

# Individual Tax Preparation Simple Intake Form

**www.MobileTax.Pro**

ReVision Financial Solutions LLC

344 Rolling Hill Rd Suite 101C, Mooresville, NC 28117

704-980-0899 ~ MobileTax.Pro@mail.com

**Note: All Names Must Be Written As Shown On Social Security Card**

**Status:**     Never Married     Legally Married     Legally Divorced     Legally Separated by court order  
 Legally Married, but not living with spouse     Civil Union     Widowed, year of death \_\_\_\_\_

If separated, enter the date you last lived with Spouse: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_    Check if Married Filing Separately

**If Married Filing Separately you MUST also include Spouse's information below.**

Taxpayer			Spouse		
SSN:	DOB:	Date of Death:	SSN:	DOB:	Date of Death:
First Name:		Middle Initial:	First Name:		Middle Initial:
Last Name:			Last Name:		
<input type="checkbox"/> ID <input type="checkbox"/> Driver's License <b>and</b> Enter Number:		License State:	<input type="checkbox"/> ID <input type="checkbox"/> Driver's License <b>and</b> Enter Number:		License State:
Date Issued:		Date Expires (must be valid):	Date Issued:		Date Expires (must be valid):
Job Title:			Job Title:		
Cell Phone:			Cell Phone:		
Email Address:			Email Address:		
Street Address:			Street Address:		
City, State, Zip:			City, State, Zip:		
Residential State:	Residential County:	School District:	Residential State:	Residential County:	School District:
<input type="checkbox"/> Someone else can claim you		<input type="checkbox"/> Full-time Student	<input type="checkbox"/> Someone else can claim you		<input type="checkbox"/> Full-time Student
Health Insurance:		<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr	Health Insurance:		<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr
<input type="checkbox"/> Full Year <b>OR</b>		<input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug	<input type="checkbox"/> Full Year <b>OR</b>		<input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug
		<input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			<input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
Was insurance bought from the Marketplace (Obamacare)?			Was insurance bought from the Marketplace (Obamacare)?		
<input type="checkbox"/> No <input type="checkbox"/> Yes: Provide 1095-A form from the Marketplace			<input type="checkbox"/> No <input type="checkbox"/> Yes: Provide 1095-A form from the Marketplace		

**Documentation Required: Please submit as applies**

<input type="checkbox"/> Taxpayer ID Card	<input type="checkbox"/> Spouses ID Card	<input type="checkbox"/> Health Insurance forms 1095-B or 1095-C	<input type="checkbox"/> Marketplace Exemption Certificate (ECN)
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**Additional Documentation Required: IMPORTANT!**

The IRS requires that you maintain documentation to prove claims made on your tax return for at least 3 years. For items on this form indicated by an \* (asterisks), although you are not require to be provided said documentation to our office for tax preparation, you should have this documentation and keep it with your 2018 tax records.

Simple Intake Form

Taxpayer Name: \_\_\_\_\_

Income			
Did you or your spouse at any time during the year:	Circle:		If YES, please provide:
1. Receive wages, salaries, or any other employer compensation?	Yes	No	<input type="checkbox"/> W2 forms
a. Have you ever received W-2 forms for ALL employers?	Yes	No	
2. Receive winnings from gambling? (lottery, casinos, raffles, etc.)	Yes	No	<input type="checkbox"/> W2-G forms
3. Receive pension, annuity, IRA or retirement income?	Yes	No	<input type="checkbox"/> 1099-R forms
4. Receive dividend income?	Yes	No	<input type="checkbox"/> 1099-DIV form
5. Receive interest on savings, cash, US bonds or stock dividends?	Yes	No	<input type="checkbox"/> 1099-INT forms
6. Sale stock or other property? <input type="checkbox"/> Provide an asset(s) information LIST, including:	Yes	No	<input type="checkbox"/> 1099-B & 1099-S forms
a. Date of acquisition, acquisition cost, and improvements for each.			
7. Receive unemployment or government payments?	Yes	No	<input type="checkbox"/> 1099-G forms
a. Enter any unemployment repaid in 2017:			
8. Receive miscellaneous income? (prizes, awards, jury duty)	Yes	No	<input type="checkbox"/> 1099-MISC form
a. Enter miscellaneous income amount:			
b. Enter description of miscellaneous income:			
9. Receive railroad retirement?	Yes	No	<input type="checkbox"/> RRB 1099-R forms
10. Receive Social Security benefits?	Yes	No	<input type="checkbox"/> SSA-1099 forms
11. Receive alimony?	Yes	No	<input type="checkbox"/> Answer 11a-b
a. Enter the amount of alimony received: \$ _____			
b. Enter the date of the order/agreement: _____			
12. Receive ABLE distributions?	Yes	No	<input type="checkbox"/> 1099-QA forms
13. Receive any 1099-C Cancellation of Debt forms?	Yes	No	<input type="checkbox"/> 1099-C forms

