



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? _____

Please check all that apply:

GENERAL TAXABLE INCOME

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

RETIREMENT INCOME

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Retirement income: Form 1099-R |
| <input type="checkbox"/> | Social Security Income and Railroad retirement income: Form SSA-1099 |

BUSINESS INCOME

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Business Income and expenses |
| <input type="checkbox"/> | Rental income and expenses |
| <input type="checkbox"/> | Farm income and expenses |
| <input type="checkbox"/> | Form K-1 income from partnerships, trusts and S-Corporations |
| <input type="checkbox"/> | Tax deductible miles (traveled for business purposes) |

GENERAL INFORMATION

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

INSURANCE

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Marketplace Health Insurance Statement: Form 1095-A |
| <input type="checkbox"/> | Proof of Insurance |

TAX ESTIMATE PAYMENTS CHECKLIST

<input type="checkbox"/>	Estimated tax payments made with ES Vouchers
<input type="checkbox"/>	Last year's tax return overpayment, applied to this year
<input type="checkbox"/>	Off highway fuel taxes paid

TAX CREDITS CHECKLIST

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

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

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

Referred by: _____