

Tax Preparation Intake Form

Client Intake Form

TAX PAYER INFORMATION

First & Last Name

DOB

Phone Number

Email

Address:

(Street, City, State, Zip)

Occupation

SPOUSE INFORMATION

First & Last Name

DOB

Phone Number

Email

Address:

(Street, City, State, Zip)

Occupation

Do you have an IP PIN?

Taxpayer

☐

Yes

☐

No

Spouse

☐

Yes

☐

No

What was your marital status as of December 31, 2024?

☐

Single

☐

Married

☐

Divorced

☐

Widow

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Some states, however, have their own individual health insurance mandate, requiring you to have qualifying health coverage or pay a fee with your state taxes. Please read the following statements carefully. More than one might apply to your "tax family."

1. If you had health care coverage with a government Marketplace (Exchange) during 2024. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
2. If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, then you will also need a copy of that taxpayer's 1095-A.
3. If a dependent filed a return for 2024, provide a copy of the return.
4. If you had compliant health insurance through an employer plan, private policy or with a government plan please provide Form 1095-B, 1095-C or other proof of insurance document.
5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.
6. Complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month of 2024.

Please indicate any months that a member of your "tax family" was NOT insured.

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

HEALTH INSURANCE COVERAGE

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If we have not previously prepared your tax return - please provide a copy of your 2022 and 2023 tax returns.

Did you settle any notices or settle any tax examinations concerning your prior tax years' returns (Yes/No)? _____

If yes please provide a copy of notices, settlement reports, etc.

Did you receive any payments from a pension or profit-sharing plan (Yes/No)? _____

If yes, please provide pertinent information or statements from the plan.

Did you sell your primary residence during 2024 (Yes/No)? _____

If yes, please provide a 1099-S form along with the closing statement of the sale and a copy of the closing statement from the initial purchase, details of any improvements made to the home during your time of residency.

Did you change your state residency during 2024 (Yes/No)? _____

If yes please provide your previous address. If yes AND an active member of the Armed Forces who moved due to change of station, please provide the following:

Previous Address	
Date of Move	
Distance	
Costs of Move	
Home state	

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For the Tax Year 2024 please provide details for any Yes response

Do you, your spouse, or any dependents have an Identity Protection Pin issued by the IRS (Yes/No)?

If yes, please provide each individuals Identity Protection Pin form issued by the IRS.

Are you or your spouse or dependents legally blind (Yes/No)? _____

If yes, please list each person who is blind:

Are you, your spouse, or any dependents permanently disabled (Yes/No)? _____

If yes, please list each person who is permanently disabled: _____

Did you, your spouse, or any dependents receive Unemployment in 2024 (Yes/No)?

If yes, please include form 1099-G for each person that received Unemployment.

Did you, your spouse, or any dependents take a withdrawal from your Retirement Fund in 2024 (Yes/No)? _____

If yes, please provide a 1099-R for each withdrawal

Did you or your spouse pay into a Retirement Fund in 2024 (Yes/No)? _____

If yes, how much for each person? () Taxpayer () Spouse

Are you on, or did you receive government assistance or social security benefits in 2024 (Yes/No)? _____

If yes, what type of assistance? _____

If Social Security, please provide an SSA-1099 form for each person that received them.

Can you or your spouse be claimed as a dependent by anyone else (Yes/No)? _____

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For the Tax Year 2024 please provide details for any Yes response

Did your principle residence (and second residence, if any) loans exceed the fair market value of the residence (Yes/No)? _____

Do you have a balance borrowed against a home (HELOC or Equity Line of Credit) in excess of \$100,000 or total mortgage indebtedness in excess of \$750,000 (Yes/No)? _____

Did you exercise any stock options (Yes/No)? _____

Did you purchase, sell, or do you own any bonds you paid more or less than the face amount (Yes/No)? _____

Did you sustain any non-business bad debts (Yes/No)? _____

Did you or your spouse make any gifts in excess of \$17,000 to any one (Yes/No)? _____

Were you the recipient of, or did you obtain a "below-market" or interest-free" loan (Yes/No)? _____

Do you have a child under the age of 18 as of December 31, 2024 who has earned an income (interest, dividends, etc.) of more than \$1,150 (Yes/No)? _____

Did you lease a vehicle which you used for business purposes (Yes/No)? _____

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2024, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.

