



# 2023 Tax Client Intake Form

Please have your Driver's License or ID ready. If you are a new client, we will need your last 2 years tax return.

Name of primary contact for the tax return: \_\_\_\_\_

## Primary Taxpayer Information

### Marital Status:

- Single                       Married Filing Separate                       Divorced  
(Only check if during the tax year. If so, provide date of divorce.)
- Married                       Separated  
(Provide date last lived together)                       Widow  
(Only check if within 3 years. If so, provide date of death)
- \_\_\_\_\_

### Taxpayer name as it appears on your social security card:

\_\_\_\_\_

First

MI

Last

### Taxpayer preferred contact method: (you may select more than one)

- Phone Call                       Text Message                       Email

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Taxpayer Social Security Number: \_\_\_\_\_ Taxpayer Date of Birth: \_\_\_\_\_ Taxpayer Occupation: \_\_\_\_\_

### Are you legally blind?

- Yes                       No

Taxpayer Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date of Driver's License: \_\_\_\_\_ Expiration Date of Driver's License: \_\_\_\_\_

### Is the taxpayer the dependent of another that can be claimed on a tax return?

- Yes                       No                      If yes, name of person whose return you can be claimed on: \_\_\_\_\_



**Spouse Information**

Spouse's name as it appears on your social security card:

\_\_\_\_\_  
*First* *MI* *Last*

Spouse preferred contact method: (you may select more than one)

- Same as spouse     Phone Call     Text Message     Email

*Please provide if contact method is different from your spouse.*

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Is the spouse legally blind?

- Yes     No

Spouse Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date of Driver's License: \_\_\_\_\_ Expiration Date of Driver's License: \_\_\_\_\_

Is the spouse the dependent of another that can be claimed on a tax return?

- Yes     No    If yes, name of person whose return the spouse can be claimed on: \_\_\_\_\_

**Dependents**

How many dependents do you want to claim on this tax return?

