



## TAX CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of .  
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

- ☐ Single
- ☐ Married Filing Joint
- ☐ Married Filing Single
- ☐ Head of Household
- ☐ Qualifying Widower

### TAXPAYER INFO

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

### SPOUSE INFO

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### DEPENDENTS

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

#### INCOME

Did you receive W2 income? ☐ Yes ☐ No

-If yes, how many total W2s? \_\_\_\_\_

Did you receive any self-employment income? ☐ Yes ☐ No

Did you receive income from rental property? ☐ Yes ☐ No

Did you receive unemployment income? ☐ Yes ☐ No

**Did you receive any money from stock sales?** ☐ Yes ☐ No

**Did you receive any interest or dividends?** ☐ Yes ☐ No

**Did you receive any Social Security income?** ☐ Yes ☐ No

**Did you receive any miscellaneous (1099) income?** ☐ Yes ☐ No

**Did you receive any alimony?** ☐ Yes ☐ No

**Did you receive any other income from assets sold?** ☐ Yes ☐ No

**Did you take any money from your 401k?** ☐ Yes ☐ No

**Did you receive any taxable refunds/credits/offsets?** ☐ Yes ☐ No

**Did you receive any foreign income?** ☐ Yes ☐ No

**Did you receive any other income?** ☐ Yes ☐ No

-If yes, list other streams of income: \_\_\_\_\_

Adjustments to Income:

**Did you have any educator (teaching) expenses?** ☐ Yes ☐ No

**Did you have any health savings account deductions?** ☐ Yes ☐ No

**Did you have any moving expenses (military only)?** ☐ Yes ☐ No

**Did you pay for self-employed health insurance?** ☐ Yes ☐ No

**Did you make contributions to a retirement plan?** ☐ Yes ☐ No

**Did you have any student loans or tuition/fees deductions?** ☐ Yes ☐ No

**Did you pay any alimony?** ☐ Yes ☐ No

| DEDUCTIONS |  |
|------------|--|
| 1          |  |
| 2          |  |
| 3          |  |
| 4          |  |
| 5          |  |
| 6          |  |
| 7          |  |
| 8          |  |
| 9          |  |
| 10         |  |
| 11         |  |
| 12         |  |
| 13         |  |
| 14         |  |
| 15         |  |
| 16         |  |
| 17         |  |
| 18         |  |
| 19         |  |
| 20         |  |
| 21         |  |
| 22         |  |
| 23         |  |
| 24         |  |
| 25         |  |
| 26         |  |
| 27         |  |
| 28         |  |
| 29         |  |
| 30         |  |
| 31         |  |
| 32         |  |
| 33         |  |
| 34         |  |
| 35         |  |
| 36         |  |
| 37         |  |
| 38         |  |
| 39         |  |
| 40         |  |
| 41         |  |
| 42         |  |
| 43         |  |
| 44         |  |
| 45         |  |
| 46         |  |
| 47         |  |
| 48         |  |
| 49         |  |
| 50         |  |
| 51         |  |
| 52         |  |
| 53         |  |
| 54         |  |
| 55         |  |
| 56         |  |
| 57         |  |
| 58         |  |
| 59         |  |
| 60         |  |
| 61         |  |
| 62         |  |
| 63         |  |
| 64         |  |
| 65         |  |
| 66         |  |
| 67         |  |
| 68         |  |
| 69         |  |
| 70         |  |
| 71         |  |
| 72         |  |
| 73         |  |
| 74         |  |
| 75         |  |
| 76         |  |
| 77         |  |
| 78         |  |
| 79         |  |
| 80         |  |
| 81         |  |
| 82         |  |
| 83         |  |
| 84         |  |
| 85         |  |
| 86         |  |
| 87         |  |
| 88         |  |
| 89         |  |
| 90         |  |
| 91         |  |
| 92         |  |
| 93         |  |
| 94         |  |
| 95         |  |
| 96         |  |
| 97         |  |
| 98         |  |
| 99         |  |
| 100        |  |

