



Client Intake Form

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:
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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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