- 0     1     2     3     4     5     6



**Dependent 1**

**Dependent Name as shown on Social Security Card**

\_\_\_\_\_  
*First* *MI* *Last*

**Dependent Social Security Number:**

**Dependent Date of Birth:**

**Gender:**

\_\_\_\_\_

\_\_\_\_\_

Male  Female

**Relationship to Taxpayer**

**If dependent relationship to taxpayer is "other," please explain below:**

- Son  Daughter
- Parent  Other

\_\_\_\_\_

**How many months was the dependent in the taxpayer's home?**

**Did you pay for daycare for this dependent during the tax year?**

**Name of daycare or school:**

\_\_\_\_\_

Yes  No

\_\_\_\_\_

**Can anyone else claim this dependent?**

**Does this dependent file a tax return?**

Yes  No

Yes  No

**Dependent 2**

**Dependent Name as shown on Social Security Card**

\_\_\_\_\_  
*First* *MI* *Last*

**Dependent Social Security Number:**

**Dependent Date of Birth:**

**Gender:**

\_\_\_\_\_

\_\_\_\_\_

Male  Female

**Relationship to Taxpayer**

**If dependent relationship to taxpayer is "other," please explain below:**

- Son  Daughter
- Parent  Other

\_\_\_\_\_

**How many months was the dependent in the taxpayer's home?**

**Did you pay for daycare for this dependent during the tax year?**

**Name of daycare or school:**

\_\_\_\_\_

Yes  No

\_\_\_\_\_

**Can anyone else claim this dependent?**

**Does this dependent file a tax return?**

Yes  No

Yes  No



**Dependent 3**

**Dependent Name as shown on Social Security Card**

\_\_\_\_\_  
*First* *MI* *Last*

**Dependent Social Security Number:**

**Dependent Date of Birth:**

**Gender:**

\_\_\_\_\_

\_\_\_\_\_

Male  Female

**Relationship to Taxpayer**

- Son  Daughter
- Parent  Other

**If dependent relationship to taxpayer is "other," please explain below:**

\_\_\_\_\_

**How many months was the dependent in the taxpayer's home?**

**Did you pay for daycare for this dependent during the tax year?**

**Name of daycare or school:**

\_\_\_\_\_

Yes  No

\_\_\_\_\_

**Can anyone else claim this dependent?**

**Does this dependent file a tax return?**

Yes  No

Yes  No

**Dependent 4**

**Dependent Name as shown on Social Security Card**

\_\_\_\_\_  
*First* *MI* *Last*

**Dependent Social Security Number:**

**Dependent Date of Birth:**

**Gender:**

\_\_\_\_\_

\_\_\_\_\_

Male  Female

**Relationship to Taxpayer**

- Son  Daughter
- Parent  Other

**If dependent relationship to taxpayer is "other," please explain below:**

\_\_\_\_\_

**How many months was the dependent in the taxpayer's home?**

**Did you pay for daycare for this dependent during the tax year?**

**Name of daycare or school:**

\_\_\_\_\_

Yes  No

\_\_\_\_\_

**Can anyone else claim this dependent?**

**Does this dependent file a tax return?**

Yes  No

Yes  No



**Dependent 5**

**Dependent Name as shown on Social Security Card**

\_\_\_\_\_  
*First* *MI* *Last*

**Dependent Social Security Number:**

**Dependent Date of Birth:**

**Gender:**

\_\_\_\_\_

\_\_\_\_\_

Male  Female

**Relationship to Taxpayer**

- Son  Daughter
- Parent  Other

**If dependent relationship to taxpayer is "other," please explain below:**

\_\_\_\_\_

**How many months was the dependent in the taxpayer's home?**

**Did you pay for daycare for this dependent during the tax year?**

**Name of daycare or school:**

\_\_\_\_\_

Yes  No

\_\_\_\_\_

**Can anyone else claim this dependent?**

**Does this dependent file a tax return?**

Yes  No

Yes  No

**Dependent 6**

**Dependent Name as shown on Social Security Card**

\_\_\_\_\_  
*First* *MI* *Last*

**Dependent Social Security Number:**

**Dependent Date of Birth:**

**Gender:**

\_\_\_\_\_

\_\_\_\_\_

Male  Female

**Relationship to Taxpayer**

- Son  Daughter
- Parent  Other

**If dependent relationship to taxpayer is "other," please explain below:**

\_\_\_\_\_

**How many months was the dependent in the taxpayer's home?**

**Did you pay for daycare for this dependent during the tax year?**

**Name of daycare or school:**

\_\_\_\_\_

Yes  No

\_\_\_\_\_

**Can anyone else claim this dependent?**

**Does this dependent file a tax return?**

Yes  No

Yes  No

## 2023 Tax Organizer

Do you have signature authority over any foreign account or trust?

- Yes  No

Did you hold any foreign assets or receive gifts from a foreign source?

- Yes  No

Do you own any digital assets such as cryptocurrencies, NFTs, or virtual currencies?

- Yes  No

Do you or your spouse owe any child support, student loan debt, or back taxes that the other spouse is not responsible for and it's possible the IRS could take your refund to pay?

- Yes  No

If you selected yes, the spouse who does not owe is considered an injured spouse. Please list the name of the injured spouse.

\_\_\_\_\_  
*First* *MI* *Last*

Did you purchase a new or used electric vehicle from a licensed dealer?

- Yes  No

Did you purchase energy efficient improvements on your home? (If yes, we need a receipt.)

