



## Client Intake Form

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### Taxpayer Information

First Name				
Last Name				
Social Security / IRS PIN				
Date of Birth				
Date of Death (if applicable)				
Phone Number				
Email				
Occupation				
US Citizen	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Married	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Filing Status Previous Year				
Physical Address				
City, State, ZIP, County				
Mailing Address (if different)				
Driver's License / State ID				

License / ID Number	
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**Dependents (repeat as needed)**

First Name	
Last Name	
Date of Birth	
Relationship	
Months Lived at Home	
Custody Arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Claimed By	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Other Parent
Social Security / IRS PIN	
Identity Theft IRS PIN	

**Income Information**

Number of Employers	
W-2 Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security / Disability Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contract / 1099 Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Income (describe)	

### Investments & Cryptocurrency

Interest Income (1099-INT)		
Dividends / Brokerage (1099-DIV/B)		
Cryptocurrency Transactions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Describe:	
Savings Bonds Cashed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Home & Insurance

Owned Home During Year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bought/Sold Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mortgage / Refinance / HELOC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Solar Panels Installed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marketplace / ACA Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Retirement

Contributed to Retirement Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Type:	

Received Distribution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rollover Performed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Deductions & Credits

Medical Expenses	
Charitable Contributions	
Education Expenses	
Student Loan Interest	
Disaster Loss	
Volunteer Mileage	

#### Business / Rental

Own Business or Side Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Own Rental Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business Assets Bought/Sold	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Describe:	
Estimated Taxes Paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Banking for Refund/Payment

Refund Direct Deposit (Yes/No)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tax Payment Auto Withdraw (Yes/No)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Bank Name	
Routing Number	
Account Number	
Account Type (Checking/Savings)	

**Additional Notes**

Questions or comments for your tax preparer	
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