



## 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: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Multi-State Income Information

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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: <sub>v</sub>

- Gross Revenue: \$ \_\_\_\_\_

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.

### Bank Information (for direct deposit/payment)

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: [ ] Checking [ ] Savings

### **Documentation Checklist:**


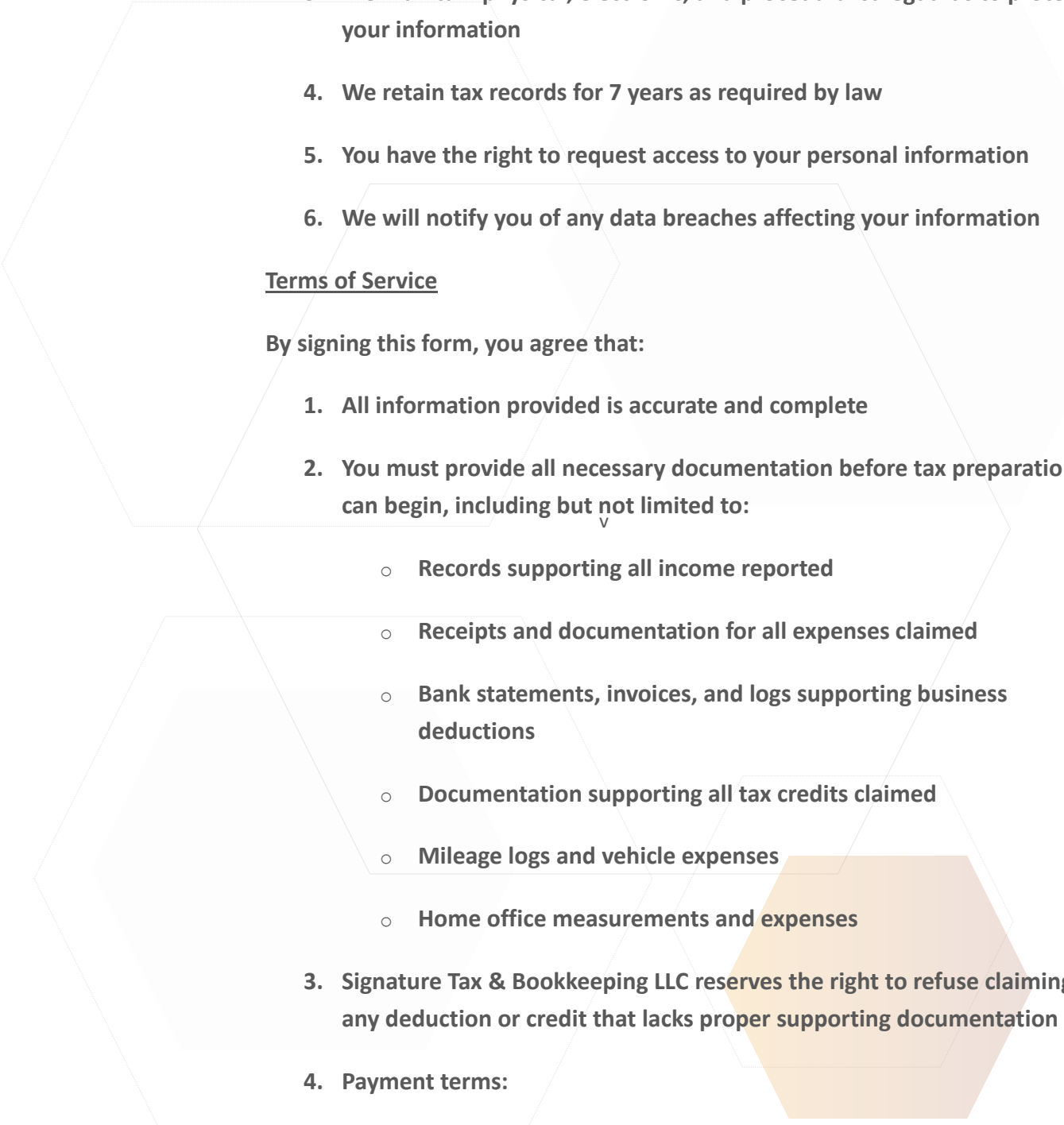
Please circle all documents you will be providing:

- 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 & Bookkeeping LLC 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

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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 & Bookkeeping LLC 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
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- 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. You are responsible for responding to any IRS or state tax authority inquiries and maintaining all supporting documentation

8. 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: \_\_\_\_\_

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](mailto:info@signaturetaxlasvegas.com)

Or dial our office at : (702)969-5927 (702)286-6158

**SIGNATURE TAX & BOOKKEEPING LLC**

**Luis R. Herrera, EA**

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