If you would like your tax refund (if any) deposited directly into your bank please fill in your Direct Deposit information below.

Account Type	Bank Name	Account Number	Routing Number

By typing/writing your initials here you certify and agree that the bank account information provided above is correct. _____ (Initials)

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DEPENDENTS

Name (First, Middle, Last)	Income Over \$4,700? (Y/N)	Date of Birth	Relationship	Months Lived in Home

INCOME

WAGES & SALARY

Please upload ALL W-2's

Name of Payer	Wages/Salary for which person?

INTEREST INCOME

Please upload ALL 1099-INT's

Name of Payer	Wages/Salary for which person?



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“SELLER FINANCED MORTGAGE”

For Seller Financed Mortgages. Please provide proof of Seller Financing Mortgage.

Name of Payor	Responsible Party	Amount

DIVIDEND INCOME

Please upload ALL 1099-DIV's

Name of Payer	Wages/Salary for which person?

CONTRACTOR INCOME

Please upload ALL 1099-NEC

Name of Payer	Wages/Salary for which person?

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CAPITAL GAINS & LOSSES

Please upload your stocks spread sheet.

Investment Company	Responsible Party

OTHER CAPITAL GAINS & LOSSES

Please upload proof of your gains and losses.

Investment Company	Responsible Party

OTHER INCOME

Selling explicit items, Gig work, selling personal property

Name of Payer	Whose Income

THIRD PARTY INCOME

Please upload ALL 1099-K's

Third Party Provider	Whose Income



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Pensions, IRA Distributions, Annuities, and Rollovers

Please attach all 1099's or other related documents

Total Received Pensions: _____ (Taxpayer) _____ (Spouse)
Total IRA Distributions: _____ (Taxpayer) _____ (Spouse)
Total Annuities: _____ (Taxpayer) _____ (Spouse)
Total Rollovers: _____ (Taxpayer) _____ (Spouse)

Rents/Royalties, Partnerships, S Corporations, Estates, Trusts

Please attach K-1's for all Partnerships/ S Corps/ Fiduciaries

Please attach a Profit/Loss Statement for EACH rental property

Total Rental Property's: _____
Total Partnerships: _____
Total S Corporations: _____
Total Trusts: _____
Total Estates: _____
Total Royalty: _____

Unemployment Compensation Received (Yes/No): _____

Please upload ALL 1099-G's

Federal Unemployment: _____ State Unemployment: _____

Social Security Benefits Received (Yes/No): _____

Please upload all SSA-1099's

Did you receive a State/Local Tax in Refund(s) (Yes/No)? _____

Adjustments to Income:

Your IRA Deduction: Maximize (Yes/No) _____ Amount _____
Spouse's IRA Deduction: Maximize (Yes/No) _____ Amount _____
Keogh SEP Deduction: Maximize (Yes/No) _____ Amount _____
Penalty for early withdrawal of savings: Amount _____
Alimony Paid: To Who (First & Last Name) _____ Amount _____
Self Employed Health Insurance: Amount _____



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Did anyone in your family receive a scholarship of any kind during 2024 (Yes/No)? _____

If yes, please provide details: _____

_____.

If you have added or disposed of any fixed assets used in trade, business, rental, or farming activities please provide the following:

Additions: Description, Date acquired, cost (& trade-in, if any)
Dispositions: Description, Date of disposition, amount realized (received)

If we did not complete your previous tax returns please provide us with the date the asset was acquired, the cost of the asset the depreciation method used, and the accumulated depreciation.

Additions: _____

_____.

Dispositions: _____

_____.

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CREDITS:

Did you have Child and/or Dependent Care Expenses (Yes/No): _____

Please upload your dependent care expense providers tax document. This document MUST include Provider Name, Provider Address, Provider EIN, Dependents Name, Payors Name, Total Amount paid.

