



New Client Intake Form

Individual Tax Clients

PLAY IT SAFE ACCOUNTING SOLUTIONS

Marital Status _____

TAXPAYER INFORMATION				SPOUSE INFORMATION				
Name (First, Initial, Last Name)				Name (First, Initial, Last Name)				
SSN	Date of Birth			SSN	Date of Birth			
Driver License/State ID #	State	ISS Date	Exp Date	Driver License/State ID#	State	ISS Date	Exp Date	
Occupation		Disabled		Occupation		Disabled		
Cell Phone	Alternate Phone			Cell Phone	Alternate Phone			
May we contact you by text message?		Yes	No	May we contact you by text message?		Yes	No	
E-Mail Address				E-Mail Address				
Mailing Address		Apt	City			State	Zip	
<p>1. Can someone claim YOU as a dependent?</p> <p>2. Did you make CASH Charitable Donation(s) totaling \$300 or more during the year?</p> <p>3. Did ANYONE in your household have HEALTH INSURANCE through the Marketplace?</p> <p><i>If Yes, do you have FORM 1095-A? We will need it to complete your tax return.....</i></p> <p>4. Did you have any Foreign Accounts?.....</p> <p>5. Was Taxpayer or Spouse active Military?.....</p>							Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

Dependent Information:

First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Child Care Expenses <input checked="" type="checkbox"/>	Disabled <input checked="" type="checkbox"/>	College Student <input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continue on back

Did you receive Advanced Child Tax Credit? Yes No How many children? _____
Do you have the IRS Letter 6419-G? Yes No

DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (✓All that apply)

<input type="checkbox"/> Wages - W2's #_____	<input type="checkbox"/> Gambling Winnings	<input type="checkbox"/> Medical Expenses
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Sale of Virtual Currency	<input type="checkbox"/> Mortgage Interest
<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Sale of Real Estate	<input type="checkbox"/> Real Estate Taxes
<input type="checkbox"/> Self-Employment (Complete)	<input type="checkbox"/> Sale of Stocks	<input type="checkbox"/> Charitable Donations \$_____
<input type="checkbox"/> Pension & Annuities	<input type="checkbox"/> Child Care Expenses \$_____	<input type="checkbox"/> Energy Efficient Purchases
<input type="checkbox"/> Interest	<input type="checkbox"/> College Tuition	<input type="checkbox"/> PPP Loan Forgiveness (Self Employment Only)
<input type="checkbox"/> Dividends	<input type="checkbox"/> Student Loan Interest	<input type="checkbox"/> Stimulus (Third payment) \$_____
<input type="checkbox"/> Injured Spouse, If so which spouse owes the debt: _____		
<input type="checkbox"/> Any other significant information _____ _____ _____		

PAYMENT IS REQUIRED PRIOR TO FILING

How would you like to pay for our services? Cash Check Credit/Debit Card

REFUND AND PAYMENT INFORMATION

How would you like to receive your Refund? Standard Mail Direct Deposit

If you owe IRS, State, how would you like to pay? Check Direct Debit

Bank Information: Bank Name: _____ Checking Savings

Routing # _____ Account # _____

I verify that all information I have provided to my tax preparer is to the best of my knowledge.

Taxpayer signature _____ **Date:** _____

Spouse signature _____ **Date:** _____

Who can we thank for referring you to our office? _____

How did you hear about us? _____