



REQUIRED CLIENT INTAKE FORM

Basic Info *				
Taxpayer Name:		Spouse Name:		
Address (if changed from 2022):				
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Not sure <input type="checkbox"/> Married filing Jointly <input type="checkbox"/> Widow <input type="checkbox"/> Married filing Separately <input type="checkbox"/> Dependent				
• Did you pay or receive alimony in 2023?		Yes	No	
• Did you receive any correspondence from the IRS or state in 2023?		Yes	No	
• Did you get a new license after 3/31/23?		Yes (If YES, provide copy)		No
Refund/ Tax Payment Info *				
• For refunds do you want direct deposit?		Yes	No	
• If YES, please confirm last 4 digits of account: _____		Checking	or	Savings
• If you owe taxes , how do you want to pay?		Auto Draft from Bank		Mail Check
Dependent Information				does not apply skip <input type="checkbox"/>
• Do you or your spouse provide financial support for anyone?		Yes	No	
• If YES, who?		My children	My parents	Other: _____
If YES, please provide details below. Prior year clients can skip starred * questions if dependent was on a previous return. For all NEW dependents , please provide their social security card and birth certificate.				
Note: Proof of address must have child's name and address (ex: school or medical/pharmacy record) and is required each year . Please list what you have provided as proof.				
	Name:	Name:	Name:	Name:
Relationship*				
DOB*				
Provided SS Card?*				
Provided Birth Cert Copy? *				
Proof of Address				
Dependent Care				
CHET or 529 Acct # Amt contributed?				
Child's Earned Income				

Educational Expenses does not apply skip

- Did you pay educational expenses? Yes (For: _____) No
- Did you pay student loan interest? Yes (submit **1098 E**) No
- Did you pay tuition? Yes (submit **1098 T**) No
- Did you receive any scholarships? Yes No
- Was the education program for a: 4 year Undergraduate Degree Graduate Degree
- Did you claim education credits previously? Yes No

Health & Medical

- Health Insurance provided by: Work Marketplace (1095A) Medicare
 Veteran Medicaid-Husky Parent

• Did you have major medical expenses? Yes (approx. amount: \$ _____) No

- Did you have an HSA? Yes (include **1099 SA**) No
- Did you make contributions outside of work? Yes No
- Were all HSA distributions for qualified medical expenses? Yes No

Charitable Contributions does not apply skip

- Cash donations to 501c3? \$ _____ Any contributions over \$250? Yes (receipt required) No
- In-Kind or non-cash donations? _____

Personal Property

- How many **loan providers** for your mortgage? _____ (submit **1098**)
- How much did you pay in **House Taxes**? _____ **Car Taxes**? _____

Investments does not apply skip

- Did you own/participate/sell any virtual currencies (ie. Bitcoin, etc)? Yes (if **YES**, call us) No
- Do you have any of the following: Mutual Funds Brokerage Accounts Annuities/Pensions
- Did you have a retirement account? Yes (complete questions below) No
- Retirement Accounts: We made 1 or more distributions. (1099R) 5498 received
 We made 1 or more rollovers. (1099R)
 We made contributions to a retirement plan outside of work.

Employment & Other Income

- How many **W2's** did you receive for **Taxpayer**: _____ **Spouse**: _____
- Did you have or run a business with self-employment income? Yes No
- Did you receive other income in 2023 (ex: rentals, side-job, hobby)? Yes No

• Did you pay estimated taxes in 2023? Yes (complete table below) No

	Date	Fed	State: CT	State Other: _____
Q1				
Q2				
Q3				
Q4	1/15/2024			