



TAX PREPARATION INTAKE FORM

YEAR OF TAX PREP *

NEW OR RETURNING CLIENT *

NEW
RETURNING
UNSURE

FILING STATUS

Select Filing Status *

FILING STATUS WILL BE ULTIMATELY DETERMINED BY INFORMATION GIVEN AND TAX PREPARERS DISCRETION

Number of Dependents *

TAXPAYER

ENTER IN YOUR INFORMATION

Name *

First Name

Current Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

DATE OF BIRTH *

Month Day Year

Social Security Number *

Occupation *

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

TAXPAYER IP PIN (issued from IRS yearly)

SPOUSE

YOUR SPOUSES INFORMATION, IF LEGALLY MARRIED OR PRESUMED MARRIED BY COMMON

LAW STATUTE IN THE STATE YOU RESIDE IN

Name *

First Name

Last Name

Date Of Birth *

Month Day Year

Social Security Number *

Occupation *

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

SPOUSE IP PIN (issued from IRS yearly)

DEPENDENTS

CHILD 1

First Name

Last Name

Social Security Number *

Date of Birth *

Month Day Year

Relationship

Is the Dependent a College Student?

Yes

No

Is the Dependent Disabled?

Yes

No

Do you provide 50% or more of the care and support for this Dependent?

Yes

No

Why is the Parent Not Claiming the Dependent? (If not Son, daughter, foster or Stepchild)

CHILD 2

First Name Last Name

Social Security Number *

Date of Birth *

Month Day Year

Relationship

Is the Dependent a College Student?

Yes
No

Is the Dependent Disabled?

Yes
No

Do you provide 50% or more of the care and support for this Dependent?

Yes
No

Why is the Parent Not Claiming the Dependent? (If not Son, daughter, foster or Stepchild)

CHILD 3

First Name Last Name

Social Security Number *

Date of Birth *

Month Day Year

Relationship

Is the Dependent a College Student?

Yes
No

Is the Dependent Disabled?

Yes

No

Do you provide 50% or more of the care and support for this Dependent?

Yes

No

Why is the Parent Not Claiming the Dependent? (If not Son, daughter, foster or Stepchild)

CHILD 4

First Name

Last Name

Social Security Number *

Date of Birth *

Month Day Year

Relationship

Is the Dependent a College Student?

Yes

No

Is the Dependent Disabled?

Yes

No

Do you provide 50% or more of the care and support for this Dependent?

Yes

No

Why is the Parent Not Claiming the Dependent? (If not Son, daughter, foster

or Stepchild)

CHILD 5

First Name Last Name

Social Security Number *

Date of Birth *

Month Day Year

Relationship

Is the Dependent a College Student?

Yes

No

Is the Dependent Disabled?

Yes

No

Do you provide 50% or more of the care and support for this Dependent?

Yes

No

Why is the Parent Not Claiming the Dependent? (If not Son, daughter, foster or Stepchild)

CREDITS

Which of the following applies to you? (Must select one) *

I paid a daycare or a nanny to care for my child 13 years or younger while I worked or looked for work. I can get a statement with their EIN/SSN to provide this claim

I attended a college/university/community college/post-secondary institution/career school and paid eligible expenses that can be proven with a 1098T form

I paid charity/tithes/or given donations to community organizations and/or religious institutions

I paid over \$13,850 in expenses for itemization

I paid student loan interest and received a 1098E

I had eligible medical expenses

I had energy and solar power expenses

I sold and/or purchased a home

I adopted a child or had a baby

I am in the military and had to move

I got separated/divorced paid or received alimony

Did you receive unemployment from any state or pay any unemployment back for overpayment?

NONE

CHILDCARE INFORMATION

CHILDCARE PROVIDER 1 NAME

CHILDCARE PROVIDER 1 SSN OR EIN

AMOUNT PAID FOR CHILDCARE

WHICH CHILD(REN) RECIEVED CHILDCARE?

CHILDCARE PROVIDER ADDRESS

Guadalupe Zambrano

Zambrano Tax Services

Street Address

Street Address Line 2

HIGHER EDUCATION

COLLEGE AND TUITION INFORMATION

HAVE YOU CLAIMED THE AMERICAN OPPORTUNITY EDUCATION CREDIT IN THE PAST?

YES

NO

UNSURE

ITEMIZED DEDUCTIONS

Guadalupe Zambrano

MEDICAL

Zambrano Tax Services

OUT OF POCKET MEDICAL EXPENSES

TAXES PAID BY YOU

STATE AND LOCAL TAXES OR GENERAL SALES TAX PAID

STATE AND LOCAL REAL ESTATE TAX

STATE AND LOCAL PERSONAL PROPERTY TAXES

ANY OTHER STATE AND LOCAL TAXES PAID

INTEREST YOU PAID

HOME MORTGAGE INTEREST YOU PAID

GIFTS TO CHARITY

CHARITY 1 NAME AND AMOUNT DONATED

CHARITY 2 NAME AND AMOUNT DONATED

SOLAR POWER EXPENSES

ENERGY/ SOLAR POWER COST

UNEMPLOYMENT



DID YOU RECIEVE ANY UNEMPLOYMENT OR PAY ANY UNEMPLOYMENT OVERPAYMENTS BACK?

YES
NO
UNSURE

INCOME AND WAGES

Did you work a job at any time in 2022? *

YES
NO
UNSURE

Did you start or do you own a business? *

YES
NO

Did you do any contract/self-employment work? *

YES
NO

WHAT IS THE STRUCTURE OF YOUR BUSINESS? *

SOLE PROPRIETORSHIP
LLC
S-CORP
PARTNERSHIP
NOT-FOR-PROFIT

Do you have a business name? *

What does your business do? *

Do you have an EIN? *

YES

NO

UNSURE

What is your EIN?

How much money did you make with your self-employment? *

How did you collect payment for your self-employment? *

Cash

Third Party Business Payment Processor (Stripe, PayPal, Square, ect)

Personal Card options (Cash App, Zelle, Venmo, Chime)

List any major expenses from your business. (IF NONE TYPE N/A) *

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Upload Additional Documents

Please upload one or more files into the areas below. Uploads will accept JPG, PNG and PDF files only. You can select multiple files to upload for each section by Shift or Cmd/Ctrl clicking files in the prompt.

MISC.

US Vacation Destination *

Who Referred you? (Get \$25 off Prep Fee)

REFUND DISBURSEMENT

How would you like to receive your refund? *

- Paper Check Printed in Office
- Direct Deposit into my account
- PRE-PAID Debit Card

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

Would you like to apply for the REFUND Advance? (January 1-March 1, 2023)

- YES
- NO

By completing this intake form, you agree that the information provided is true and accurate to your knowledge.

Zambrano Tax Services