



Client Tax Intake Form

Please have your ID or Driver's License ready

Marital Status (please select one):

Single Separated Divorced Date Divorced: _____ Married

Your Name as shown on your social security card:

SSN: _____ DOB: _____

DL# _____ State: _____ Issue Date: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number : _____ Email address: _____

Occupation: _____

Are you the dependent of another that can be claimed on a tax return? Yes No

What's your preferred contact method?

Email Phone Text

Spouses name as show on social security card:

SSN: _____ DOB: _____

DL# _____ State: _____ Issue Date: _____ Expiration Date: _____

Address (if different from spouse): _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Occupation: _____

Are you the dependent of another that can be claimed on a tax return? Yes No

What's your preferred contact method?

Email Phone Text



Section 2: Dependents

1. Dependent name as shown on social security card:

SSN: _____ DOB: _____ Relationship to taxpayer: _____

Gender: Male Female

Name of School: _____

How many months in taxpayers' home? (if less than 12, please explain):

Can anyone else claim this dependent? Yes No

2. Dependent name as shown on social security card:

SSN: _____ DOB: _____ Relationship to taxpayer: _____

Gender: Male Female

Name of school: _____

How many months in taxpayers' home? (if less than 12, please explain):

Can anyone else claim this dependent? Yes No

3. Dependent name as shown on social security card:

SSN: _____ DOB: _____ Relationship to taxpayer: _____

Gender: Male Female

Name of school: _____

How many months in taxpayers' home? (if less than 12, please explain):

Can anyone else claim this dependent? Yes No

2019 Tax Organizer - Client Questionnaire

Please check the following types of income received this year. Check "Yes" or "No":

	Yes	No	Yes	No
W-2: How many?			Gambling Income	
1099-INT (Interest Income)			Farm Income (Schedule F)	
1099-DIV (Dividend Income)			Business Income (Schedule C)	
1099-SSA (Social Security)			Railroad Retirement	
1099-G (Unemployment)			Rental Income	
1099-MISC			Alimony Received	
1099-B			Other Income (Long Term Care or Death Benefits)	
1099-R (Retirement Distribution)			Schedule K-1 (from Estate, Partnership, S-Corp)	
Sale of Home or Business			Workers Compensation	
Legal Settlement			At any time during 2019, did you receive, sell, send, exchange or otherwise acquire financial interest in virtual currency?	

Tell us about your expenses this year. Check "Yes" or "No":

	Yes	No	Yes	No
Alimony paid			Real Estate Taxes	
Student Loan Interest Paid			Home Mortgage Interest	
Education Expenses/1098-T			Charitable Contributions	
Day Care Expenses			Estimated Tax Payments	
Medical Insurance and Expenses			IRA Contribution (other than employer)	
Injured Spouse (please indicate which spouse)				

Please check "Yes" or "No":

	Yes	No	Yes	No
Purchased a vehicle			Did you engage in any bartering transactions?	
1095-A (Marketplace Insurance)			Did you receive tip income not reported?	
Foreign Bank Account			Health Savings Account (not through employer)	
Received correspondence from IRS			Gave a gift of more than \$14,000 during the year?	
Foreclosure on residence			Purchased item outside Tennessee and paid no sales tax (furniture, vehicle, etc.)	
Cancellation of debt				

I certify that all of the information provided is true and accurate to the best of my knowledge.

(Signature of person completing this form)

Date