



## Knights Tax Service Client Intake Form

Taxpayer

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse: \_\_\_\_\_

SSN: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Can we text  
you? Yes or No

Physical Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (If Different)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Dependants

Full Name	Birthdate	Social Security Number	Relationship	Months Lived with you in 2020	College Student?

**\*\*College Students--we will need a copy of the 1098T that was issued from your school. They should have mailed you one or you can usually find it online in your student account.**

### Direct Deposit Information

If you would like Direct Deposit of Refund: Please provide a voided check or deposit slip: Or fill in the information below:  
In order for you to have a refund deposited into an account your name **MUST** be on the account.

Bank Name: \_\_\_\_\_

Rounting Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (checking or savings) \_\_\_\_\_

### Marketplace Health Insurance

Did you have insurance through the Marketplace? If so we need the **1095A** form that was sent to you by the marketplace.