

Existing Client Intake Form

Taxpayer

Name _____
 Phone _____
 Email _____

Spouse

Name _____
 Phone _____
 Email _____

*** Your client portal will be setup using the email address provided.**

Drivers License Number _____ State Issued _____

Drivers License Number _____ State Issued _____

Date of Issue _____ Expiration Date _____

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Tax Refunds/Liabilities

Deduct my tax liability from my account on the due date Deposit my refund into my bank account
If your bank account has changed from what we have on file, please provide documentation.

Economic Impact Payments/Stimulus Checks

I did NOT receive ANY funds from the Economic Impact Payments/Stimulus funds
 I received \$ _____ during the 1st round of Economic Impact Payments (April - October 2020).
 I received \$ _____ during the 2nd round of Economic Impact Payments (late 2020/early 2021).

Health/COVID-19 Related Information

Did you enroll for Marketplace Coverage through healthcare.gov? Yes No
 Did you make any contributions or receive any distributions to/from an HSA? Yes No
 Did you work in another state solely due to COVID? Yes No

Personal/Dependent Information

Did you pay for child care? Yes No
 Did your marital status change from last year? Yes No
 Did your address change from last year? Yes No
 Any changes in dependents (including paying 50% of the support of another person) from last year? Yes No

Income/Retirement Information

Did you receive any unemployment benefits or compensation during the year? Yes No
 Did you take any withdrawals from any retirement account or receive any Social Security Benefits? Yes No
 Did you have any sales or exchanges of virtual currencies? Yes No
 Did you start a new business or purchase rental property during the year? Yes No
 Did you acquire or dispose of any stock during the year? Yes No
 Do you expect a large fluctuation in income, deductions, or withholding next year? Yes No
 Did you, would you like to discuss making contributions into any retirement accounts for 2020? Yes No

Itemized Deduction Information

Do you anticipate any changes in your ability to itemize? Yes No
 Did you donate **at least \$300** in funds to a charitable organization/church during the year? Yes No

Education Information

Did you, your spouse, or your dependents attend college this year? Yes No
 Did you contribute to or withdraw funds from an education savings or 529 Plan account? Yes No
 Did you pay any student loan interest this year? Yes No

Self-Employed Information

Did you receive a Paycheck Protection Program (PPP) loan? (Did you apply for forgiveness?) Yes No
 Were you unable to perform your self-employed activities due coronavirus contraction or quarantining? Yes No
 Were you unable to perform your self-employed activities due to school/child care shutdown? Yes No
 Were you unable to perform your self-employed activities due to COVID related care for another? Yes No
 Were you required to issue 1099s? If so did you issue them? Yes No

Do you have any foreign financial accounts, or have signature authority on any foreign accounts? Yes No