



## 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

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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

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### 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: \_\_\_\_\_



**TAX SERVICES LLC**