**Do you have any mortgage interest?** ☐ Yes ☐ No

**Did you pay any real estate tax?** ☐ Yes ☐ No

**Did you pay any vehicle tax?** ☐ Yes ☐ No

**Did you pay tithes?** ☐ Yes ☐ No

**Did you pay any childcare expenses?** ☐ Yes ☐ No

**Did you have any other deductions or credits?** ☐ Yes ☐ No

-If yes, list other deductions or credits: \_\_\_\_\_

| PAYMENTS |     |
|----------|-----|
| 1        | 100 |
| 2        | 100 |
| 3        | 100 |
| 4        | 100 |
| 5        | 100 |
| 6        | 100 |
| 7        | 100 |
| 8        | 100 |
| 9        | 100 |
| 10       | 100 |
| 11       | 100 |
| 12       | 100 |
| 13       | 100 |
| 14       | 100 |
| 15       | 100 |
| 16       | 100 |
| 17       | 100 |
| 18       | 100 |
| 19       | 100 |
| 20       | 100 |
| 21       | 100 |
| 22       | 100 |
| 23       | 100 |
| 24       | 100 |
| 25       | 100 |
| 26       | 100 |
| 27       | 100 |
| 28       | 100 |
| 29       | 100 |
| 30       | 100 |
| 31       | 100 |
| 32       | 100 |
| 33       | 100 |
| 34       | 100 |
| 35       | 100 |
| 36       | 100 |
| 37       | 100 |
| 38       | 100 |
| 39       | 100 |
| 40       | 100 |
| 41       | 100 |
| 42       | 100 |
| 43       | 100 |
| 44       | 100 |
| 45       | 100 |
| 46       | 100 |
| 47       | 100 |
| 48       | 100 |
| 49       | 100 |
| 50       | 100 |
| 51       | 100 |
| 52       | 100 |
| 53       | 100 |
| 54       | 100 |
| 55       | 100 |
| 56       | 100 |
| 57       | 100 |
| 58       | 100 |
| 59       | 100 |
| 60       | 100 |
| 61       | 100 |
| 62       | 100 |
| 63       | 100 |
| 64       | 100 |
| 65       | 100 |
| 66       | 100 |
| 67       | 100 |
| 68       | 100 |
| 69       | 100 |
| 70       | 100 |
| 71       | 100 |
| 72       | 100 |
| 73       | 100 |
| 74       | 100 |
| 75       | 100 |
| 76       | 100 |
| 77       | 100 |
| 78       | 100 |
| 79       | 100 |
| 80       | 100 |
| 81       | 100 |
| 82       | 100 |
| 83       | 100 |
| 84       | 100 |
| 85       | 100 |
| 86       | 100 |
| 87       | 100 |
| 88       | 100 |
| 89       | 100 |
| 90       | 100 |
| 91       | 100 |
| 92       | 100 |
| 93       | 100 |
| 94       | 100 |
| 95       | 100 |
| 96       | 100 |
| 97       | 100 |
| 98       | 100 |
| 99       | 100 |
| 100      | 100 |

**Did you file taxes last year?** ☐ Yes ☐ No

**Did you owe the state last year?** ☐ Yes ☐ No

**Did you pay the state last year?** ☐ Yes ☐ No

**Do you owe the IRS?** ☐ Yes ☐ No

-If yes, how much? \_\_\_\_\_

**Did you receive a federal refund last year?** ☐ Yes ☐ No

**Have you received any letters from the IRS?** ☐ Yes ☐ No

**Did you borrow funds for college tuition?** ☐ Yes ☐ No

**Did you make any estimated payments toward this year's tax return?** ☐ Yes ☐ No

-If yes, enter all payments made along with the dates:

|  |
|--|
|  |
|--|

**MISCELLANEOUS**

**Are you part of a business partnership or corporation?** ☐ Yes ☐ No

**Are you an Armed Forces Reservist?** ☐ Yes ☐ No

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

**SIGNATURE**

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

Print Name: \_\_\_\_\_