

Client Intake Sheet

This questionnaire is required for new and prior clients. The law requires us to ask questions to determine your taxable income, qualifying dependents, filing status, eligibility for credits, deductions, and tax info.

Please mark if you are a Prior Client or New Client. If you are a New Client, tell us how you heard about us.

Prior Client

New Client: Refer by: _____ Social Media Website/Google Post Card Walk-in/ Banner Other:

I. TAXPAYER PERSONAL INFORMATION	SPOUSE PERSONAL INFORMATION
Taxpayer Name	Spouse Name
Social/ITIN	Social/ITIN
Birth Date	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):
Best time to reach you:	Best time to reach you:

List Your Address (Physical or Mailing): Street _____ Apt # _____
City _____ State _____ Zip Code _____

II. DEPENDENT INFORMATION

There are 2 types of dependents: Qualifying Child or Qualifying Relative

Qualifying Child is someone who is younger than you or your spouse; either younger than age 19, a full time student under age 24, or any age if permanently or totally disabled; who did not provide more than half their own support; lived with you more than half the year; is not married and required to file a joint tax return; and is related to you by blood or marriage in one of the following ways: your child, foster child, brother, sister, niece, nephew, or grandchild.

Qualifying Relative is someone who don't meet the rules to be a Qualifying Child; who you provided more than half the support for; income is less than \$4,300; and they lived with you the entire year as a member of your household or is related you in one of these ways: your child, brother/sister, niece/nephew, parent/grandparent, or aunt/uncle.

If claiming a dependent, enter information below. If need more space fill out Additional Dependent Sheet.

Dependent Name	Birth Date	Social	Relationship to you	#Months lived in your home	Full-time student or Disabled	US Citizen / Resident

Can you provide Proof of Address, Relationship, and Support, to prove eligibility to claim these dependents? Yes No

Fill this page out to determine your taxable income and other important information.

III. INCOME INFORMATION (Check all boxes that apply)

- W2 Wages (How many jobs did you have? _____ Did you have any unreimbursed job expenses? _____)
- 1099-NEC or 1099-K (Independent Contractor) Did you have any unreimbursed job expenses? _____
- Business Income (Sole Proprietor/ Self-Employed / LLC) If so, please fill out the Business Questionnaire
- 1099-G (Unemployment Compensation)
- 1099-R (Retirement Income: Distributions from 401k, IRA, Pensions, etc.) Purpose of distribution: _____
- 1099-SSA (Social Security Benefits or Railroad Retirement Benefits)
- 1099-B (Income from sell of stocks, bonds, securities)
- 1099-S (Income from sale of home or property): If sold your home, please answer the following questions:
When did you purchase/acquire? _____ How long did you live in home as your primary residence? _____
- 1099-INT (Interest Income)
- 1099-DIV (Dividend Income)
- Rental Income or Royalty Income (1099-MISC)
- Schedule K-1 (Income from Partnership or S Corporation)
- Alimony Income (Date divorce final: _____ Date Alimony Agreement: _____)
- W2G Gambling Winnings (How much gambling losses: _____)
- 1099-C (Cancellation of Debt Income): Reason for debt cancellation? _____
- Other Income not listed above (Type: _____ Amount: _____) (Type: _____ Amount: _____)

IV. ANSWER ALL THE FOLLOWING QUESTIONS

1. Did you receive the Economic Stimulus Payment in 2021? No Yes If so, how much? _____
2. Did you receive Advance Child Tax Credit in 2021 or IRS Form 6419? No Yes If so, answer these questions: How much? _____ How many children was the advance child credit based on? _____
3. Did you pay rent in California for at least 6 months? Yes No
4. Are you disabled or blind? You: Yes No If married, Spouse: Yes No
5. Have you been issued an IRS Identity Protection PIN (IP PIN)? You: Yes No Spouse: Yes No
6. Preferred Language Spoken in home: English Spanish Other: _____

Questions about your health insurance:

California requires all residents and their dependents to have health insurance or must pay a penalty unless qualify for an exemption. Please answer these questions about your health insurance status.

