

# ANDREWS TAXSERV TAX CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of **Andrews TaxServ**. This form is used to collect information about new clients and is for internal purposes only. The information you provide is confidential and will be treated accordingly.

FILING STATUS	
<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separately
<input type="checkbox"/> Qualifying Widower	

TAXPAYER INFO	
Name:	Occupation:
Social Security Number:	Date of Birth:
Address:	
Email:	Phone:

SPOUSE INFO	
Name:	Occupation:
Social Security Number:	Date of Birth:
Address:	
Email:	Phone:

DEPENDENT #1	
Name:	Relationship:
SSN:	DOB:
Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENT #2	
Name:	Relationship:
SSN:	DOB:
Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

### DEPENDENT #3

Name:	Relationship:
SSN:	DOB:
Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

### DEPENDENT #4

Name:	Relationship:
SSN:	DOB:
Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

### DEPENDENT #5

Name:	Relationship:
SSN:	DOB:
Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

### INCOME

Did you receive W2 income? If yes, how many total W2s? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any <b>self-employment income</b> (1099-K, 1099-NEC, 1099-Misc. CashApp, Venmo, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive <b>rental property income</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive <b>unemployment income</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any <b>Social Security income</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any <b>interest or dividends</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any <b>alimony</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any other income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you take any money from your <b>401k/TSP</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### ADJUSTMENT TO INCOME

Educator (teaching) expenses? If so, how much? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health savings account deductions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moving expenses (military only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employed health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA/Roth IRA contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student loans or tuition/fees deductions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## DEDUCTIONS

Mortgage interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church tithes/nonprofit donations? How much? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student loan interest payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daycare expenses? How much? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PAYMENTS

Did you file taxes last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay state taxes last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe the IRS If so, how much? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe state taxes If so, how much? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive a federal refund last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any letters from IRS or State tax office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make estimated tax payments? If so, how much, and what date?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## MISCELLANEOUS

**Are you a victim of identity theft?** ☐ Yes ☐ No

Identity theft PIN: \_\_\_\_\_

## SIGNATURE

Signature/Date: \_\_\_\_\_