

Date Received: _____



Client Intake Form

NAME: _____

CLIENT STATUS: <input type="checkbox"/> New <input type="checkbox"/> Existing	TAX YEAR: _____
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Must complete all sections if new:

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

*How best can we 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.*

PRIMARY

Date of Birth: _____

SSN: _____

SPOUSE

Date of Birth: _____

SSN: _____

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 "Trump" Account elected for this child.

DEPENDENT 1

Name: _____

Date of Birth: _____

SSN: _____

Notes:

DEPENDENT 2

Name: _____

Date of Birth: _____

SSN: _____

Notes:

DEPENDENT 3

Name: _____

Date of Birth: _____

SSN: _____

Notes:

DEPENDENT 4

Name: _____

Date of Birth: _____

SSN: _____

Notes:

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

IRS	Date	Amount

State	Date	Amount

Yes No

<i>Did you make any energy improvements to your primary home?</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you pay for any long-term care insurance premiums?</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Did you pay for health insurance (not through an employer)?</i>		<input type="checkbox"/>	<input type="checkbox"/>
	<i>If yes, is it through the healthcare.gov marketplace?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Did you have any digital currency transactions?</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Are you 70 1/2 or older and made a qualified charitable donation your IRA?</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Did you contribute to a 529 savings plan?</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Were there significant changes from previous year's tax return? (If yes, explain on next page.)</i>		<input type="checkbox"/>	<input type="checkbox"/>
	<i>New job?</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>New address?</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>New or removed dependent?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Did you work overtime or receive tips? – If yes, we need last paystubs from 2025.</i>		<input type="checkbox"/>	<input type="checkbox"/>

NOTES

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

Portal Mail Pickup

Did the direct deposit account change?

Yes No

Account #: _____

Routing #: _____

Would you be interested in receiving information on other services we offer here at ClearPath?

Yes No

If YES, please check all that you would be interested in.

- | | |
|---|--|
| <input type="checkbox"/> Wealth Management | <input type="checkbox"/> Risk Management/Insurance |
| <input type="checkbox"/> Business Consulting/Exit Planning | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Legacy/Estate Planning |
| <input type="checkbox"/> 401(k)/Retirement Plan Designs/401(k) Plan Investment Management | |