7. Did you have health insurance all year? You: Yes No If married, Spouse: Yes No
 - a. If not, list the months you did not have health insurance and the reason:

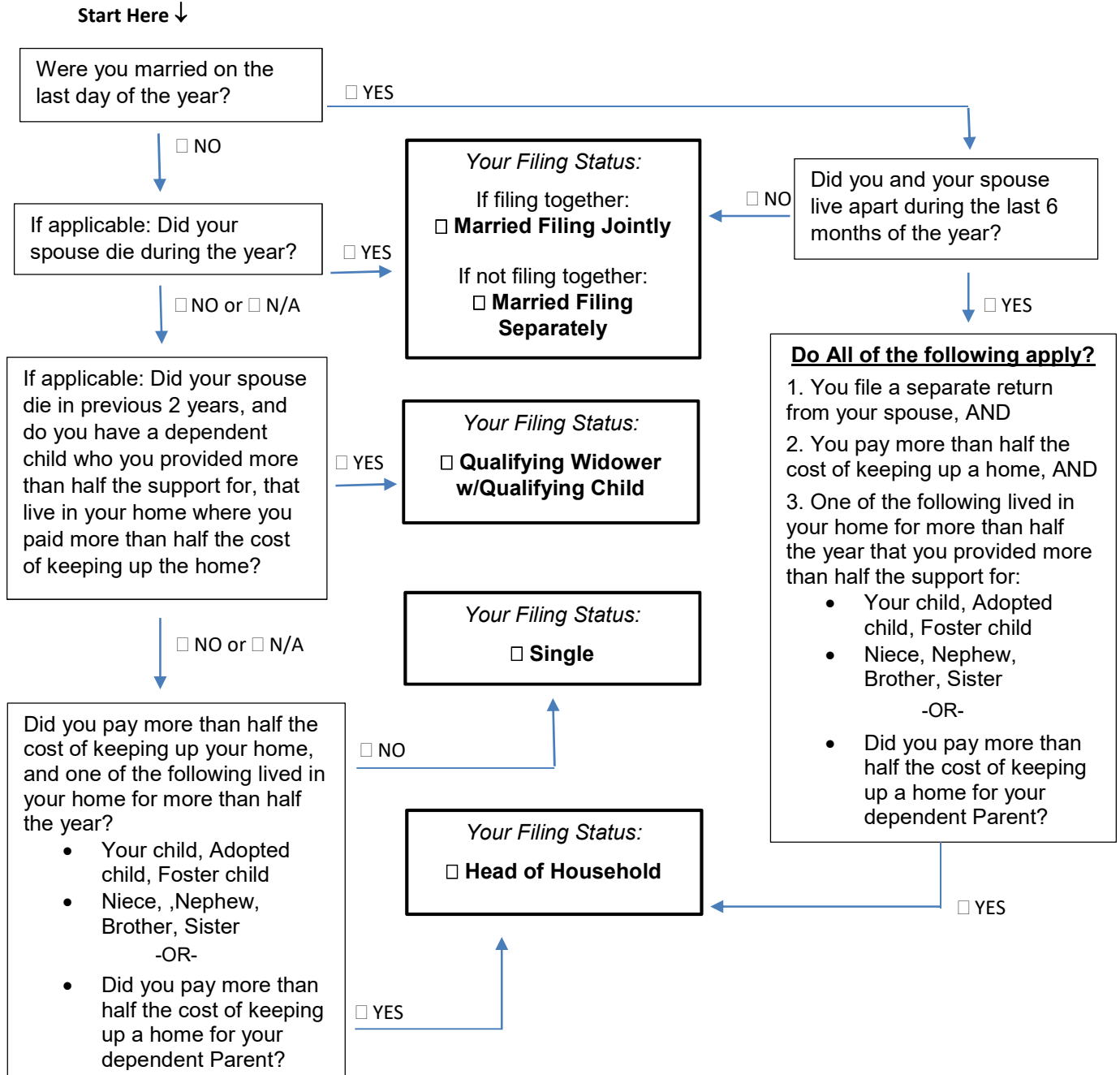
 - b. Check all health insurance forms you received: 1095-A 1095-B 1095-C FTB 3895
 - c. If married, Check health forms Spouse received: 1095-A 1095-B 1095-C FTB 3895