- Yes  No

### Please check the following types of income that you received in 2023. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> W-2's                                    | <input type="checkbox"/> Farm Income (Schedule F)   |
| <input type="checkbox"/> 1099-INT (Interest Income)               | <input type="checkbox"/> Workers Compensation   |
| <input type="checkbox"/> 1099-DIV (Dividend Income)               | <input type="checkbox"/> Railroad Retirement  |
| <input type="checkbox"/> 1099-SSA (Social Security)               | <input type="checkbox"/> Rental Income  |
| <input type="checkbox"/> 1099-G (Unemployment)                    | <input type="checkbox"/> Alimony Received   |
| <input type="checkbox"/> 1099-K                                   | <input type="checkbox"/> Long Term Care or Death Benefits   |
| <input type="checkbox"/> 1099-MISC                                | <input type="checkbox"/> Schedule K-1 (from Estate, Partnership, S-Corp)                                    |
| <input type="checkbox"/> 1099-B (Brokerage/Stock Sales)           | <input type="checkbox"/> Business Income (Schedule C) [ <i>If selected please complete business form.</i> ] |
| <input type="checkbox"/> 1099-R (Retirement Income)               | <input type="checkbox"/> Jury Duty, Awards, or Prizes   |
| <input type="checkbox"/> 1099-NEC                                 | <input type="checkbox"/> Cancellation of Debt   |
| <input type="checkbox"/> 1098 Mortgage                            | <input type="checkbox"/> Engaged in any Bartering Transactions  |
| <input type="checkbox"/> Sale of Home, Business, or Rental Assets | <input type="checkbox"/> Received Tip Income and Did Not Report to Employer                                 |
| <input type="checkbox"/> Legal Settlement                         | <input type="checkbox"/> None   |
| <input type="checkbox"/> Gambling Income                          |   |

If you received a W-2, how many did you receive? (This includes everyone's W-2's on the return.) \_\_\_\_\_

**Tell us about your expenses this year. Check all that apply.**

- Alimony Paid
- Student Loan Interest Paid
- Education Expenses / 1098-T
- Day Care Expenses
- Medical Insurance and Expenses
- Real Estate Taxes
- Home Mortgage Interest
- Charitable Contributions (Please make sure you provide receipts)
- Estimated Tax Payments
- IRA Contribution (other than employer)
- Purchased a Vehicle (Provide Bill of Sale or Registration with Sales Tax Included)
- None

**If you made estimated tax payments, list the dates and amounts paid:** \_\_\_\_\_


**Please check all that apply:**

- 1095-A (Marketplace Insurance)
- Received correspondence from IRS
- Foreclosure on residence
- Health Savings Account (not through your employer)
- Gave a gift of more than \$16,000 during the year
- Purchased item outside Tennessee and paid no sales tax (furniture, vehicle, etc.)
- None



If you received a refund, would you like it to be direct deposited?

- Yes  No

If you are going to owe money, would you like it to be auto drafted?

- Yes  No

Name of Bank: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
*(Checking or Savings)*

Please make sure all the information above is accurate. If it is not accurate, the IRS will hold your return for review.

How would you like to pay for the finished tax return?

- Cash  Check  Credit/Debit Card  ACH Draft

If you selected ACH Draft, please provide information for the account you would like to use.

Name of Bank: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
*(Checking or Savings)*

You will be provided an electronic copy of your tax return. If requested, a paper or flash drive copy can be provided for a small fee.

- I would like a paper copy of my tax return for a \$5 fee.
- I would like a flash drive copy of my tax return for a \$5 fee.
- Portal Only. No Charge.

Any notes/comments you may have, please add here.

\_\_\_\_\_  
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Dear Client,

Thank you for the privilege of allowing us to provide you with year-round tax services. We are committed to providing you the highest quality of tax preparation and excellent service. This engagement letter expresses the terms and conditions under which we will provide you with tax services, and it outlines each of our responsibilities.

We will prepare your 2023 Federal Tax Return and any required State Income Tax Returns in accordance with appropriate tax laws and regulations. You are responsible for informing us if you have a tax filing requirement in any state. Your returns will be prepared solely from the information provided by you! Bookkeeping Plus, Inc. will use due diligence in collecting information but will not audit the client's books or records to verify its accuracy. As your tax professional, we will use the information you provide and will apply the tax law to the best of our ability to provide a true and correct tax return. To timely file your tax returns, we need all required information no later than 15 days before your due date. You may be required to request an extension if we do not receive all required information by the above date. We do not file extensions automatically. If you want us to request an extension, you must notify us no later than 15 days before your due date. Please note that an extension is an extension of time to file the return and not an extension to pay taxes due. Additional charges may also be assessed when information necessary to complete the preparation of the tax return is not submitted at least 15 days before a filing deadline.

