

Client Intake Form

Date

Filing Status (HOH, W, MFS,MFJ) Phone Number

Full Name

Spouse's Full Name

Home Phone

Cell Phone

Email Address

Address

City

State.

ZIP Code

Spouse's Name

Phone number & Occupation:

Spouse's Email address

Spouse's Social Security number

Spouse's Date of Birth

Dependent's name Relationship Gender Social security number

1.				
2.				
3.				
4.				

1. Dependents lived with me for _____ of year.

Were any credits disallowed in the previous year? _____

Do you have copy of prior years' AGI or Tax documents? _____

Own a business or have business/ rental / Investment/ Crypto income? _____

In qualifying educational institution or have dependent in qualifying educational institution to receive a form 1098T? _____

Anyone listed on the return considered disabled by law? _____ If so whom?
_____ can you provide SSA form or award letter?

Any dependent or childcare expenses? _____ if so to whom
_____ provider's business name EIN and amount paid must be
submitted.

Anyone listed on the return not a US resident? _____

Have received unemployment during tax year _____

Did you pay have to repay any unemployment? _____ if so what amount: _____

Did you or anyone in your household receive insurance through the marketplace? _____

Do you have employer paid health insurance _____ if so do you have proof: _____

Did you pay any medical expense, copays, hospital bills, pharmacy, and/or physician's expense?
_____ If so, can you provide proof: _____

Did you make any estimated payments or carry over payments for tax year? _____

Are you an educator and have any applicable educators' expense up to amount set by federal
guidelines? _____

Have you in cancelation of debt of any kind? _____ if so what and how much _____

Did you have any gambling winnings _____ if so do you have w2-G form _____

Did you purchase a home in 2008 and still qualify for First Time Homebuyer Credit? _____

Have you received any rental payments for any rental properties: _____ do you have expense and
deduction proofs(Credit cards, repair bills, payment receipts): _____

Do you have a child in a qualifying K-12 school who qualifies for school readiness credit? _____

Have you and everyone in your household whom you are at law to have claimed in the prior year(s)
received all stimulus and EIP amounts?

_____ if not have you already claimed the
missing amount? _____ Explain: _____

Are you claiming injured spouse or filing taxes for deceased: _____ if so
whom: _____

Direct Deposit:

Bank Name: _____

Account Number:

_____ Routing Number:
