WTA Tax & Accounting Group Client Intake

Taxpayer's Name Occupation

Tax ID# Date of Birth (MMDDYYY)

Phone (Day) Phone (Night) Phone (Cell)

Email Address

Physical Address

City State Zip Code

Mailing Address

City State Zip Code

Spouse Name
(if joint return or Married Filing Separate)

Tax ID# Date of Birth (MMDDYYY)

Phone (Day) Phone (Night) Phone (Cell)

Email Address

Dependent Name	**Date of Birth**	Relationship	In School	**Tax ID**
1			☐	
2			☐	
3			☐	
4			☐	
5			☐	

Do you have a foreign bank account or a virtual currency account?
Do you have a retirement plan?

I/We attest that all the information contained in my (our) income tax return was provided by me (us) and is true and correct to the best of my (our) knowledge and I/we accept all responsibility herein. I/We have read the disclosure for qualifying child and qualifying relative and attest that any dependents I/we claim are in compliance with this disclosure. I/We acknowledge that once I/we review and sign our tax return, that I/we am/are accepting responsibility that my/our return(s) is/are correct and accurate.

Taxpayer Signature **Date**

Spouse Signature **Date**