

**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.

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| **FILING STATUS** |

[ ]  **Single**

[ ]  **Married Filing Joint**

[ ]  **Married Filing Single**

[ ]  **Head of Household**

[ ]  **Qualifying Widower**

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| **TAXPAYER INFO** |

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

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

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

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

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

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

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| **SPOUSE INFO** |

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

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

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

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

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

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

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| **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

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| **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

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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:

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| **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

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| **SIGNATURE** |

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

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