Adjustments			
19. Make contributions to an IRA?	Yes	No	<input type="checkbox"/> Answer 19a-b
a. Enter taxpayer's contribution amount: \$ _____			
b. Enter spouse's contribution amount: \$ _____			

Estimated Tax Payments			
Did you or your spouse at any time during the year:	Circle:		If YES, please provide:
22. Make estimated tax payments to the IRS? If yes, enter the amount below:	Yes	No	<input type="checkbox"/> Enter on next line
1 <sup>st</sup> Qtr \$                  2 <sup>nd</sup> Qtr \$                  3 <sup>rd</sup> Qtr \$                  4 <sup>th</sup> Qtr \$			
23. Make other estimated tax payments? If yes, enter the amount below:	Yes	No	<input type="checkbox"/> Enter on next line
1 <sup>st</sup> Qtr \$                  2 <sup>nd</sup> Qtr \$                  3 <sup>rd</sup> Qtr \$                  4 <sup>th</sup> Qtr \$			

I, \_\_\_\_\_ and \_\_\_\_\_  
 Verify that the answers contained in this intake form are true and accurate to the best of my/our knowledge.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Client Consent to Use of Information

Taxpayer hereby consents to the use by ReVision Financial Solutions LLC of any and all tax return information contained in the taxpayer's federal income tax returns for the purpose of mailing, including electronic transmission, to the taxpayer information pertaining to tax tips, change to tax law, newsletters, upcoming seminars, workshops, podcasts, webinars, webcasts, and promotional announcements

The tax information may not be disclosed or used by ReVision Financial Solutions LLC for any purpose other than that permitted by this consent document.

This consent will be valid for a period of three years beginning on January 1, 2019 and expire on December 31, 2021.

Federal law requires this consent form be provided to you. Unless authorized by law, ReVision Financial Solutions LLC cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage ReVision Financial Solutions LLC's tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here:

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here:

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here: Laurie Johnson

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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## Tax Preparation Engagement

### Tax Preparation Engagement

Tax Preparation services provided by ReVision Financial Solutions LLC (hereafter RFS) includes preparing the Client/Spouse (hereafter you/your) 2018 Federal and/or State tax return(s), and/or any prior year returns, based on the information you provide. Services do not include auditing or verification of information.

### Taxpayer Return Data

You verify that all information submitted for inclusion on the tax return, including names, social security numbers, date of births, dependent information, and income & expense amounts are accurate to the best of your knowledge.

### Return Filing

As the IRS holds you responsible for your tax return, you must review your return carefully for accuracy before signing. RFS will contact you within 24 hours if the electronic filing of your return is rejected. You agree that, in the event of a reject, you will work with RFS to correct the rejected return in a timely manner.

### Unpaid/Amended Refund Amount

If, for any reason, your refund is not released by the IRS, your refund amount is amended by the IRS, or your tax return is audited, you are responsible for paying outstanding or additional taxes. In this event, you are further responsible for all yet unpaid tax preparation fees.

### Scheduling Fee

You agree to pay a \$25.00 registration fee upon the submission of your tax documents for review and processing. You acknowledge that this fee is not refundable. The fee is payable via Cash or Credit Card.

### Engagement Termination

Tax Preparation is fulfilled upon the verbal review with you of the information contained on your completed tax return and the full tax preparation fee is considered earned at that time. However, this engagement extends and does not terminate until the delivery of your completed tax return to you, or through your file exchange web portal, either in print or by digital copy. Although RFS provides electronic filing of tax returns at no cost, the completion of electronic filing is not considered a part of this engagement.

### Client Consent

I acknowledge the above and authorize ReVision Financial Solutions LLC to prepare and file my tax return.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here:

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here:

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here: Laurie Johnson

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