CLIENT INTAKE FORM

Date Received: _____

NAME: _____

CLIENT STATUS: ☐ New ☐ Existing **TAX YEAR:** _____

Must complete all sections if you are new:

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

How can we best communicate?
Please fill out both and mark your preferred method.

EMAIL: _____ ☐ Preferred Method

PHONE: _____ ☐ Preferred Method

We will use your preferred contact method if we have any questions or need additional information.
We will use your preferred method to contact you when we are ready to deliver your completed tax return.

RETURN(S) REQUESTED:

# of Returns Requested	Return Type Requested	Name(s) of Entity(ies)
	Individual Return(s)	
	Business Return(s)	
	Trust Return(s)	

How would you like to receive your return? (Additional fees will apply for reprinting and mailing)

☐ Portal ☐ Mail ($15 fee) ☐ Pickup ($25 fee PER REPRINT)

Direct Deposit Account Information:

Account #: _____

Routing #: _____

Filing Status:

☐ Single ☐ Head of Household

☐ Married Filing Jointly ☐ Qualifying Surviving Spouse

☐ Married Filing Separate

Did you make estimated tax payments to IRS or state? ☐ Yes ☐ No

IRS	Date	Amount

State	Date	Amount

		Yes	No
Did you make any energy improvements to your primary home?		☐	☐
Do you pay for any long-term care insurance premiums?		☐	☐
Did you pay for health insurance (not through an employer)?		☐	☐
	If yes, is it through the healthcare.gov marketplace?	☐	☐
Did you have any digital currency transactions?		☐	☐
Are you 70 1/2 or older and made a qualified charitable donation your IRA?		☐	☐
Did you contribute to a 529 savings plan?		☐	☐
Were there significant changes from previous year's tax return? (If yes, explain on next page.)		☐	☐
	New job?	☐	☐
	New address?	☐	☐
	New or removed dependent?	☐	☐
Did you work overtime or receive tips? – If yes, we need last paystubs from 2025.		☐	☐

PRIMARY
Date of Birth: _____
SSN: _____
Email: _____

SPOUSE
Date of Birth: _____
SSN: _____
Email: _____

***PLEASE LIST ALL DEPENDENTS**: If you are a returning client, please only list any changes in dependents or dependent status:*
If you had a child born in 2025, please put in the notes whether you would like a Custodial Investment 530A "Trump" Account elected for this child.

DEPENDENT 1

Name: _____
Date of Birth: _____
SSN: _____

DEPENDENT 2

Name: _____
Date of Birth: _____
SSN: _____

DEPENDENT 3

Name: _____
Date of Birth: _____
SSN: _____

DEPENDENT 4

Name: _____
Date of Birth: _____
SSN: _____

NOTES:

_____

_____

Did you know ClearPath offers expanded services for individuals and businesses in addition to tax preparation?

Check the boxes below to receive more information on ways we can serve you:

- ☐ Wealth Management
- ☐ Risk Management/Insurance
- ☐ Business Consulting/Exit Planning
- ☐ Payroll
- ☐ Accounting/Bookkeeping
- ☐ Legacy/Estate Planning
- ☐ 401(k)/Retirement Plan Designs/401(k) Plan Investment Management