



CLIENT INTAKE FORM

TAXPAYER: _____

SSN: _____

SPOUSE: _____

SSN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

FILING STATUS: SINGLE MARRIED FILING JOINT MARRIED FILING SEPARATE HEAD OF HOUSEHOLD

PLEASE INDICATE THE AREAS OF SERVICES REQUIRED

TAX PREPARATION

BUSINESS SETUP

FINANCIAL CONSULTING

TAX PLANNING

ACCOUNTING

W/2 – 1099 PREPARATION

COMMENTS/QUESTIONS:

PLEASE ATTACH COPIES OF YOUR PRIOR TWO TAX RETURNS

I HEREBY CERTIFY THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND ACKNOWLEDGE THAT THE INFORMATION FURNISHED HERE WILL BE USED IN THE PREPARATION OF MY TAX RETURN.
