



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: _____
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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