



ValuRight Tax Prep

Client Intake Form

Filing Status

Single

Head of Household

Married Filing Separate

Married Filing Joint

Qualifying Widower

Name

First Name

Last Name

Age

Date of Birth



Month Day Year

Phone Number

Please enter a valid phone number.

Email

example@example.com

Please select what state return are you requesting?

Federal return

State return

What state return are you requesting?

State / Province

Country

Occupation

SSN

Are you a full-time student?

Yes

No

Are you totally and permanently disabled?

Yes

No

Are you legally blind?

Yes

No

Is this individual dependent of other?

Yes

No

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?

Is this individual dependent of other?

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

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?

Federal return

State return

What state return are you requesting?

State / Province

Country

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Does your dependents have tuition expenses?

Yes

No

Do you have any expenses for child care?

Yes

No

Do you have energy star rated improvements to your home?

Windows

Doors

Furnace

Are you currently renting?

Yes

No

How long have you been rented this 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 sold any stock?

Yes

No

Did you take money from your 401?

Yes

No

Did you pay for 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 ValuRight Tax Prep LLC 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 ValuRight Tax Prep LLC. 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