



DROP OFF DATE: \_\_\_\_\_

Office use only

# CLIENT INTAKE FORM

FULL NAME \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

*If not applicable, write N/A*

SSN \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ SPOUSE PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_ SPOUSE EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

*\*\* Email will be our main form of contact. Please make sure your information is correct & current.*

NUMBER OF DEPENDENTS \_\_\_\_\_ *\*\*If more space is needed, list at bottom of page.*

DEPENDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

DEPENDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

DEPENDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

DEPENDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

DID YOU MAKE ANY CHARITABLE DONATIONS? \_\_\_\_\_ IF SO, TOTAL AMOUNT? \_\_\_\_\_

ANY CHANGES FROM LAST YEAR? \_\_\_\_\_

*\*\*Possible changes to mention: marital status, moved, children changes, checking account, changed jobs, retired, etc.*

DO YOU MAKE RETIREMENT CONTRIBUTIONS OR HAVE AN EXISTING RETIREMENT ACCOUNT? \_\_\_\_\_

DO YOU CURRENTLY HAVE A FINANCIAL ADVISOR? \_\_\_\_\_ IF SO, WHO? \_\_\_\_\_

ANY OTHER PERTINENT INFORMATION WE SHOULD KNOW? \_\_\_\_\_

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**Please check all that apply:**

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**GENERAL TAXABLE INCOME**

- W-2 Form(s) for wages, salaries and tips
- Interest Income Statements: Form 1099-INT & 1099-OID
- Dividend income statements: Form 1099-DIV
- Sales of stock, land, etc: Form 1099-B
- Sales of real estate: Form 1099-S
- State Tax Refunds: Form 1099-G
- Alimony received or paid
- Unemployment compensation received
- Miscellaneous income: Form 1099-MISC

**RETIREMENT INCOME**

- Retirement income: Form 1099-R
- Social Security Income and Railroad retirement income: Form SSA-1099

**BUSINESS INCOME**

- Business Income and expenses
- Rental income and expenses
- Farm income and expenses
- Form K-1 income from partnerships, trusts and S-Corporations
- Tax deductible miles (traveled for business purposes)

**GENERAL INFORMATION**

- Copy of last year's tax return (for new clients only)
- Copy of ID for yourself (for new clients or if your ID is not currently on file)
- Copy of ID for spouse (if applicable)
- Education expenses for you and/or your spouse
- Dependents' post high school educational expenses
- Child care expenses for each dependent
- Prior year adjusted gross income (AGI) and personal identification
- Routing Transit Number (for direct deposit/debit purposes)
- Bank Account Number (for direct deposit/debit purposes)

**INSURANCE**

- Marketplace Health Insurance Statement: Form 1095-A
- Proof of Insurance

**TAX ESTIMATE PAYMENTS CHECKLIST**

- Estimated tax payments made with ES Vouchers
- Last year's tax return overpayment, applied to this year
- Off highway fuel taxes paid

**TAX CREDITS CHECKLIST**

- Child care provider address, ID number and amounts paid
- Adoption expense information
- Foreign taxes paid, expense and tax deduction checklist
- Medical expenses for the family
- Medical insurance paid
- Prescription medicines and drugs
- Doctor and dentist payments
- Hospital and nurse payments
- Tax deductible miles traveled for medical purposes
- Home mortgage interest from Form 1098
- Home second mortgage interest paid
- Real estate taxes paid
- State taxes paid with last year's return (if itemized)
- Personal property taxes paid
- Charitable contributions
- Non-reimbursed expenses related to volunteer work
- Miles traveled for volunteer purposes
- Casualty and theft losses
- Non-reimbursed expenses related to your job
- Miles traveled related to your job
- Union and professional dues
- Investment expenses
- Job hunting expenses
- IRA Contributions
- Student loan interest paid
- Moving expenses
- Last year's tax preparation fee

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**Would you like to receive your returns electronically?**

**Would you like to sign your returns electronically?**

**Referred by:** \_\_\_\_\_