



## New Client Intake Form

### Individual Tax Clients

Marital Status \_\_\_\_\_

PLAY IT SAFE ACCOUNTING SOLUTIONS

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
<div>1. Can someone claim <b>YOU</b> as a dependent? .....</div> <div>2. Did you make <b>CASH</b> Charitable Donation(s) totaling \$300 or more during the year? .....</div> <div>3. Did <b>ANYONE</b> in your household have <b>HEALTH INSURANCE</b> through the Marketplace? ..... <i>If Yes, do you have <b>FORM 1095-A</b>? We will need it to complete your tax return.....</i></div> <div>4. Did you have any Foreign Accounts?.....</div> <div>5. Was Taxpayer or Spouse active Military?.....</div>						Yes ✓	No ✓
						<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"/>

### Dependent Information:

First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Child Care Expenses ✓	Disabled ✓	College Student ✓
					<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 ( <i>Complete</i> )	<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 ( <i>Self Employment Only</i> )
<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? \_\_\_\_\_