



S.P.I.T.S.



SKINNER'S PROFESSIONAL INCOME TAX SERVICES

1623 Flatbush Avenue, #171

Brooklyn, NY 11210

Office: 718-443-4119

Fax: 718-709-4300

www.spitstaxes.com



CLIENT INTAKE FORM



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2025 CLIENT INTAKE FORM

Taxpayer Name: _____
Last Name First Name

Spouse Name: _____
Last Name First Name

MARITAL STATUS

- ☐ Single
☐ Married
☐ Separated: Did you live with your spouse in the last 6 months of the year in 2024? ___Y ___N
☐ Divorced or Legally Separated
☐ Widowed

DEPENDENTS

Name	Relationship	Date of Birth	How many months the child lived with you in 2024?



ADDITIONAL INFORMATION

1. How did you hear of us? Our Website____ Internet Search ____ Referral ____
2. Do you have rental property? Y ____ N ____
3. Did you sell any stocks, bonds or real estate? Y ____ N ____
4. Did you receive health insurance through the Marketplace? Y____ N ____
5. Do you own a bank account in a foreign country? Y ____ N ____
6. During 2024, did you sell, exchange, or dispose of any virtual currency (bitcoin, crypto, etc.)? Y ____ N____
7. Did you live in NY all year? Y ____ N ____ If not, what other states? _____

CONTACT INFORMATION

Address: _____

Phone: _____

E-mail Address: _____

SIGNATURES

Client Signature _____

Spouse Signature _____