

Tax Client Intake

Date	Tax Year(s)
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<input type="checkbox"/> New Client	<input type="checkbox"/> Existing Client
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Thank you for allowing us to prepare your tax return. It is very important for you provide the information on this form to help our certified staff in completing your return. If you have any questions, please ask. You will need your:

- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of identity (such as drivers license or other picture ID)

Personal Information

US Citizen

Legally Blind

Your Name	Date of Birth	SSN/ITIN	Occupation	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	Totally/Permanently Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name	Date of Birth	SSN/ITIN	Occupation	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	Totally/Permanently Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	Apt #		City	Zip Code	State	
Home/Primary Phone	Cell Phone	Accept Text <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail			
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Qualifying Widow	Return Copy Option <input type="checkbox"/> E-mail <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail		Notification of Tax Results How would you like to be notified of your tax results? (check all that apply) <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Text If by Phone, is it OK to leave a voicemail with details of your life? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list authorized individuals or business you consent us to release your file information to:			
<input type="checkbox"/> No Dependents	<input type="checkbox"/> With Dependent(s)	<input type="checkbox"/> Paper Copy	<input type="checkbox"/> CD			
<input type="checkbox"/> Someone else can claim me as dependent	<input type="checkbox"/> Jointly	<input type="checkbox"/> Paper Copy	<input type="checkbox"/> CD			
<input type="checkbox"/> Separate						

Dependent Information

List the name of everyone below who lived in your home and outside your home that you supported during the last tax year.

Name	D.O.B	Social Security No.	Relationship to you	Months living with you	Full-time Student	Daycare Expenses

Bank Information

Bank Name	9-Digit Routing No.	Bank Account No.	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Saving

Questionnaire

- How did you hear about us? If you were referred, by who? _____
- Who is the attorney you are working with? _____
- When are your tax returns due to _____ ? _____
- Do you authorize us to speak about or release your tax information? Yes No
- How will you pay for tax preparation fees? Cash Debit/Credit Card Check ACH
- When would you like to pay for tax preparation fees? Today Post Dated Payment Arrangement
- Are you interested in any of the other services we offer?
 Insurance Bookkeeping Web Design Marketing Computer training Job placement services

NOTES:

