



## 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

.....

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

#### 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**