



# Tax Return Intake Form



## Prepare for your taxes

This form is designed to collect **essential information** needed to accurately file your tax return and ensure you receive the maximum possible refund or minimize your tax liability.



# 2024 Tax Preparation Intake Form

EMBRACE WRITING SERVICES

## CLIENT INFORMATION

NAME		CURRENT ADDRESS	
DATE OF BIRTH			
SOCIAL SECURITY NUMBER			
HOME PHONE		FAX	
ALT. PHONE		EMAIL	
OCCUPATION		WORK PHONE	
FILING STATUS	SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> MARRIED FILING SEPARATELY <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> QUALIFYING WIDOWER <input type="checkbox"/>		
REFUND TYPE	CHECK <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/>		

## SPOUSE INFORMATION

NAME		CURRENT ADDRESS	
DATE OF BIRTH			
SOCIAL SECURITY NUMBER			
HOME PHONE		FAX	
ALT. PHONE		EMAIL	
OCCUPATION		WORK PHONE	

## DEPENDENT INFORMATION

DEPENDENT NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

## CHILDE AND DEPENDENT CARE EXPENSE

PERSON OR ORGANIZATION PROVIDING CARE TO YOUR CHILD/CHILDREN

CARE PROVIDERS NAME	ADDRESS	CARE PROVIDERS SSN OR TIN

### PROVIDE NAME OF CHILDREN RECEIVING CARE ABOVE:

1. \_\_\_\_\_ **COST: \$** \_\_\_\_\_
2. \_\_\_\_\_ **COST: \$** \_\_\_\_\_
3. \_\_\_\_\_ **COST: \$** \_\_\_\_\_
4. \_\_\_\_\_ **COST: \$** \_\_\_\_\_

# INCOME STREAMS

TYPE	SERVICE	AMOUNT

# Document Checklist

To ensure quick and timely filing, please provide the following at your first visit or as soon as possible.

	Original Social Security Card for each dependent - including each spouse.
	Drivers License or California Identification Card For individual and spouse
	Bank account number and routing number for direct deposit of refund or payment for tax liability due
	Copy of previous year tax return
	W2's from all employers
	1099 Forms from other income sources and benefits
	1098 Year End Mortgage Interest Statement
	1095A - Health Insurance Premium Statement

# Document Checklist For Business Owners

To ensure quick and timely filing, please provide the following at your first visit or as soon as possible.

	BUSINESS TAX ID
	BUSINESS INCOME AND EXPENSES
	LIST OF CAPITAL AND ASSETS
	QUARTERLY TAXES PAID
	BUSINESS USE OF HOME (HOME OFFICE - IF APPLICABLE)
	<p>MILEAGE LOG INFORMATION</p> <ul style="list-style-type: none"> <li>• BUSINESS MILEAGE ANNUAL TOTAL: _____</li> <li>• COMMUTING MILEAGE ANNUAL TOTAL: _____</li> <li>• PERSONAL MILEAGE ANNUAL TOTAL: _____</li> </ul> <p>Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is the evidence written? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><b>VEHICLE MAKE:</b> _____</p> <p><b>MODEL:</b> _____</p> <p><b>PURCHASE PRICE:</b> \$ _____</p> <p><b>DATE VEHICLE FIRST USED IN BUSINESS:</b> _____</p>
	PREVIOUS YEAR BUSINESS TAX RETURN

## CONTINUED BUSINESS INFORMATION

BUSINESS NAME	
BUSINESS ADDRESS	
DATE BUSINESS ESTABLISHED	
PRINCIPAL BUSINESS/PROFESSION	
ACCOUNTING METHOD	<input type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other
DO YOU NEED TO ISSUE 1099 - NEC	<input type="checkbox"/> Yes <input type="checkbox"/> No                      HOW MANY? _____
IS THIS AN LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DID YOU MATERIALLY PARTICIPATE IN THIS BUSINESS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
COST OF GOODS SOLD	INVENTORY AT BEGINNING OF YEAR: \$ _____ INVENTORY END OF THE YEAR: \$ _____ PURCHASE COST: \$ _____ COST OF LABOR (DON'T INCLUDE YOURSELF) \$ _____ MATERIALS AND SUPPLIES: \$ _____ OTHER COSTS: \$ _____