




New Client Intake Form

 Email the completed form to: Team@TaxAccountingExpert.com

Referral Information

How did you hear about us? (Check one)

☐ Facebook ☐ Instagram ☐ Twitter ☐ Referral ☐ Client ☐ Other


If someone referred you, please provide their name: _____


Taxpayer Information


Taxpayer's Full Name

First Name: _____ Last Name: _____


Taxpayer's Contact Information


 Email: _____

 Phone: _____

 Job Title: _____

Taxpayer's Personal Information

 Date of Birth: _____


 Social Security Number (SSN): _____

Spouse Information (If Applicable)


Spouse's Full Name

First Name: _____ Last Name: _____

Spouse's Personal Information

 Date of Birth: _____

 Social Security Number (SSN): _____

 Phone: _____

 Job Title: _____

Address Information

 Home Address:

Street Address: _____

City, State & Zip Code: _____

Employment & Filing Status

Are you self-employed? ☐ Yes ☐ No

If yes, Business Name: _____

Did you and your spouse live apart during the year? ☐ Yes ☐ No

Marital Status as of December 31: (Check one)

☐ Single (Not Married)

☐ Married, living with spouse

☐ Married, not living with spouse

☐ Head of Household (Paid more than half the cost of keeping up a home)

Did you support a child or family member for more than 6 months out of the year? ☐ Yes ☐ No


Dependent Information


How many dependents are you claiming? _____


Dependent 1

 SSN: _____

 First Name: _____ Last Name: _____

 Date of Birth: _____


 Relationship to you: _____


 Months lived with you in 2023: _____


Dependent 2 (If applicable)

 SSN: _____

 First Name: _____ Last Name: _____

 Date of Birth: _____

 Relationship to you: _____

 Months lived with you in 2023: _____

Are any dependents in daycare? ☐ Yes ☐ No (If yes, attach daycare provider form)



Tax Refund & Payment Information

How would you like to receive your tax refund?

☐ Check ☐ Direct Deposit

Bank Information (For Direct Deposit Only)

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

Additional Tax Information

Can someone else claim you as a dependent? ☐ Yes ☐ No

Did you have health insurance for the entire year? ☐ Yes ☐ No

If yes, was it provided by your employer? ☐ Yes ☐ No

Was your dependents' insurance through your employer? ☐ Yes ☐ No

Who insured your dependents in 2023? _____

Have you ever been denied the Earned Income Tax Credit (EITC)? ☐ Yes ☐ No

Education & Retirement

Were you or your dependents in college in 2023? ☐ Yes ☐ No

Do you have a **1098-T** form? ☐ Yes ☐ No

Did you or your spouse take a **401(k) loan/distribution** in 2023? ☐ Yes ☐ No

Did you trade any **virtual currency** in 2023? ☐ Yes ☐ No

- **Purchase Price:** \$ _____

- **Sell Price:** \$ _____

Are you interested in **audit protection**? ☐ Yes ☐ No

Tax Documents Checklist

How many tax forms do you have?

☐ W-2: _____

☐ 1099-MISC: _____


☐ 1098 Mortgage: _____

☐ K-1: _____


Other Tax Forms: _____




Identity Verification

 **Identification Type:** _____

 **ID Number:** _____

 **Issue Location:** _____


 **Issue Date:** _____


 **Expiration Date:** _____

Client Non-Payment/Offset Clause

At **Tax Accounting Expert**, we strive to assist all our clients with their tax needs. However, we understand that financial situations may arise. **If your refund is offset by the IRS (due to student loans, child support, etc.) or if your check is mailed instead of direct deposit, you are still obligated to pay the fees associated with preparing and filing your tax return.**

By signing below, I authorize **Tax Accounting Expert** to prepare and electronically file my tax return. I confirm that the information provided is accurate and complete to the best of my knowledge.

Taxpayer Signature: _____  **Date:** _____

Spouse Signature (if applicable): _____  **Date:** _____