Every Penny Counts
BOOKKEEPING & TAX

New Client Intake Form

Individual Tax Clients

Marital Status_____

TAXPAYER INFORMATION				SPOUSE INFORMATION			
Name *(First, Initial, Last Name)*				Name *(First, Initial, Last Name)*			
SSN	Date of Birth			SSN	Date of Birth		
Driver License/State ID #	State	ISS Date	Exp Date	Driver License/State ID#	State	ISS Date	Exp Date
Occupation			Disabled	Occupation			Disabled
Cell Phone	Alternate Phone			Cell Phone	Alternate Phone		
May we contact you by text message? ☐ Yes No ☐				May we contact you by text message? ☐ Yes No ☐			
E-Mail Address				E-Mail Address			
Mailing Address			Apt	City		State	Zip

	Yes ✓	No ✓
1. Can someone claim **YOU** as a dependent?	☐	☐
2. Did you make **CASH** Charitable Donation(s) totaling $300 or more during the year?	☐	☐
3. Did **ANYONE** in your household have **HEALTH INSURANCE** through the Marketplace?	☐	☐
*If Yes, do you have **FORM 1095-A?** We will need it to complete your tax return*	☐	☐
4. Did you have any Foreign Accounts?	☐	☐
5. Was Taxpayer or Spouse active Military?	☐	☐

Dependent Information:

First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Child Care Expenses ✓	Disabled ✓	College Student ✓
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Continue on back

Did you receive Advanced Child Tax Credit? Yes☐ No☐ How many children?_____
Do you have the IRS Letter 6419-G? Yes☐ No☐

DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (*✓All that apply)*

- ☐ Wages - W2's #_____
- ☐ Unemployment
- ☐ Social Security Benefits
- ☐ Self-Employment *(Complete)*
- ☐ Pension & Annuities
- ☐ Interest
- ☐ Dividends
- ☐ Gambling Winnings
- ☐ Sale of Virtual Currency
- ☐ Sale of Real Estate
- ☐ Sale of Stocks
- ☐ **Child Care Expenses $**_____
- ☐ College Tuition
- ☐ Student Loan Interest
- ☐ Medical Expenses
- ☐ Mortgage Interest
- ☐ Real Estate Taxes
- ☐ Charitable Donations $_____
- ☐ Energy Efficient Purchases
- ☐ PPP Loan Forgiveness *(Self Employment Only)*
- ☐ Stimulus (Third payment) $_____
- ☐ Injured Spouse, If so which spouse owes the debt:_____
- ☐ Any other significant information_____

_____

_____

PAYMENT IS REQUIRED PRIOR TO FILING

How would you like to pay for our services? ☐ **Cash** ☐ **Check** ☐ **Credit/Debit Card**

REFUND AND PAYMENT INFORMATION

How would you like to receive your Refund? ☐ **Standard Mail** ☐ **Direct Deposit**

If you owe IRS, State, how would you like to pay? ☐ **Check** ☐ **Direct Debit**

Bank Information: **Bank Name:**_____ **Checking** **Savings**

Routing #_____**Account #** _____

I verify that all information I have provided to my tax preparer is to the best of my knowledge.

Taxpayer signature_____ **Date:** _____

Spouse signature_____ **Date:**_____

Who can we thank for referring you to our office? _____

How did you hear about us?_____