

## REQUIRED CLIENT INTAKE FORM

Basic Info									
Taxpayer Name:					Spouse Name:				
Address (if changed from 2024):									
Filing Status:									
Single	Head of Household	Married filing Jointly	Married filing Separately	Widow; Date of Spouse's passing (if recent): _____					
Dependent	Not sure								
<ul style="list-style-type: none"> <li>● Did you pay or receive alimony in 2025?</li> </ul>					Yes	No			
<ul style="list-style-type: none"> <li>● Did you receive any correspondence from the IRS or state in 2025?</li> </ul>					Yes	No			
<ul style="list-style-type: none"> <li>● Did you get a new license after 3/15/25?</li> </ul>					Yes (If YES, provide copy)	No			
Refund/ Tax Payment Info									
<ul style="list-style-type: none"> <li>● For refunds do you want direct deposit?</li> </ul>					Yes	No			
<ul style="list-style-type: none"> <li>● If YES, please confirm last 4 digits of account: _____</li> </ul>					Checking	or	Savings		
<ul style="list-style-type: none"> <li>● If you owe taxes, how do you want to pay?</li> </ul>					Auto Draft from Bank	Mail Check			
Dependent Information					does not apply skip				
<ul style="list-style-type: none"> <li>● Do you or your spouse provide financial support for anyone?</li> </ul>					Yes	No			
<ul style="list-style-type: none"> <li>● If YES, who?      My children      My parents      Other: _____</li> </ul>									
<p>If YES, please provide details below. <b>Prior year clients can skip starred * questions</b> if dependent was on a previous return. For all <b>NEW dependents</b>, please provide their social security card and birth certificate.</p>									
<p><b>Note:</b> Proof of address must have dependent's name and address (ex: school or medical/pharmacy record) and is required <b>each year</b>. Please list what you have provided as proof of address section below.</p>									
Name	Relationship*	DOB*	Provided SS Card?*	Provided Birth Cert Copy?*	Proof of Address	Dependent Care?	CHET 529 Acct # Amt Contributed	Child Earned/Invest. Income?	

Educational Expenses			does not apply skip
• Did you pay student loan interest?	Yes (submit <b>1098 E</b> )	No	
• Did you pay educational expenses?	Yes (For: _____)	No	
• Did you pay tuition?	Yes (submit <b>1098 T</b> )	No	
• Were any scholarships received?	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 Veteran	Marketplace (1095A) Medicaid-Husky	Medicare Parent
• Do you have long term care insurance?	Yes	No	
• Did you have unreimbursed expenses?	Yes (approx. amount: \$ _____)	No	
• Did you have an HSA?	Yes (submit all <b>1099 SA</b> )		No
• Did you make contributions to an HSA 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 <b>loan providers</b> for your mortgage? _____	(submit <b>1098</b> )		
• How much did you pay in <b>House Taxes</b> ? _____	<b>Car Taxes?</b> _____		
• Did you purchase a vehicle in 2025 with a car loan?	Yes	Date Purchased: _____	VIN# _____
• Did you add any <b>energy upgrades</b> to your home?	Yes	No	
• Did you purchase an <b>energy efficient vehicle</b> in 2025?	Yes	No	
Investments			does not apply skip
• Did you own/participate/sell any virtual currencies (i.e. Bitcoin, etc.)?	Yes (if <b>YES</b> , complete VC Letter)	No	
• Do you have any of the following:	Mutual Funds	Brokerage Accounts	Annuities/Pensions
• Do you have a retirement account?	Yes (complete questions below)	No	
• Retirement Accounts: I/We made 1 or more distributions. (1099R) I/ We made contributions to a retirement plan outside of work.	I/We made 1 or more rollovers. (1099R)		
TP: IRA \$ _____ ROTH \$ _____	SP: IRA \$ _____	ROTH \$ _____	
Employment			Not Employed/ NA
• How many <b>W2's</b> did you receive for <b>Taxpayer</b> : _____	Spouse: _____		
• Do you/spouse collect Tips?	Yes	No	
• Do you/spouse work in a position with overtime?	Yes	No	(If Yes, please provide Year end pay stub for job)
• Are you/spouse an educator with relevant expenses?	Yes	No	If yes, whom? TP or SP
How much? \$ _____	(Receipts must be available if requested)		
Self Employed and Other Income (see next page)			

Self Employed and Other Income			Does not apply skip	
<ul style="list-style-type: none"> <li>Did you have or run a business with self employment income?</li> <li>Did you receive other income in 2025? Please select all that apply:</li> </ul>			Yes	No
Rentals	Side-Job	Hobby	Asset Sale	Other
<ul style="list-style-type: none"> <li>Did you pay estimated taxes in 2025?</li> </ul>			Yes (complete table below)	No
Q1	Date	Fed	State: CT	State Other: _____
Q2				
Q3				
Q4	1/15/2026			
Life Events				
Please select all the life events that were applicable in 2025 family:				
			In 2025	Possible in 2026
Marriage				
Divorce				
Birth or Adoption of Family Member				
Dealing with Aging Parent/Family Member/Friend – requiring assistance				
Estate Planning Establishment or Changes Needed				
Death of Family Member				
Change of Employment				
Retirement				
Major Purchase – New Home etc.				
Lawsuit Settlement				
Inheritance Received				
Anything else you would like to share with us:				