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 _____

ANY CHANGES FROM LAST YEAR? _____

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

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

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

Referred by: _____

Please check all that apply:

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)
- ☐ 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

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

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

Referred by: _____