Tax Services Intake Form*

Taxpayer Information

Name	Phone	Email

Street Address	City	State	Zip Code

Occupation	Social Security Number	DOB	Citizenship

Driver's License Number or State ID	State	Issue Date	Expiration Date

Spouse/Partner Information

Name	Phone	Email

Street Address	City	State	Zip Code

Occupation	Social Security Number	DOB	Citizenship

Driver's License Number or State ID	State	Issue Date	Expiration Date

Dependent Information (IRS requires proof of residency for each dependent)

Name	DOB	Social Security Number	Relationship	Earned Income
Name	DOB	Social Security Number	Relationship	Earned Income
Name	DOB	Social Security Number	Relationship	Earned Income
Name	DOB	Social Security Number	Relationship	Earned Income

* **Current clients**: *please update any changes.*
New clients: *please complete all items.*

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Banking Information (for direct deposit of refunds only)

Bank	Routing Number	Account Number	Checking/Savings

Source Documents Provided

	Y	N
o New client: 2 years prior tax returns		
o Proof of dependent residency		
o		

	Y	N
o All deduction documents		
o All income documents		
o		

IRS Mandated Questions (must be answered every tax year)

	Y	N
o IRS tax notices?		
o Estimated payments made?		
o Foreign assets or accounts?		
o Virtual currency (bitcoin, etc.)?		
o Student loan interest?		
o Education credit?		
o Childcare credit?		
o Other credits?		
o 1099 payments over $600?		
o Gambling income?		
o Mileage log? Actual car expenses?		
o IRA contributions (non-employer)?		
o Debts forgiven/cancelled?		
o All income reported?		
o		

	Y	N
o Change in filing/marital status?		
o Change in employment/unemployment?		
o Address change?		
o Child care expenses?		
o Charitable donation documentation?		
o Purchases/sales (property, businesses, etc.)?		
o HSA contributions/distributions?		
o Gifts given over $18,000?		
o Home office?		
o Educator expenses?		
o Self-employed health insurance premiums?		
o Rental properties?		
o Change account used for refund direct deposit?		
o Audited by the IRS?		
o		

Notes

Signature Date

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that my printed name below constitutes my signature and acknowledgment of this certification.

Taxpayer _____ _____

Spouse/Partner _____ _____