



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

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: _____ Date: _____

Print Name: _____