

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: Thank you for choosing us. What's reason you continue to be a loyal customer? _____

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

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 (or spouse if married):	

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

City _____ State _____ Zip Code _____

II. DEPENDENT INFORMATION

Note: 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 \$4,400; 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 Security #	Relationship to you	# Months lived in your home	Student or Disabled	US Citizen or Resident	How much income this person receives

1. Can you provide Proof of Address, Relationship, and Support, to claim these dependents if audited? ☐ Yes ☐ No
2. Has your claim for dependents or any credits ever been disallowed or denied? ☐ Yes ☐ No

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

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

Yes **No**

- ☐ ☐ **W2** Wages (How many jobs did you have? _____ Did you have any unreimbursed job expenses? _____)
- ☐ ☐ **1099-INT** (Interest Income)
- ☐ ☐ **1099-DIV** (Dividend Income)
- ☐ ☐ **1099-R** or **RRB-1099-R** (Retirement Income: Distributions from 401k, IRA, Pensions, etc.) If received distribution prior to age 59, what was the purpose of receiving the distribution: _____
- ☐ ☐ **1099-SSA** or **RRB-1099** (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, when did you purchase? _____
How long did you live in home as your primary residence? _____
- ☐ ☐ **1099-NEC** or **1099-K** (Independent Contractor) Did you have any unreimbursed job expenses? _____
- ☐ ☐ **1099-G** (Unemployment Compensation or Taxable State/Local Refund)
- ☐ ☐ **Alimony Income** (Date of original divorce or separation agreement: _____)
- ☐ ☐ **Business Income** (Sole Proprietor/ Self-Employed / LLC) **1099-MISC** or **1099-K** or **Cash/Checks** If so, please fill out the Business Questionnaire
- ☐ ☐ **Rental Income** or Royalty Income (**1099-MISC for Rent Income**)
- ☐ ☐ **Schedule K-1** (Income from Partnership or S Corporation)
- ☐ ☐ **W2G** Gambling Winnings (How much **gambling losses**: _____)
- ☐ ☐ **1099-C** (Cancellation of Debt Income): Reason for debt cancellation? _____
- ☐ ☐ **1099-MISC** (Other Income)
- ☐ ☐ **Other Income not listed above** (Type/Description: _____ Amount: _____)

IV. ANSWER ALL THE FOLLOWING QUESTIONS

1. Did you (or Spouse if married) sell virtual currency; receive, exchange, gift, or dispose of a digital asset (ex: bitcoin)? ☐ Yes ☐ No
2. Did you pay rent in California for at least 6 months? ☐ Yes ☐ No
3. Are you disabled or blind? You: ☐ Yes ☐ No If married, Spouse: ☐ Yes ☐ No
4. Have you been issued an IRS Identity Protection PIN (IP PIN)? You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

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.

5. Did you have health insurance all year? You: ☐ Yes ☐ No 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
6. If claiming dependents, make either Yes or No if the dependent had Health Insurance the full year:
If dependent did not have insurance the entire full year, select No and list months not covered and reason
Dependent 1: ☐ YES ☐ No | **Dependent 2:** ☐ YES ☐ No | **Dependent 3:** ☐ YES ☐ No | **Dependent 4:** ☐ YES ☐ No

V. TAX CREDITS & DEDUCTIONS

Medical Expense

<input type="checkbox"/> \$ ___ Glasses	<input type="checkbox"/> \$ ___ Physicals	<input type="checkbox"/> \$ ___ Stop Smoking Program	<input type="checkbox"/> \$ ___ Doctor/Therapist Fees (Medical Care Only)
<input type="checkbox"/> \$ ___ Co Payments	<input type="checkbox"/> \$ ___ Braces	<input type="checkbox"/> \$ ___ Birth Control	<input type="checkbox"/> \$ ___ Pregnancy Test
<input type="checkbox"/> \$ ___ Prescriptions	<input type="checkbox"/> \$ ___ Bandages	<input type="checkbox"/> \$ ___ Retirement Homes	<input type="checkbox"/> \$ ___ Insulin
<input type="checkbox"/> \$ ___ Surgery	<input type="checkbox"/> \$ ___ Oxygen	<input type="checkbox"/> \$ ___ Legal Abortion	<input type="checkbox"/> \$ ___ Nursing Help
<input type="checkbox"/> Medical Miles driven from 1/1/22-6/30/22 _____ & 7/1/22-12/31/22 _____			
<input type="checkbox"/> \$ ___ Guide dogs	<input type="checkbox"/> \$ ___ Ins. Premiums	<input type="checkbox"/> \$ ___ Other: _____	

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

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

Interest

<input type="checkbox"/> \$ ___ Home Mortgage Interest Paid (Form 1098)	<input type="checkbox"/> Did you receive the First Time Homebuyer Credit? _____
<input type="checkbox"/> Time Share Interest (Form 1098)	<input type="checkbox"/> \$ ___ Other Interests: _____ <input type="checkbox"/> \$ ___ Other Interests: _____

Charity Donations

Charity Name	Date	Amount or Fair Value	Method of Donation (Cash/Check/Clothing)	Do you have proof?	Other Info. (Ex: Charity Miles@14cents per mile)

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 Deductions Tax Write-Offs (For more space, attach additional sheet and list expenses)

<input type="checkbox"/> \$ ___ Education Credit: Student and received tuition form 1098-t? How many years attend college? _____
<input type="checkbox"/> \$ ___ Student Loan Interests Deduction: Did you pay Student Loan Interest or received form 1098-E?
<input type="checkbox"/> \$ ___ Alimony Payments Deduction: (Date/Year of Agreement): _____ Spouse Name: _____ Social: _____
<input type="checkbox"/> \$ ___ Retirement Savers Credit: Contributions to: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> 401-K, etc. <input type="checkbox"/> Other Type: _____
<input type="checkbox"/> \$ ___ Residential Clean Energy Efficient Credit 30% (Solar Electric Property, Solar Water Heating, etc.) _____
<input type="checkbox"/> \$ ___ Energy Efficient Home Improvement Credit (Windows/Doors, Installation, Metal Roof, Hot Water Boiler, etc.) _____
<input type="checkbox"/> \$ ___ Moving Expenses (What is the distance from old home to your new job? _____ Member of Armed Forces? _____
<input type="checkbox"/> \$ ___ Tax Preparation Fees paid in prior year can be a tax deduction on the CA State return
<input type="checkbox"/> \$ ___ Purchased Qualified Electric Vehicle: Date: _____ Year/Make/Model: _____ Purchase Price: _____
<input type="checkbox"/> \$ ___ Paid qualified Adoption Expenses

Employee Unreimbursed Job Expenses: (Allowed on CALIFORNIA Tax Return)

<input type="checkbox"/> \$ ___ Supplies/Tools	<input type="checkbox"/> \$ ___ Uniforms	<input type="checkbox"/> \$ ___ Union Dues	<input type="checkbox"/> \$ ___ License	<input type="checkbox"/> \$ ___ Training
<input type="checkbox"/> \$ ___ Travel	<input type="checkbox"/> \$ ___ Meals (If trip is long where you require substantial sleep or rest)	<input type="checkbox"/> \$ ___ Prof. Subscription		
<input type="checkbox"/> Business Use of Home (Sq. Footage of Office Used: ___ /Sq. Ft. of Hm: ___) Rent \$ ___ Utilities \$ ___ Other \$ ___				
<input type="checkbox"/> \$ ___ Business Use of Vehicle (Gas, Insurance, Repairs, Washing/Polishing, Parking, Tolls, etc.) or				
Standard Milage for miles driven: 1/1/22-6/30/22 ___ 7/1/22 – 12/31/22 ___				