Provider Name	Address	For which dependent	Amount Paid

If services were made to an individual, were the services performed in your home (Yes or No)? : _____

If "Yes", have payroll reports been filed (Yes/No): _____

If "No" was the in home dependent care provider an independent contractor (Yes/No): _____

Do you have any expenses associated with adoption (Yes/No)? _____

Please provide proof of expenses (receipts)

Do you have a "Special Needs" child (Yes/No)? _____

Please provide proof of expenses (receipts)



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Did you have any Tuition & Fees paid for higher learning (Yes/No)? _____

If Yes, did you receive a 1098-T form from your school (Yes/No)? _____

How many years prior to 2024 did you claim the American Opportunity Credit? _____

How many years prior to 2024 did you claim the Lifetime Learning Credit? _____

How many years have you been a student in a higher learning facility? _____

What degree level are you currently at? _____

Did you incur any additional educational expenses? (computer, bookbag, textbooks, etc.) _____

Did you pay any foreign taxes (Yes/No)? _____

Please attach a detailed spreadsheet on the type of foreign tax, to what country, and whether it was withheld or paid directly. If you paid a foreign tax due to stocks it will be included in your stock documents.

2024 Estimated Taxes Paid

Federal Quarter	Amount Paid	State Quarter	Amount Paid
Q1		Q1	
Q2		Q2	
Q3		Q3	
Q4		Q4	

Do you own or rent your home? _____

If you own your home:

Did you purchase and install an energy efficient water heater in 2024? _____

Did you purchase and install an energy efficient HVAC system in 2024? _____

Did you upgrade your windows to energy efficient windows in 2024? _____

Did you purchase and install solar panels in 2024? _____

Did you purchase and install energy efficient Insulation in 2024? _____

Did you purchase and install an energy efficient front, back, or side door in 2024? _____

Did you receive a Mortgage Credit Certificate?

If you made any of these purchases, improvements to your home or received the MCC please provide proof, receipts, for each.



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ITEMIZED DEDUCTIONS

Please note that if your allowed itemized deductions do not exceed your standard deduction based on your filing status the Tax Preparer will use the standard deduction. The Tax Preparer still needs you to complete this section and provide proof of information for proper calculations.

Medical, Dental, Vision, Rehabilitation Expenses

Category	Amount
Out of pocket costs for prescriptions, medicines, drugs, insulin, doctors visits, dentist vision, vision visits, medical & dental insurance premiums, glasses, hearing aids, medical devices, etc.	
Transportation & Lodging for medical care (rentals, flights, hotels)	
Miles driven for medical care	
Contributions to Health Savings Account (HSA)	

Please provide proof for all expenses.

Taxes Paid in 2024

Category	Amount
State and Local Income taxes paid (not included elsewhere)	
Real Estate Taxes not listed elsewhere	
Personal property taxes paid not listed elsewhere (including auto registration)	

Please provide proof for all expenses.



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Interest Paid in 2024

Category	Amount
Home Mortgage Interest (Form 1098)	
Home Mortgage Interest Paid to Individuals	
Points paid on () purchase () refinance	
Investment Interest not included elsewhere	
Student Loan Interest	

Charitable Contributions:

Category	Amount
Cash - Less than \$3,000 paid to any one organization	
Cash - \$3,000 or more to any one organization	
Non Cash Contributions	

Casualty and Theft Losses (Yes/No)? _____



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Household Employees: (Nanny Tax)

Did you pay a household employee at least \$2,700 this year (Yes/No)? _____

(housekeepers, nannies, nurses, yard workers, health aides, babysitters) An employee is someone that you pay via W-2 and withhold taxes from their checks. If you are paying them as an independent contractor they would not be considered an employee and you will issue them a 1099-NEC at year end if you paid them over \$600.

If you answered YES, to the question above please provide the following information for each employee:

You will also need to provide proof that you did have household employees such as payroll receipts.

