

**TAX CLIENT INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [ACCOUNTANT’S NAME]. 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** |

**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** |

**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: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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