Payment of services will be due at the completion of the return. A retainer may be collected before any work begins. Payment must be made in full before the return is signed and released for filing. Fees are based on the number of documents, forms required, and the time required to complete your return. Additional charges may include, but are not limited to, research basis of stocks/bonds or investments, multi-state returns filed, accounting for an entire year, tax consultation for estimates, and preparation of amended returns for prior years. Upon preparation of your return and the return or your records our engagement will be complete regarding this matter. However, we will be pleased to assist you with future matters. If your return is later selected for examination, we will be pleased to assist you upon your request for an additional fee.

The client at any time can terminate the relationship with Bookkeeping Plus, Inc. If Bookkeeping Plus, Inc. has performed significant work towards preparation of the return, the client is responsible for paying a fee for the time that was invested in the return. This will be charged at an hourly rate of \$175 with the minimum fee being \$100. In case of termination, any retainer will be forfeited to Bookkeeping Plus, Inc.

Bookkeeping Plus, Inc. stands behind the work that we do and expects clients to contact us first if errors are discovered either by the taxpayer or from taxing agencies. Bookkeeping Plus, Inc. will use all proper and regular remedies to correct errors and omissions caused by Bookkeeping Plus, Inc. Bookkeeping Plus, Inc. will not charge for corrections made, and we will pay appropriate penalties and interest if we are at fault. However, we are not responsible for any taxes owed.

Bookkeeping Plus, Inc. will retain copies of the records you supplied to us along with our work papers for a period of 5 years. After 5 years our workpapers and records may be destroyed. All your original records will be returned to you at the end of this engagement. You should keep all original documents, canceled checks and other data that supports your reported income and deductions in secure storage for seven years. These records may be necessary to prove accuracy and completeness of the returns to a taxing authority.

Please review your return(s) or any other form we have prepared for you carefully before signing and filing them. If you have any questions, please contact us. Thank you for allowing us to serve you. We greatly appreciate your business! This engagement letter will be in effect for one year from date signed unless the agreement is terminated or amended in writing by the taxpayer or preparer.

**PRIVACY POLICY - YOUR PRIVACY IS SECURE**

As a provider of personal financial services, we are required by law to inform our clients of our policies regarding privacy of client information. Your nonpublic personal information is collected from various sources which may include tax organizers, worksheets, client questionnaires, applications, other financial documentation, personal interviews, telephone conversations, transactions with the firm, and consumer reporting agencies if background or credit checks are conducted on your behalf. We have always protected your right to privacy and will continue to make this a top priority.

**WHAT INFORMATION WE DISCLOSE**

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

**HOW WE PROTECT YOUR INFORMATION**

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. We will only use a secure portal (Client Center) to electronically transmit documents.

Please call if you have any questions. Your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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).

**COMMUNICATION**

Bookkeeping Plus, Inc. may send a text to your mobile phone or email you appointment reminders, pickup information or questions. We will not text any confidential information to you. All confidential information will be available on a secure portal.

**Please select all boxes to show you have acknowledged each one.**

- Payment must be rendered before the tax return is e-filed.
- I have had the opportunity to read the Privacy Policy.
- I grant permission for Bookkeeping Plus, Inc. to communicate with me through any secure method if I am unavailable through my preferred method.
- All of the information I provided is true and accurate to the best of my knowledge. I have proof of my income and deductions.
- Bookkeeping Plus, Inc. may send a text to your mobile phone or email you appointment reminders, pickup information, or questions. We will not text or email any confidential information to you; it will be shared using a secure portal. You may opt-out of text or email communication by contacting our office.

**For new clients only, provide a copy of your 2021 and 2022 tax returns.**

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