Client Intake Form

Please complete and bring to your appointment, or upload through our online intake form.

Taxpayer

FULL NAME _____ DATE OF BIRTH _____

SSN / ITIN (LAST 4) _____ OCCUPATION _____

PHONE _____ EMAIL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Spouse (if filing jointly)

FULL NAME _____ DATE OF BIRTH _____

OCCUPATION _____ PHONE _____

Filing Status

- ☐ Single
- ☐ Married filing jointly
- ☐ Married filing separately
- ☐ Head of household
- ☐ Qualifying surviving spouse

Dependents

NAME	RELATIONSHIP	DATE OF BIRTH	MONTHS LIVED WITH YOU

NAME	RELATIONSHIP	DATE OF BIRTH	MONTHS LIVED WITH YOU

This Year

- ☐ I received a W-2
- ☐ I had self-employment / 1099 income
- ☐ I bought or sold a home
- ☐ I paid for childcare or education
- ☐ I had Marketplace health insurance
- ☐ I received a letter from the IRS

Signature

TAXPAYER SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____