Do you have an Employer Identification Number (EIN) (Yes/No)? _____

If yes, please list it here: _____

Name	Wages Paid	Federal Income Tax Withheld	Social Security Tax Withheld	Medicare Tax Withheld	State Income Tax Withheld

Has a W-2 been filed (Yes/No)? _____

If no, do you want us to prepare them for you (Yes/No)? _____

Have the necessary state employment returns been filed (Yes/No)? _____

If no, do you want us to prepare them for you (Yes/No)? _____

Was the household employee under eighteen years of age and a student (Yes/No)? _____

[illegible]



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RENTAL & ROYALTY INCOME AND EXPENSES:

Please complete the following two forms for EACH Rental Property.

Property Type: ☐ Residential ☐ Commercial Location

Address (Street, City, State, Zip): _____

If Vacation Home:

Number of Days Rented	
Number of days used personally	

Property is owned by? ☐ Taxpayer ☐ Spouse ☐ Joint

Percentage of ownership? _____

Are the income and expenses listed below based on your ownership percentage (Yes/No)?

Do you live in part of the rental property (Yes/No)? _____

If yes, what percentage do you occupy as a tenant? _____

Did you sell your rental residence in 2024 (Yes/No)? _____

If yes, did you live in this home for at least 2 out of the past 5 years (Yes/No)? _____.

If yes to the previous question what 2 years was this property your primary residence? _____

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INCOME	AMOUNT		
Rental Income			
Royalties Income			
Expenses	AMOUNT		
Advertising		Mortgage Interest	
Association Dues		Other Interest	
Travel		Repairs	
Cleaning & Maintenance		Supplies	
Commissions		Property Taxes	
Insurance		Utilities	
Legal & Professional Fees			
Tax Preparation Fees			
Licenses & Permits			
Management Fees			

Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation	Is this property Depreciated?



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BUSINESS INCOME & EXPENSES

Please complete the following 4 forms for EACH business. This includes Independent Contractors, Freelancers, Gig Workers, Sole Props, LLC. If you

Full Legal Business Name (if applicable): _____

Type of Business or Profession: _____

Employer ID (EIN) (if applicable): _____

Business Address: _____

Business is owned by: () Taxpayer () Spouse

Accounting Method: () Cash () Accrual

Inventory Method: () Cost () Lower Cost/Market () Other () N/A

Did you materially participate in this business (Yes/No)? _____

Check if this is your first year in this business? _____

If this is not your first year in business, please provide what year your business started. _____

Did you officially register your business with your Secretary of States or County Office (Yes/No)? _____

Is your business registered as a/an: () LLC () DBA () Subsidiary LLC

Please leave blank if you have not officially registered your company. A subsidiary LLC is a business that is under a Parent/Holding Company.

Vehicle #1

Make	
Model	
Year	
Date of Purchase	
Purchase Price	

Vehicle #2

Make	
Model	
Year	
Date of Purchase	
Purchase Price	

Business Mileage Driven for 2023: _____
Personal Mileage Driven for 2023: _____

Business Mileage Driven for 2023: _____
Personal Mileage Driven for 2023: _____

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Income	Amount	Cost of Goods Sold	Amount
Gross Receipts or Sales		Beginning of Year Inventory	
Returns & Allowances		Purchases	
Other Income		Cost of items used personally	
		Materials & Supplies (needed to provide services or products)	
		Cost of Labor	
		Other Costs	
		End of Year Inventory	

DEPRECIATION

Please list any assets that can be considered for depreciation. These can consist of Equipment, Vehicles, Electronics, Tools, and etc.

Asset	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation	When did depreciation begin?

