



DROP OFF DATE:

Office use only

CLIENT INTAKE FORM

Sarah R. Mata
Tax & Accounting
Services, Inc.

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 _____

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

- 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

<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: _____