

Client Intake Form

Routine client collection form to gather required information for annual tax compliance cycle.
Existing clients should review for accuracy and/or changes.

Personal Information

Primary

Social Security Number: _____ Date of Birth: _____ (mm/dd/yyyy)

First Name: _____ Last Name: _____

Occupation: _____

Phone Number: _____ E-Mail: _____

Spouse

Social Security Number: _____ Date of Birth: _____ (mm/dd/yyyy)

First Name: _____ Last Name: _____

Occupation: _____

Phone Number: _____ E-Mail: _____

Address:

Street: _____

City: _____ State: _____ ZIP Code: _____

Banking Information:

Would you like to receive your refund as a direct deposit? ☐ Yes ☐ No

Bank Name: _____

Account Number: _____ Routing Number: _____

☐ Checking or ☐ Savings

Dependents:

Full Name: _____ DOB: _____ SSN: _____ Childcare: ☐ Yes ☐ No
(mm/dd/yyyy)

Full Name: _____ DOB: _____ SSN: _____ Childcare: ☐ Yes ☐ No
(mm/dd/yyyy)

Full Name: _____ DOB: _____ SSN: _____ Childcare: ☐ Yes ☐ No
(mm/dd/yyyy)

Full Name: _____ DOB: _____ SSN: _____ Childcare: ☐ Yes ☐ No
(mm/dd/yyyy)

Full Name: _____ DOB: _____ SSN: _____ Childcare: ☐ Yes ☐ No
(mm/dd/yyyy)

Questionnaire:

Dependents are your biological children and lived with you > 6 months? ☐ Yes ☐ No

Dependents are US Citizens, have valid SSNs, and you provide majority support? ☐ Yes ☐ No

Do dependents address match your address on: School records, medical records? ☐ Yes ☐ No

Have you transacted in cryptocurrencies or digital assets in 2024? ☐ Yes ☐ No

Did you have a foreign bank account at any time in 2024? ☐ Yes ☐ No

Have any tax credits ever been reduced or disallowed to you by the IRS? ☐ Yes ☐ No

If you were an educator, did you have at least \$300 in educator expenses in 2024? ☐ Yes ☐ No

Did you install any energy saving items in your home during 2024 (ex. solar panels)? ☐ Yes ☐ No

Did you purchase (not lease) a plug-in electric vehicle during 2024? ☐ Yes ☐ No

Were all family members covered by health insurance for all of 2024? ☐ Yes ☐ No

Did you purchase insurance through a state health insurance marketplace? ☐ Yes ☐ No

If yes, please provide form(s) 1095-A

Did you pay tuition to any post-high school accredited institution (ex. College)? ☐ Yes ☐ No

If yes, please provide form(s) 1098-T

Did you pay any student loan interest in 2024? ☐ Yes ☐ No

If yes, please provide form(s) 1099-E

Did you receive unemployment benefits or family leave insurance in 2024? ☐ Yes ☐ No

If yes, please provide form(s) 1099-G