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Expenses	Amount	Expenses	Amount
Advertising		Taxes	
Commissions & Fees		Licenses & Permits	
Employee Benefits		Travel	
Health Insurance		Meals & Entertainment	
Other Insurances		Contract Labor	
Legal & Professional Fees		Payroll Expenses	
Tax Preparation Fees		Wages	
Management Fees		Rent (Vehicles)	
Consulting Fees		Rent (Equipment)	
Continued Education		Repairs & Maintenance (Building)	
Employee Vehicle Expense		Other Expenses:	
Office Rent/Lease			
Client Gifts (\$25 per client limit)			
Repairs & Maintenance (Vehicles)			
Rent (Building)			

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BUSINESS USE OF HOME

Do you use any part of your home REGULARLY & EXCLUSIVELY for business (Yes/No)? _____

Estimated percentage of time spent in home office/studio compared to time spent in this business activity. (e.g., 10%, 20%)

Description of work done in home office: _____

Description of work done outside of work office: _____

Total area of home: _____

Total area of home used regularly for business: _____

	Direct Costs (benefit only business portion of home)	Indirect Costs (other)
Home Insurance		
Repairs & maintenance		
Utilities		
Mortgage/Rent		
Homeowners Association Dues		
Internet		
Other		



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Please provide any additional information that you would like for us to know about this business or side job: _____



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FARM INCOME & EXPENSES

Full Legal Business Name (if applicable): _____

Employer ID (EIN) (if applicable): _____

Farm Address: _____

Principle Product: _____

Business is owned by: ☐ Taxpayer ☐ Spouse

Accounting Method: ☐ Cash ☐ Accrual

Inventory Method: ☐ Cost ☐ Lower Cost/Market ☐ Other ☐ N/A

Did you materially participate in this business (Yes/No)? _____

Check if this is your first year in this business? _____

If this is not your first year in business, please provide what year your business started. _____

Income	Amount
Sales of Livestock and other resale items	
Cost of above	
Sales of livestock, produce, etc. you raised	
Cooperative distributions (1099-PATR)	
Cooperative Distributions, taxable portion	
Agricultural Program Payments	
Agricultural Program Payments, taxable portions	
Crop Insurance Loans	
Other Income	

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Expenses	Amount	Expenses	Amount
Car & Truck Expenses		Machinery Rental	
Chemicals		Repairs & Maintenance	
Conservation Expense		Seeds & Plants Purchased	
Custom hire (Machine Work)		Storage & Warehousing	
Feed Purchase		Supplies & Materials	
Fertilizers		Payroll Taxes	
Freight & Trucking		Other Taxes Paid	
Gasoline, Fuel, Oil		Utilities	
Insurance		Pension & Profit Sharing Plans	
Mortgage Interest		Other Expenses	
Hired Labor/Contractors			
Legal & Professional Fees			
Vehicle Rental			
Equipment Rental			
Land Rental			



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DEPRECIATION

Please list any assets that can be considered for depreciation. These can consist of Equipment, Vehicles, Electronics, Tools, and etc.

Asset	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation	When did depreciation begin?

Please provide any additional information that you would like for us to know about your farming business or side hustle: _____

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BUSINESS USE OF HOME

Do you use any part of your home REGULARLY & EXCLUSIVELY for business (Yes/No)? _____

Estimated percentage of time spent in home office/studio compared to time spent in this business activity. (e.g., 10%, 20%)

Description of work done in home office: _____

Description of work done outside of work office: _____

Total area of home: _____

Total area of home used regularly for business: _____

	Direct Costs (benefit only business portion of home)	Indirect Costs (other)
Home Insurance		
Repairs & maintenance		
Utilities		
Mortgage/Rent		
Homeowners Association Dues		
Internet		
Other		

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BUSINESS USE OF HOME (DAYCARE FACILITY)

Do you use any part of your home REGULARLY & EXCLUSIVELY for business (Yes/No)? _____

Estimated percentage of time spent in home office/studio compared to time spent in this business activity. (e.g., 10%, 20%)

Description of work done in home office: _____

Description of work done outside of work office: _____

Total area of home: _____

Total area of home used regularly for business: _____

	Direct Costs (benefit only business portion of home)	Indirect Costs (other)
Home Insurance		
Repairs & maintenance		
Utilities		
Mortgage/Rent		
Homeowners Association Dues		
Internet		
Other		



Cost of Home Improvements and prior year depreciation. _____

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation