

New Client Intake Form – Personal

Are you new to our firm? YES or NO

If no, what was the last year that you were a client? _____

Referred to us by: _____

Last tax year filed: _____

TAXPAYER INFORMATION

Taxpayer Full Name: _____

Taxpayer DOB: _____

Taxpayer SSN: _____

Street Address: _____ City: _____

State: _____

Zip code: _____

Taxpayer Phone Number: _____

Taxpayer Email: _____

Driver's License Number: _____

Issuing State: _____

Issuing Date: _____

Expiration Date: _____

Occupation: _____

IP PIN (if applicable): _____

Marital status as of 12/31: _____

Filing status: Married filing joint, Married Filing Separately, Single, Head of Household

SPOUSE INFORMATION

Spouse Full Name: _____

Spouse DOB: _____

Spouse SSN: _____

Street Address: _____ City: _____

State: _____

Zip code: _____

Spouse Phone Number: _____

Spouse Email: _____

Driver's License Number: _____

Issuing State: _____

Issuing Date: _____

Expiration Date: _____

Occupation: _____

IP PIN (if applicable): _____

Marital status as of 12/31: _____

DEPENDENT INFO

Full Name:	Relationship to Taxpayer:	Date of Birth:	Social Security Number:	Months in Home:	Received Income:	IP Pin (If Applicable):

Did any dependent have more than \$1150 of unearned income? YES or NO

Will someone else claim any dependent this year? YES or NO

BANK INFO

Name of Bank: _____

Account Type: _____

Routing Number: _____

Account Number: _____

STATE & RESIDENCY

Were you an Ohio: Full-year resident Part-year resident Nonresident

School District: _____

States lived in during the year (other than Ohio) & Dates:

ESTIMATED TAX PAYMENTS

If you paid any estimated taxes, federal, state, or local please list them with the date of payment below:

LIFE EVENTS CHOICES [Circle all that apply]

- ☐ None
- ☐ Changed marital status
- ☐ Deaths in family
- ☐ Taxpayer, spouse, or a dependent changed their name with the SSA
- ☐ Received notice letter from the IRS or other tax agency
- ☐ Any current tax issues or back taxes owed
- ☐ First time filing a tax return
- ☐ Taxpayer, spouse, or a dependent passed away during the year
- ☐ Taxpayer, spouse or a dependent received an identity protection PIN (IP PIN) from the irs
- ☐ Had a baby or adopted a child
- ☐ Member of the armed forces
- ☐ Changed address during the year: Date changed_____

FINANCIAL EVENTS CHOICES [Check all that apply]

- ☐ None
- ☐ Bought, sold, or refinanced a home or rental property
- ☐ Incurred property damage or theft caused by a federally declared disaster
- ☐ Converted or rolled over any retirement accounts
- ☐ Received, sold, exchanged, gifted or otherwise disposed of a digital asset
- ☐ Had a financial interest in or a signature authority over a foreign account or trust
- ☐ Gifted more than \$18,000 total to one or more individual(s)
- ☐ Purchased health insurance through the marketplace or a public exchange
- ☐ Have a business or rental property
- ☐ Any charitable contributions

INCOME [Circle all that apply]

- ☐ Employment (W-2) ☐ Retirement distribution (1099-R) ☐ Social security (SSA-1099)
- ☐ Self-employment (1099-NEC or 1099-K) ☐ State or local tax refund (1099-G)
- ☐ Unemployment compensation (1099-G) ☐ Interest (1099-INT) ☐ Dividends (1099-DIV)
- ☐ Sold Stocks or investments (1099-B) ☐ Canceled debt (1099-C) ☐ Rent (1099-MISC)
- ☐ Royalties (1099-MISC) ☐ ESA or 529 distribution (1099-Q)
- ☐ HSA or MSA distribution (1099-SA) ☐ HSA or MSA Contribution
- ☐ Partnership (K-1) ☐ S-Corp (K-1) ☐ Estate or trust (k-1) ☐ Gambling (w-2G)
- ☐ Farming

In addition to this form, we will need a copy of the last 2 years of tax returns that you filed.