

# Tax Preparation Client Intake Form

## Filing Status

Single

Married Filing Separate

Qualifying Widower

Head of Household

Married Filing Joint

## Name

First Name

Last Name

## Age

## Date of Birth

Month Day Year

## Phone Number

Please enter a valid phone number.

## Email

example@example.com

## Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Occupation

## SSN

### Are you a full-time student?

Yes

No

### Are you totally and permanently disabled?

Yes

No

### Are you legally blind?

Yes

No

## Spouse Name

First Name

Last Name

## Age

## Date of Birth

Month Day Year

## Phone Number

Please enter a valid phone number.

### Email

example@example.com

### Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

### Occupation

### SSN

#### Are they a full-time student?

Yes

No

#### Are they totally and permanently disabled?

Yes

No

#### Are they legally blind?

Yes

No

#### Are they your dependent?

Yes

No

#### Enter your dependents here

Name

SSN

Date of Birth

Relationship

- 1
- 2
- 3
- 4
- 5
- 6

**Does you, your spouse, and your dependents have health insurance within 12 months last year? If yes, who covers for it?**

	Yes/No	Employer	Spouse Ins	Exchange/ Marketplace	Direct with Insurer	Medicare	Medicaid
Taxpayer							
Spouse							
Dependent							
1							
Dependent							
2							
Dependent							
3							
Dependent							
4							
Dependent							
5							

**Employment Status**

Employed
  Unemployed
  Self-employed

**Are you contributing to 401k or other pre-tax account?**

Yes
  No

**Is this your first time opening a pre-tax account?**

Yes
  No

**Please select what state return are you requesting?**

State return	School
Local	RITA
Country returns	

**Does your dependents have tuition expenses?**

Yes	No
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**Do you have any expenses for child care?**

Yes	No
-----	----

**Do you have energy star rated improvements to your home?**

Windows	Doors
Furnace	Other

**Are you currently renting?**

Yes	No
-----	----

**How long have you lived at the property?**

# of months

**Do you have your own home?**

Yes	No
-----	----

**Do you have documents that shows you paid for property taxes?**

Yes	No
-----	----

**Did you sell any stock?**

Yes	No
-----	----

**Did you take money from your 401?**

Yes	No
-----	----

**Did you pay your vehicle tax?**

Yes	No
-----	----

**Do you have mortgage interest?**

Yes	No
-----	----

**Do you have real estate tax?**

Yes

No

**Did you receive a federal tax last year?**

Yes

No

**Are you a victim of identity theft?**

Yes

No

Please fill-up the information within the current year only.

**General Expenses**

**Amount**

Medical Expenses

Dental Expenses

Insurance Premiums paid

Long Term Care Premiums

Prescription Drugs and Medications

Home Mortgage

Investment Interest

Cash Contributions

Non-Cash Contributions

Unreimbursed Business Expenses

Union Dues

Tax Preparation Fees

Investment Expenses

**Additional comments**

- I confirmed that all information I entered here is accurate and true.
- I allow ABC Financial to capture my sensitive data like personal id, government id, social security number (SSN), and other information.
- I have read the terms and conditions and privacy policy of ABC Financial.
- By signing below, you acknowledge that you have read and understood your responsibilities and our responsibilities in doing this tax return.

**Date Signed**

Month Day Year

**Date Signed**

Month Day Year