

**2022 Tax Intake Form**  
**Personal Information**

**Taxpayer:**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ ID #/ State: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**ATTACH COPY OF TEXAS DRIVERS LICENSE & SOCIAL SECURITY CARD**

**Spouse:**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ ID #/ State: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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**Filing Status**

**1. Single**

**2. Married filing jointly**

**3. Married filing separately**

Taxpayer did not live with spouse at any time during year

Taxpayer eligible to claim spouse's exemption(state use), blind, or over ag 65

**4. Head of household (if qualifying person is a child but not dependent):**

Child Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**5. Qualifying widow(er)**                      **Year Spouse died**                      **2021**                      **2022**

Enter the qualifying person's name:

**Spouse Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Banking Information** (enter account information for the refund deposit)

Account Type:                      checking                      savings                      Routing #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

**Preferred Copied of your Return:**    E-mail    Printed    Flash Drive (customer provides)

**Dependents/EIC/Child & Dependent Care Credit Information**

**FOR EACH DEPENDENT ATTACH A COPY OF SOCIAL SECURITY CARD**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Did the dependent inquire any tuition or fees in 2022?                    Y                     N   
Did this child live with the taxpayer for 6 or more months in 2022?                    Y                     N   
Is this Child a qualified dependent for another tax payer?                    Y                     N   
Is their any qualifying daycare expenses for this child?                    Y                     N

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Did the dependent inquire any tuition or fees in 2022?                    Y                     N   
Did this child live with the taxpayer for 6 or more months in 2022?                    Y                     N   
Is this Child a qualified dependent for another tax payer?                    Y                     N   
Is their any qualifying daycare expenses for this child?                    Y                     N

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Did the dependent inquire any tuition or fees in 2022?                    Y                     N   
Did this child live with the taxpayer for 6 or more months in 2022?                    Y                     N   
Is this Child a qualified dependent for another tax payer?                    Y                     N   
Is their any qualifying daycare expenses for this child?                    Y                     N

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Did the dependent inquire any tuition or fees in 2022?                    Y                     N   
Did this child live with the taxpayer for 6 or more months in 2022?                    Y                     N   
Is this Child a qualified dependent for another tax payer?                    Y                     N   
Is their any qualifying daycare expenses for this child?                    Y                     N

By signing, I acknowledge that all information on this document are true and accurate.  
I understand that a person who obtains or attempts to obtain, by fraudulent means, services for which the person is not entitled may be prosecuted under applicable state and federal laws.

Taxpayer Signature: \_\_\_\_\_

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

**VERIFY ALL DOCUMENTS & MAKE COPIES FOR NEW TAX CUSTOMERS**

**For every Tax Year being prepared Attach the following documents:**

**Tax Doc**

|           |   |
|-----------|---|
| W2        | WAGE INCOME   |
| 1099-INT  | INTEREST INCOME   |
| 1099-DIV  | DIVIDEND INCOME   |
| 1099-B    | STOCK INCOME  |
| 1099-NEC  | NON-EMPLOYEE COMPENSATION INCOME<br>NOTE: SHOULD INCLUDE BOTH 1099-NEC RECEIVED FROM CUSTOMERS<br>AND 1099-NEC DISBURSED TO SUB-CONTRACTORS |
| 1099-MISC | RENT & ROYALTY & OTHER MISC INCOME  |
| 1099-R    | RETIREMENT INCOME   |
| 1098      | MORTGAGE INTEREST PAYMENTS  |
| 1098-E    | STUDENT LOAN INTEREST   |
| 1099-G    | UNEMPLOYMENT COMPENSATION   |
| 1095-A    | QHP THRU HEALTH INSURANCE MARKETPLACE (OBAMACARE)   |
| 1095-B    | MINIMUM HEALTH INSURANCE COVERAGE   |
| 1095-C    | EMPLOYER PROVIDED HEALTH INSURANCE  |
| Daycare   | EIN or SS of Qualifying Daycare & Amount Paid by Dependent  |