

# Client Intake Form

Complete form so that we can better serve you.

\* Indicates required question

1. Email \*

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2. Full Name \*

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3. Have you filed a 2024 Tax Return? \*

*Check all that apply.*

☐ Yes

☐ No

☐ Need to Amend

4. What is your filing status? \*

⌵ Dropdown

*Mark only one oval.*

☐ Single

☐ Married filing jointly

☐ Married filing separately

☐ Head of Household

☐ Widower

## 5. Birthdate \*

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*Example: January 7, 2019*

## 6. Social Security Number \*

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## 7. Do you need to apply for an ITIN? \*

*Check all that apply.*

- ☐ Yes
- ☐ No
- ☐ Unsure

## 8. Mailing Address \*

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## 9. City, state and zip code: \*

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## 10. Phone \*

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11. Email address \*

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12. Marital Status \*

⌵ Dropdown

*Mark only one oval.*

- ☐ Never married
- ☐ Married
- ☐ Legally Separated
- ☐ Divorced
- ☐ Widower

13. Are you a U.S. citizen or Green card holder? \*

*Check all that apply.*

- ☐ Yes
- ☐ No

14. Occupation \*

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15. Are you totally and permanently disabled? \*

*Check all that apply.*

- ☐ Yes
- ☐ No

16. Are you a full time student? \*

*Check all that apply.*

☐ Yes

☐ No

17. Are you legally blind? \*

***Mark only one oval.***

☐ Yes

☐ No

18. Can you be claimed as a dependent on another persons tax return? \*

***Mark only one oval.***

☐ Yes

☐ No

19. Please select last tax years filed?

⌵ Dropdown

*Mark only one oval.*

- ☐ 2024
- ☐ 2023
- ☐ 2022
- ☐ 2021
- ☐ 2020
- ☐ 2019
- ☐ 2018
- ☐ Never filed before
- ☐ Last filed was 2017 or later

### Spousal Information

If no spouse please disregard

20. Spouse's Full Name

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21. Spouse birth date

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*Example: January 7, 2019*

22. Spouse Social Security Number

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23. Please list full name, birth date and social security number for each Dependent you will claim on your tax return:

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24. Please list the relationship of each dependent and how many month's dependent lived in tour home for tax year your filing:

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25. Do you rent or own your home? \*

 Dropdown

*Mark only one oval.*

- ☐ Rent
- ☐ Own
- ☐ Stay with family or friends

26. Employment status \*

 Dropdown*Mark only one oval.*

- ☐ Employed- W2 employee
- ☐ Self employed- cash-1099 forms
- ☐ Unemployed
- ☐ No income to claim

27. Do you have 401-K or other retirement accounts? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No
- ☐ Unsure

28. Did you pay child care for dependents? if so please list the child care providers name, address, phone and their EIN or social security number and amount paid for year

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**29. Please select all forms of income in the current year you are filing: \****Check all that apply.*

	Yes	No
<b>Wages or Salary (W2 Income)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unemployment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pension/ Retirement Income</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rental Income</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Farm income</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dividend/Sale of Stocks</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interest income</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employment-Bus. Income (Sch.C)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lottery or Gambling Income W-2G</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Security Income</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alimony Received</b>	<input type="checkbox"/>	<input type="checkbox"/>



## 30. Please select which other expenses pertain to you: \*

*Check all that apply.*

	Yes	No
<b>IRAs</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Business Owner/Self Employed</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education Expenses</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bought or Sold Home</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Expenses</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Moving Expenses</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Job Related Expenses</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home office expenses</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Charity contributions</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Property tax</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Business startup</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rental of property</b>	<input type="checkbox"/>	<input type="checkbox"/>

31. I confirm that all information I entered here is accurate and true. \*  
I allow you to capture my sensitive data like personal ID, government ID, Social Security Number (SSN), and other information.  
I have read the terms and conditions and privacy policy.  
By signing below, you acknowledge that you have read and understood your responsibilities and our responsibilities in doing this tax return.
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32. Signed : \*

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*Example: January 7, 2019*

33. Spouse Signature

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34. Signed

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*Example: January 7, 2019*

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