

## **REQUIRED CLIENT INTAKE FORM**

Basic Info *									
Taxpayer Name:	Spouse Name:								
Address (if changed from 2023):									
Filing Status: Single Head of Household Not sure  Married filing Jointly Widow; Date of Spouse's passing:  Married filing Separately Dependent									
• Did you pay or receive alimony in 2024?	Yes No								
Did you receive any correspondence from the IRS or state in	2024? Yes No								
Did you get a new license after 3/15/24?	Yes (If <b>YES</b> , 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 Sa	vings							
If you <b>owe taxes</b> , how do you want to pay?     Auto Draft from Bank Mail Check									
Dependent Information does not apply skip									
<ul> <li>Do you or your spouse provide financial support for anyone?</li> <li>If YES, who? My children My parents</li> </ul>	Yes No 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 in proof of address section below.									
required <b>each year</b> . Flease list what you have provided as p	proof in proof of address section below.	IS							
Name: Name:	Name:	Name:							
		T							
Name: Name:		T							
Name: Name:  Relationship*		T							
Relationship*  DOB*		T							
Name: Name:  Relationship*  DOB*  Provided SS Card?*		T							
Name: Name:  Relationship*  DOB*  Provided SS Card?*  Provided Birth Cert Copy? *		T							
Name: Name:  Relationship*  DOB*  Provided SS Card?*  Provided Birth Cert Copy? *  Proof of Address		T							

**Phone:** 203.283.9204 **Text:** 203.693.9726 **Email:** office@valeriotaxedge.com www.valeriotaxedge.com

	Educational Expenses					doe	s not apply ski	р		
• • • • •	Did you Did you Was the	pay student loan inter pay educational exper receive any scholarsh education program fo claim education credi	nses? Yes (For: ips? Yes No or a: 4 year Underg	)			/ tuition? ate Degree	Yes (submit <b>10</b> e No	<b>098 T</b> ) No	
	Health & Medical									
•	Health I	nsurance provided by:	☐ Work ☐ Veteran	=	etplace (1 aid-Husk	-	☐ Me	dicare ent		
•	Did you	have major medical e	xpenses? Ye	es (approx.	amount	: \$	)	No		
•	Did you	have an HSA? make contributions o HSA distributions for		penses?	Υ	es (submit a es es	II <b>1099 SA</b> )	No No No		
	Charitable Contributions does not apply skip								р	
•		nations to 501c3? \$_ or non-cash donations		Any contri	butions	over \$250?	Yes (rece	ipt required)	No	
	Personal Property									
• • • •	How many loan providers for your mortgage? (submit 1098)  How much did you pay in House Taxes? Car Taxes?  Did you add any energy upgrades to you home? Yes No  Did you purchase an energy efficient vehicle in 2024? Yes No									
	Investments does not apply skip						р			
•	Did you own/participate/sell any virtual currencies (i.e. Bitcoin, etc.)? Yes (if <b>YES</b> , 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 ma	How many W2's did you receive for Taxpayer: Spouse:								
•	-	have or run a busines receive other income	-			Yes		No		
•	•	pay estimated taxes in	•	omplete ta		Yes w)	No	No		
•	Dia you	Date	Fed	ompiete te	ASIC DEIG	State: CT	110	State Other:		1
	Q1									
	Q2									
	Q3									
	Q4	1/15/2025								]