V. 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:

1. Can you prove you paid more than half the cost of keeping up the home (Rent, Food, Repairs, etc.)? YES NO
2. If legally married, can you prove that you and spouse lived in separate homes the full last 6 months of yr.? YES NO
3. 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? _____
4. Did anyone else live in the home who is eligible to claim the same dependent you are claiming? YES NO

VI. TAX CREDITS & DEDUCTIONS

Medical Expense

- \$ ___ Glasses
- \$ ___ Co Payments
- \$ ___ Prescriptions
- \$ ___ Surgery
- ___ Medical Miles (@16cents per mile)
- \$ ___ Physicals
- \$ ___ Braces
- \$ ___ Bandages
- \$ ___ Oxygen
- \$ ___ Guide dogs
- \$ ___ Stop Smoking Program
- \$ ___ Birth Control
- \$ ___ Retirement Homes
- \$ ___ Legal Abortion
- \$ ___ Ins. Premiums
- \$ ___ Doctor/Therapist Fees (Medical Care Only)
- \$ ___ Pregnancy Test
- \$ ___ Insulin
- \$ ___ Nursing Help
- \$ ___ Other: _____

State & Local Taxes (Federal Amounts Limited to \$10,000)

- \$ ___ DMV License Tax
- \$ ___ Sales Taxes Paid on purchase of vehicle, boat, motorcycle, etc....
- \$ ___ Actual Sales Taxes Paid on purchase of Food, Clothing, Medical supplies, etc.
- \$ ___ Real Estate/or Personal Property Taxes
- \$ ___ Other Taxes Paid: _____
- \$ ___ State Income Tax Paid Last Yr

Interest

- \$ ___ Home Mortgage Interest Paid (Form 1098)
- Time Share Interest (Form 1098)
- Did you receive the First Time Homebuyer Credit? _____
- \$ ___ Other Interests: _____
- \$ ___ Other Interests: _____

Charity Donations (Are deductible even if less than the thresholds listed above)

Charity Name	Date	Amount or Fair Value	Method (Cash/Check) or Description (Clothing...)

Volunteer Work Charity Miles: (@14cents per mile) _____

Charity Name: _____

How did you keep track of the miles? _____

Do you have a receipt for your donations? Yes No

Casualty/Theft Loss: (Note: Deductible only if loss occurred in a Federally Declared Disaster Area for Federal Return)

Date of Loss	Description	Value Before Loss	Value After Loss	Ins. Reimbursement	Police Report?

Other Itemized Deductions Tax Write-Offs

- Unreimbursed Job Expenses: (Allowed on CALIFORNIA Tax Return)**
- \$ ___ Supplies
 - \$ ___ Business Use of Car (@ 56 cents per mile)
 - \$ ___ Home Office Expenses (Square Footage of Office: ___ /Sq. Ft of Hm: ___)
 - \$ ___ Uniforms
 - \$ ___ Union Dues
 - \$ ___ Work Expenses of Disabled Person
 - \$ ___ Tax Prep Fees
 - \$ ___ License
 - \$ ___ Other: _____
 - Rent \$ ___ Utilities \$ ___ Other \$ ___

Misc. Tax Write-Offs

- \$ ___ Student Loan Interest
- \$ ___ Contributions to Retirement: Traditional IRA 401-K, etc. Other Type: _____
- \$ ___ Educator Expenses (Worked at least 900 hours during the year? _____)
- \$ ___ Moving Expenses (What is the distance from old home to your new job? ___ Member of Armed Forces? ___)
- \$ ___ Alimony Payments (Pre-2018 Agreement) Date/Year of Agreement: _____

I certify and declare under penalty of perjury, that I have examined this form and, to the best of my knowledge and belief, the information provided is true, correct, and complete; I can provide proof of all the information on this form if necessary.

Your Signature: _____

Date: _____

Spouse Signature: _____

Date: _____