



Client Intake Form

Tax Preparation & Planning Services

Client Information

Full Name: _____

Business Name (if applicable): _____

Entity Type: Individual Sole Proprietor Partnership Corporation LLC

Social Security Number / EIN: _____

Filing Status (for individuals): Single Married Filing Jointly Married Filing Separately Head of Household Qualifying Widow(er)

Email Address: _____

Phone Number: _____

Services Requested

- Individual Tax Preparation
- Business Tax Preparation
- Tax Planning & Strategy
- IRS/State Tax Resolution
- Estimated Tax Calculations
- Other: _____

Previous Tax History

Have prior year tax returns been filed? Yes No

If yes, for which years? _____

Any outstanding IRS or state issues? Yes No

If yes, please describe:

Additional Information

How did you hear about the firm?

Referral Online Search Social Media Event Other: _____

Preferred Method of Communication: Email Phone Text