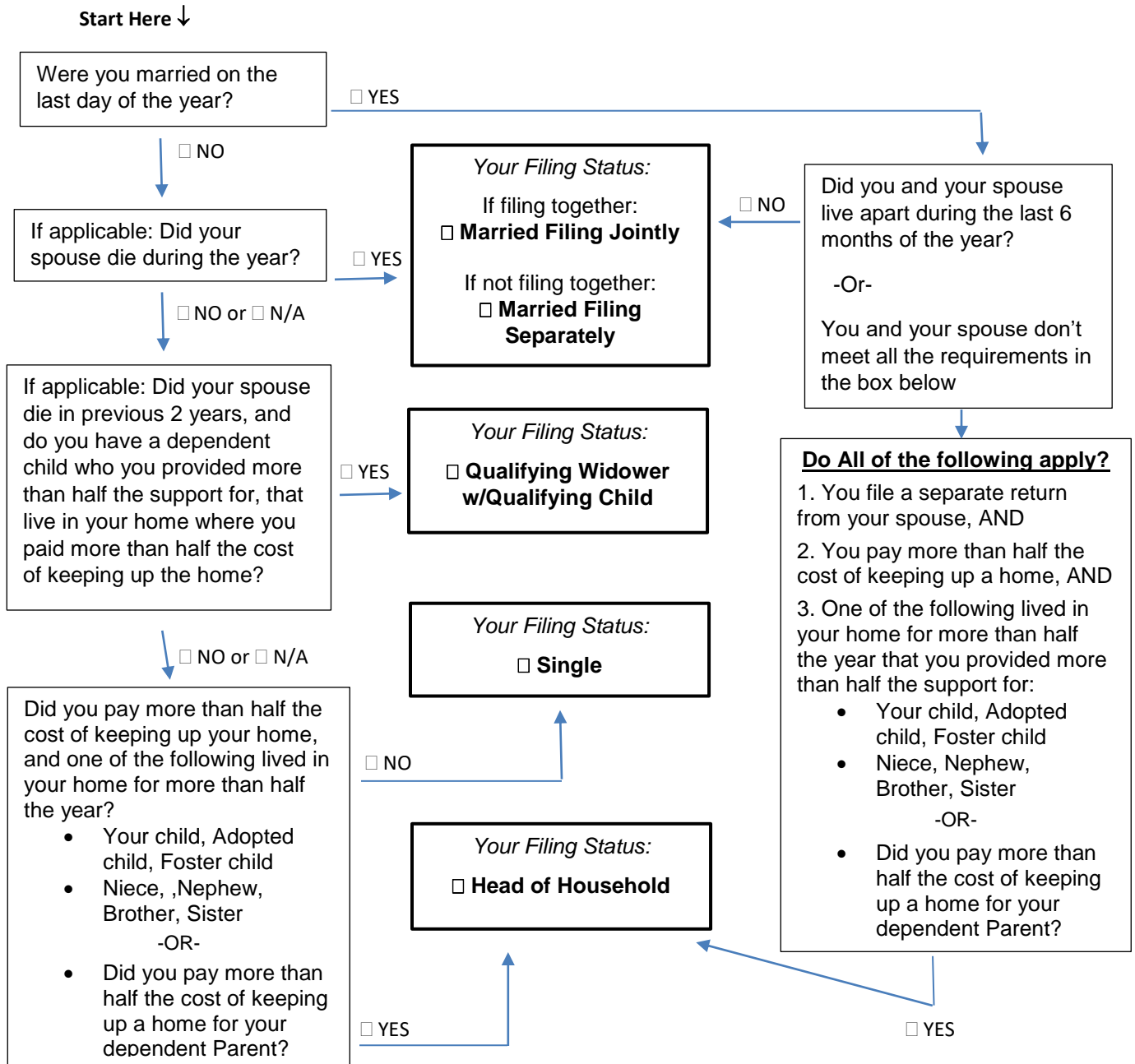
Taxpayer signature: _____ Date: _____ Spouse signature: _____ Date: _____

IV. DETERMINING YOUR FILING STATUS

What was your Marital Status as of December 31st _____

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.



If Your Filing Status is Head of Household:

- Can you prove you paid more than half the cost of keeping up the home (Rent, Food, Repairs, etc.)? YES NO
- If legally married, can you prove that you and spouse lived in separate homes the full last 6 months of yr.? YES NO
- Do you receive any government assistance? YES NO
If Yes, what percentage of the assistance was used towards the cost of the home? _____
What percentage of the cost of the home was paid by you? _____
- Did anyone else live in the home who is eligible to claim the same dependent you are claiming? YES NO

I certify under penalty of perjury that the answers to the questions on this Client Intake Sheet are true and correct to the best of my knowledge. I have reviewed this form and listed all the income I received during the year. I can provide proof of answers if required.

Your Signature: _____ Date: _____ Spouse Signature: _____ Date: _____