



## Client Intake Form

Tax Year

TAXPAYER NAME: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SPOUSE PHONE NUMBER: \_\_\_\_\_

Please indicate by checkmark if you or your spouse received any of the following forms of income:

\_\_\_\_ W-2 Wages

\_\_\_\_ Gambling Winnings

\_\_\_\_ Farm Income

\_\_\_\_ Unemployment

\_\_\_\_ Self- Employment

\_\_\_\_ Sale of Stock

\_\_\_\_ Alimony

\_\_\_\_ Interest/Dividends

\_\_\_\_ SS Benefits

\_\_\_\_ Rental Income

Can anyone claim you or your dependent on his or her tax return? YES NO

Did you pay more than ½ the cost of keeping up your home for the year? YES NO

Did you pay someone to babysit your child or children while you worked or looked for work? YES NO

Did you make any energy saving improvements to your home? YES NO

Do you have any First-Time Home Buyer Credit that needs to be repaid? YES NO

Did and your dependents you have health insurance during the tax year? YES NO

How many months were you insured? \_\_\_\_\_ Dependents? \_\_\_\_\_

I attest that the information contained in this questionnaire is true and correct.

\_\_\_\_\_  
TAXPAYER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE

\_\_\_\_\_  
DATE

## PAYMENT & REFUNDS

How do you want to pay?    ☐ PAY UPFRONT (CASH, CHECK, OR DEBIT)    ☐ FEES WITHHELD FROM REFUND

Would you like to apply for a refund advance?    ☐ Yes    ☐ No

If you are due a refund **AND** elect to have your fees withheld from your refund you may elect to receive it one of three ways:

☐ **Direct Deposit** - You can receive your refund with fees withheld into an existing bank account in your name in less than 21 days after IRS acceptance.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		

☐ **Prepaid Debit Card** – You can receive your refund with fees withheld onto a NetSpend Card in less than 21 days after IRS acceptance. You can be notified when you money has been deposited by email or text message.

☐ **In-Office Check** – You can receive your refund with fees withheld on a check printed at this office in less than 21 days after IRS acceptance.

### This section verified by 3 T'S TAX SERVICES

	TAXPAYER	SPOUSE	
DATE OF BIRTH			
SOCIAL SECURITY NUMBER			
<b>IF CLIENT ELECTS TO HAVE FEES DEDUCTED FROM REFUND</b>			
<b>DRIVER LICENSE OR STATE IDENTIFICATION</b>	#	#	
	ISSUED BY:	ISSUED BY:	
	ISSUE DATE	ISSUE DATE	
	EXP. DATE:	EXP. DATE:	
<b>ALTERNATE IDENTIFICATION</b>	ID#1	ID#1	
	ID#2	ID#2	
<b>DEPENDENT INFORMATION</b>			
	<b>1</b>	<b>2</b>	<b>3</b>
DEPENDENT NAME			
SOCIAL SECURITY NUMBER			
DOB			
RELATIONSHIP			
# OF MONTHS LIVED WITH YOU			

My signature confirms that the taxpayer identification information entered above is true and accurate and has been verified by me.

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_