



**Tax Year \_\_\_\_\_ Taxpayer Intake Form**

*VALID PHOTO ID'S REQUIRED*

|  |       |                                    |             |   |       |                                    |             |
|--|-------|------------------------------------|-------------|---|-------|------------------------------------|-------------|
| Primary Name (as shown on Social Security card):       |       |                                    |             | Spouse Name (as shown on Social Security card): |       |                                    |             |
| SSN:   |       | Date of Birth (MM/DD/YYYY):<br>/ / |             | SSN:  |       | Date of Birth (MM/DD/YYYY):<br>/ / |             |
| Driver's License #:                                    | State | Issue Date                         | Expire Date | Driver's License #:                             | State | Issue Date                         | Expire Date |
| Email Address:   |       |                                    |             | Email Address:                                  |       |                                    |             |
| Occupation:  |       |                                    |             | Occupation:                                     |       |                                    |             |
| Can anyone claim you as a dependent? Yes / No          |       |                                    |             | Can anyone claim you as a dependent? Yes / No   |       |                                    |             |
| Were you married during the current tax year? Yes / No |       |                                    |             |   |       |                                    |             |
| If married, live together? Yes / No                    |       |                                    |             | If no, when did you separate? (MM/DD/YYYY): / / |       |                                    |             |
| Address:   |       |                                    |             | City:   |       | State:                             | Zip Code:   |
| State of Residence:                                    |       | Phone (Day):                       |             | Phone (Evening):                                |       |                                    |             |

| Dependent Name (First, Middle Initial, Last)<br>as shown on Social Security card | Date of Birth<br>(MM/DD/YYYY) | Social Security<br>number | Relationship: | Months lived in your<br>home during tax year? |
|--|-------------------------------|---------------------------|---------------|---|
| 1.   |                               |                           |               |   |
| 2.   |                               |                           |               |   |
| 3.   |                               |                           |               |   |
| 4.   |                               |                           |               |   |
| Can anyone else claim the dependent(s) listed above? Yes / No                    |                               |                           |               |   |

Do you have any of the following documents? If so, how many?

| TYPE   | # | TYPE                             | # | TYPE                          | # |
|--|---|----------------------------------|---|-------------------------------|---|
| W2   |   | 1099-R (Retirement)              |   | K-1 (S-Corp, Part., Estate)   |   |
| 1099-INT (Interest Income)                             |   | SSA-1099 (Social Security)       |   | Alimony Received              |   |
| 1099-DIV (Dividend Income)                             |   | 1099-B (Sale of Stocks or Bonds) |   | Railroad Retirement           |   |
| 1099-MISC (IRA, 401K, Retirement)                      |   | Rental Income                    |   | 1099-C (Cancellation of Debt) |   |
| 1099-NEC   |   | Installment Sales                |   | Other Income:                 |   |
| 1099-G (Unemployment/State Refund)                     |   | Like-Kind Exchanges              |   |                               |   |
| Self-employed? Yes / No If yes, what type of business? |   |                                  |   |                               |   |

Check all of the following life changes that may apply

|                           |  |                                |  |                              |  |
|---------------------------|--|--------------------------------|--|------------------------------|--|
| Bought or Sold a Home     |  | Retired                        |  | Had a Baby                   |  |
| Married or Divorced       |  | Borrowed from Retirement Acct. |  | Home office (self-employed)  |  |
| Bought or Sold a Business |  | Became Disabled                |  | Energy Credit Qual. Purchase |  |
| Sold Stock                |  | Received an Inheritance        |  | Unemployed                   |  |

Check any of the credit or deduction items that may apply

|                             |  |                                  |  |                       |  |
|-----------------------------|--|----------------------------------|--|-----------------------|--|
| Daycare expenses            |  | Real Estate Taxes-Land/Home      |  | Alimony Paid          |  |
| Medical Expenses            |  | Unreimbursed Business Exp.       |  | Estimated Taxes paid  |  |
| Education Expenses (1098-T) |  | State Taxes                      |  | Student loan Interest |  |
| Home Mortgage Interest      |  | Personal Property Tax-auto, boat |  | IRA contribution      |  |
| Disaster Loss               |  | Charitable Contributions         |  | Foreign Taxes Paid    |  |

- |  |          |
|--|----------|
| 1. Did you, your dependents, or anyone on your behalf purchase health insurance through the Marketplace? (Form 1095-A) | Yes / No |
| 2. Do you (or spouse) owe money to the IRS or have student loan debt that is not in deferment?                         | Yes / No |
| 3. Did you buy or sell virtual currency? (Ex..BitCoin)   | Yes / No |
| 4. Have you ever been disallowed any credits? (EITC, CTC, ACTC)  | Yes / No |
| 5. Did you receive unemployment?   | Yes / No |
| 6. Did you receive EIP1, EIP2, EIP3?   | Yes / No |

We prepare your return from the information you furnished us, without verification. Incorrect information will delay your refund. Keep all records in accordance with IRS requirements. Upon examination of the returns by taxing authorities, request may be made for underlying data.

*I certify that all the information provided is true and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_