



# Tax Preparation Client Intake Form

## Filing Status

Single

Head of Household

Married Filing Separate

Married Filing Joint

Qualifying Widower

## Name

First Name

Last Name

## Age

## Date of Birth



Month

Day

Year

## Phone Number

Please enter a valid phone number.

## Email

example@example.com

## Address

Street Address

Street Address Line 2

City

State / Province

**Occupation**

**SSN**

**Are you a full-time student?**

Yes

No

**Are you totally and permanently disabled?**

Yes

No

**Are you legally blind?**

Yes

No

**Is this individual dependent of other?**

Yes

No

**Name**

First Name

Last Name

**Age**



**Is this individual dependent of other?**

Yes

No

**Enter your dependents here**

	<b>Name</b>	<b>SSN</b>	<b>Date of Birth</b>	<b>Relationship</b>
1				
2				
3				
4				
5				
6				

**Does you, your spouse, and your dependents have health insurance within 12 months last year? If yes, who covers for it?**

	<b>Yes/No</b>	<b>Employer</b>	<b>Spouse Ins</b>	<b>Exchange/ Marketplace</b>	<b>Direct with Insurer</b>	<b>Medicare</b>	<b>Medicaid</b>
<b>Taxpayer</b>							
<b>Spouse</b>							
<b>Dependent</b>							
1							
<b>Dependent</b>							
2							
<b>Dependent</b>							
3							
<b>Dependent</b>							
4							
<b>Dependent</b>							
5							

**Employment Status**

**Are you contributing to 401k or other pre-tax account?**

Yes No

**Is this your first time opening a pre-tax account?**

Yes No

**Please select what state return are you requesting?**

State return School  
Local RITA  
Country returns

**Does your dependents have tuition expenses?**

Yes No

**Do you have any expenses for child care?**

Yes No

**Do you have energy star rated improvements to your home?**

Windows Doors  
Furnace

**Are you currently renting?**

Yes No

**How long have you been rented this property?**

# of months

**Do you have your own home?**

Yes No

**Do you have documents that shows you paid for property taxes?**

Yes

No

**Did you sold any stock?**

Yes

No

**Did you take money from your 401?**

Yes

No

**Did you pay for vehicle tax?**

Yes

No

**Do you have mortgage interest?**

Yes

No

**Do you have real estate tax?**

Yes

No

**Did you receive a federal tax last year?**

Yes

No

**Are you a victim of identity theft?**

Yes

No

Please fill-up the information within the current year only.

**General Expenses**

**Amount**

**Medical Expenses**

**Dental Expenses**

**Insurance Premiums paid**

**Long Term Care Premiums**

**Prescription Drugs and Medications**

**Home Mortgage**

**Investment Interest**

**Cash Contributions**

**Non-Cash Contributions**

**Unreimbursed Business Expenses**

**Union Dues**

**Tax Preparation Fees**

**Investment Expenses**

**Additional comments**

- I confirmed that all information I entered here is accurate and true.
- I allow ABC Financial to capture my sensitive data like personal id, government id, social security number (SSN), and other information.
- I have read the terms and conditions and privacy policy of ABC Financial.
- By signing below, you acknowledge that you have read and understood your responsibilities and our responsibilities in doing this tax return.

**Date Signed**



Month   Day   Year

**Date Signed**



## Heading