



New Client Intake Form

Personal Information

Full Name: _____

Social Security Number: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Filing Status

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualifying Widow(er)

If Married Filing Jointly: Spouse's Full Name: _____

Spouse's SSN: _____

Spouse's Date of Birth: _____



Dependents

Do you have dependents to claim? [] Yes [] No

If yes, please list:

1. Name: _____ SSN: _____ Relationship: _____

2. Name: _____ SSN: _____ Relationship: _____

3. Name: _____ SSN: _____ Relationship: _____

Multi-State Income Information

Do you have income from outside Nevada? [] Yes [] No If yes, please list states and income types: _____

1. State: _____ Income Type: _____ Amount: \$ _____

2. State: _____ Income Type: _____ Amount: \$ _____

Did you work remotely for an out-of-state employer? [] Yes [] No Number of days worked outside Nevada: _____

Income Sources (Circle all that apply)

- W-2 Employment
- Self-Employment/Business Income
- Rental Property Income
- Investment Income (Stocks, Bonds, Crypto)
- Retirement Income/Distributions

- Social Security Benefits

- Other: _____

Business Income Details

Do you own a business? ☐ Yes ☐ No

If yes, please provide: Business Name: _____

EIN: _____ Business Type: ☐ Sole

Prop ☐ LLC ☐ S-Corp ☐ Partnership Business Address:

Business Income Categories:

- Gross Revenue: \$ _____^v
- Cost of Goods Sold: \$ _____
- Operating Expenses: \$ _____

Vehicle Use for Business:

- Vehicle Make/Model/Year: _____
- Business Miles: _____
- Total Miles: _____

Home Office:

- Square Footage Used for Business: _____
- Total Home Square Footage: _____
- Home Office Expenses: \$ _____

Specific Deductions

Medical Expenses:

- Healthcare Costs: \$ _____
- Prescription Costs: \$ _____
- Medical Miles Driven: _____

Education Expenses:

- Tuition Paid: \$ _____
- Books and Supplies: \$ _____
- Student Loan Interest: \$ _____
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Housing Expenses:

- Mortgage Interest: \$ _____
- Property Taxes: \$ _____
- Home Insurance: \$ _____

Other Deductions:

- Charitable Contributions: \$ _____
- Job-Related Expenses: \$ _____
- Investment Expenses: \$ _____

Tax Situations

Did you during the tax year:

- Purchase or sell a home? [] Yes [] No

- Make any charitable contributions? ☐ Yes ☐ No
- Have health insurance through Marketplace? ☐ Yes ☐ No
- Contribute to retirement accounts? ☐ Yes ☐ No
- Pay student loan interest? ☐ Yes ☐ No
- Work from home? ☐ Yes ☐ No
- Have any foreign bank accounts? ☐ Yes ☐ No
- Make estimated tax payments? ☐ Yes ☐ No

Previous Year Tax Information

Did we prepare your taxes last year? ☐ Yes ☐ No If no, please provide a copy of last year's tax return. ^v

Bank Information (for direct deposit/payment)

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Documentation Checklist:

Please circle all documents you will be providing:

- W-2 Forms
- 1099 Forms (All Types)
- Property Tax Statements
- Mortgage Interest Statements
- Charitable Donation Receipts

- **Business Income/Expense Records**
- **Healthcare Forms (1095-A, B, or C)**
- **Child Care Expense Records**
- **Education Expense Records**
- **Vehicle Mileage Logs**
- **Home Office Documentation**
- **Out-of-State Income Documentation**

Privacy Policy

Signature Tax is committed to protecting your personal information. By submitting this form, you acknowledge that:

- 1. We collect personal information solely for tax preparation purposes**
- 2. Your information will not be shared with third parties except as required by law**
- 3. We maintain physical, electronic, and procedural safeguards to protect your information**
- 4. We retain tax records for 7 years as required by law**
- 5. You have the right to request access to your personal information**
- 6. We will notify you of any data breaches affecting your information**

Terms of Service

By signing this form, you agree that:

- 1. All information provided is accurate and complete**

2. You must provide all necessary documentation before tax preparation can begin, including but not limited to:

- Records supporting all income reported
- Receipts and documentation for all expenses claimed
- Bank statements, invoices, and logs supporting business deductions
- Documentation supporting all tax credits claimed
- Mileage logs and vehicle expenses
- Home office measurements and expenses

3. Signature Tax reserves the right to refuse claiming any deduction or credit that lacks proper supporting documentation

4. Payment terms:

- 50% of the estimated tax preparation fee is required to begin services
- Remaining 50% balance is due upon completion of tax preparation, before filing
- Additional fees may apply for complex returns, amended returns, or audit assistance
- We reserve the right to withhold the completed tax return until payment is received in full

5. You will review your tax return before filing

6. We reserve the right to decline service

7.

8. You are responsible for responding to any IRS or state tax authority inquiries and maintaining all supporting documentation

9. We are not responsible for disallowed deductions or credits due to inadequate documentation

Signature

I certify that all the information provided above is true and correct to the best of my knowledge. I have read and agree to the Privacy Policy and Terms of Service.

Signature: _____

Name: _____ v _____

Date: _____

Office Use Only

Client ID: _____

Received By: _____

Date: _____

Note: Please bring all relevant tax documents to your appointment.

If you have any questions, contact us at info@signaturetaxlasvegas.com Or dial our office at : (702)969-5927 (702)286-6158

SIGNATURE TAX & BOOKKEEPING LLC

Luis R. Herrera, EA