



CLIENT INTAKE FORM

HOW DID YOU HEAR ABOUT US?

- SOCIAL MEDIA
- FLYERS / DOOR HANGERS
- DIRECT MAIL

PERSONAL INFORMATION

WERE YOU REFERRED BY ANYONE?

Name

First	Middle	Last
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Address

City	Region
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Postal / Zip Code	Country
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PHONE NUMBER

Email

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVERS LICENSE STATE & #

YOUR FILING STATUS

- SINGLE
- MARRIED FILING JOINT
- MARRIED FILING SEPERATE
- HEAD OF HOUSEHOLD
- QUALIFYING WIDOW / WIDOWER

WHO IS YOUR EMPLOYER?

WORK PHONE NUMBER

SPOUSES NAME (PUT N/A IF THIS DOES NOT APPLY)

RESIDENCE STATE (LIST THE STATE YOU RESIDED IN 2018)

NON RESIDENCE STATE (LIST ANY STATE IN WHICH YOU HAD TAXES WITHHELD, BUT WERE NOT A RESIDENT)

DID YOU LIVE AT YOUR ABOVE LISTED ADDRESS FOR 6 MONTHS OR MORE?

YES

NO

DID YOU FILE TAXES LAST YEAR?

YES

NO

IF YES, DID YOU RECEIVE A REFUND?

YES

NO

HOW DID YOU FILE YOUR TAXES LAST YEAR?

SELF EMPLOYED

W-2

CAN YOU GET A COPY OF YOUR PRIOR YEARS RETURN IF NEEDED?

YES

NO

DO YOU NEED TO FILE FORM 8862?
(STATING THAT YOU WERE DISALLOWED EIC PREVIOUSLY?)

YES

NO

DID YOU HAVE HEALTH INSURANCE IN 2018?

YES

NO

DID YOUR DEPENDENTS HAVE HEALTH INSURANCE THROUGH YOUR EMPLOYER, STATE,
OR OBAMACARE?

YES

NO

IF YES, WHICH DEPENDENTS?

- DEP #1
- DEP #2
- DEP #3
- ALL DEPS

DEPENDENT INFORMATION

IF YOU HAVE ANY DEPENDENTS, PLEASE LIST THEM BELOW. IF YOU HAVE MORE THAN 4 DEPENDENTS, LIST THE REMAINDER ON THE REVERSE SIDE. IF ANY OF YOUR DEPENDENTS DID NOT LIVE WITH YOU IN 2018, PLEASE NOTIFY YOUR PREPARER

DEPENDENT #1

Name

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP TO YOU

DEPENDENT #2

NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP TO YOU

DEPENDENT #3

NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP TO YOU

DID ALL OF YOUR DEPENDENTS STAY WITH YOU AT LEAST 6 MONTHS?

YES

NO

DID YOU FILE THESE SAME DEPENDENTS LAST YEAR?

YES

NO

CHILD CARE PROVIDER

IF YOU PAID FOR CHILD CARE FOR YOUR DEPENDENT CHILDREN, LIST THE CHILD CARE PROVIDERS BELOW WITH THE AMOUNTS PAID. IF YOU HAD MORE THAN ONE CHILD CARE PROVIDER IN YEAR 2018, PLEASE LIST ANY ADDITIONAL ONES ON THE BACK

CHILD CARE PROVIDER NAME

CHILD CARE PROVIDER ADDRESS

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

Country

SOCIAL SECURITY # OR FED ID NUMBER OF CHILD CARE PROVIDER

TOTAL AMOUNT PAID

ADDITIONAL INFORMATION

HOW MANY JOBS DID YOU WORK THIS YEAR?

1

2

3

DID YOU RECEIVE UNEMPLOYMENT INCOME?

YES

NO

DID YOU ATTEND COLLEGE, NIGHT SCHOOL, INTERNET SCHOOLING, OR ANY POST-SECONDARY EDUCATIONAL FACILITY TO GAIN A SKILL OR DEGREE?

YES

NO

DO YOU HAVE A 1098-T FORM FROM YOUR SCHOOL

YES

NO

ARE YOU CURRENTLY PAYING OR OWE STUDENT LOANS?

YES

NO

DO YOU OWN YOUR HOME?

YES

NO

DO YOU OWE FOR HOME BUYERS CREDITS?

YES

NO

DID YOU PAY CHURCH TITHES AND OFFERINGS?

YES

NO

DO YOU OWE STUDENT LOANS?

YES

NO

DO YOU OWE BACK CHILD SUPPORT?

YES

NO

DO YOU OWE THE IRS?

YES

NO

HOW WOULD YOU LIKE YOUR IRS REFUND CHECK ISSUED?

- PAPER
- CHECK
- DIRECT DEPOSIT

I (PRINT NAME) _____ HEREBY STATE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND RECOLLECTION AND HOLD NO BEARINGS UPON PREPARERS OR COMPANY STAFF

Signature

DATE