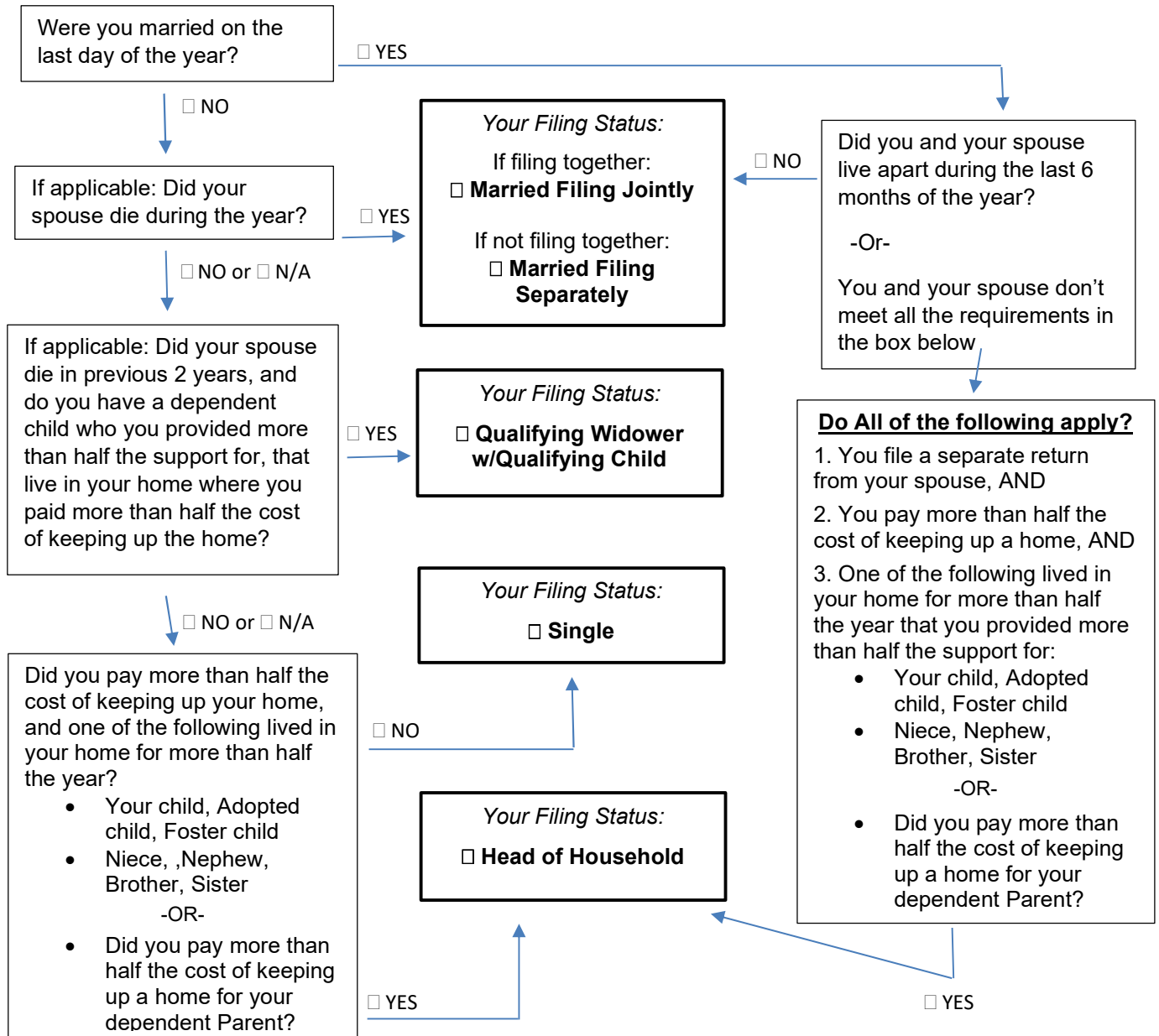
VI. DETERMINING YOUR FILING STATUS

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.

Start Here ↓



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

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: _____