

### TAX PREPARATION INTAKE FORM

YEAR OF TAX PREP \*

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# Zambrano Tax Services

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 \* alupe Zambrano

Phone Number Zambrano Tax Services

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

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example@example.com

SPOUSE IP PINZAMBRANO TAX Services

### **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

provide 50% of the care and suppor for this Depe

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

### Zambrano Tax Services

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

lupe Zambrano ial Security Number \*

### Date of Birth \*Zambrano Tax Services

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



Zambrano Tax Services 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

Dependent a College Student?

Is the Dependent Disabled?

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Yes No

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

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



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**AMOUNT PAID FOR CHILDCARE** 

WHICH CHILD(REN) RECIEVED CHILDCARE?

CHILDCARE PROVIDER ADDRESS

### **HIGHER EDUCATION**

COLLEGE AND TUITION INFORMATION

HAVE YOU CLAIMED THE AMERICAN OPPORTUNITY EDUCATION CREDIT IN

YES

NO

**UNSURE** 

ITEMIZED DEDUCTIONS upe Zambrano

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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



CHARITY 2 NAME AMBRICAND TAX Services

**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



# WHAT IS THE STRUCTURE OF YOUR BUSINESSA \* COOKER DE CONTROL DE CON

LLC

S-CORP

**PARTNERSHIP** 

**NOT-FOR-PROFIT** 

Do you have a business name?

What does your business do? \*

Do you have an EIN? \*

YES

### 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) \*

## alupe Zambrano **Upload Additional Documents**

Please upload one or more files into the areas below. Upleads will accept JPG, PNG and PDF files only. You can files in the prompt

MISC.

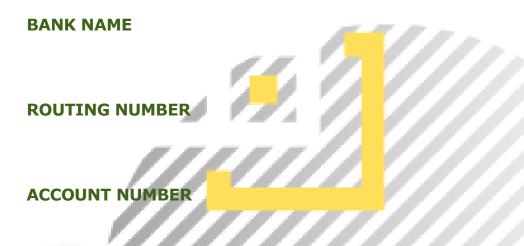
**US Vacation Destination \*** 

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



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

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

Zambrano Tax Services