

## REQUIRED CLIENT INTAKE FORM

Basic Info								
Taxpayer Name:					Spouse Name:			
Address (if changed from 2024):								
Filing Status: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Single</p> <p>Head of Household</p> <p>Married filing Jointly</p> <p>Married filing Separately</p> </div> <div style="width: 45%;"> <p>Widow; Date of Spouse's passing (if recent): _____</p> <p>Dependent</p> <p>Not sure</p> </div> </div>								
• Did you pay or receive alimony in 2025?					Yes	No		
• Did you receive any correspondence from the IRS or state in 2025?					Yes	No		
• Did you get a new license after 3/15/25?					Yes (If <b>YES</b> , provide copy)		No	
Refund/ Tax Payment Info								
• For refunds do you want direct deposit?					Yes	No		
• If <b>YES</b> , please confirm last 4 digits of account: _____					Checking	or	Savings	
• If you <b>owe taxes</b> , how do you want to pay?					Auto Draft from Bank		Mail Check	
Dependent Information								does not apply skip
• Do you or your spouse provide financial support for anyone?					Yes	No		
• If <b>YES</b> , who?      My children      My parents      Other: _____								
If <b>YES</b> , 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.								
<b>Note:</b> Proof of address must have dependent's name and address (ex: school or medical/pharmacy record) and is <b>required each year</b> . Please list what you have provided as proof in proof of address section below.								
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 1 or more rollovers. (1099R)
I/ We made contributions to a retirement plan outside of work.			
TP: IRA \$_____ ROTH \$_____ SP: IRA \$_____ ROTH \$_____			
Employment		Not Employed/ NA	
• How many <b>W2's</b> did you receive for <b>Taxpayer</b> : _____	<b>Spouse</b> : _____		
• 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> </ul>		Yes	No		
<ul style="list-style-type: none"> <li>Did you receive other income in 2025? Please select all that apply:</li> </ul>					
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	
	Date	Fed	State: CT	State Other: _____	
Q1					
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:					