

CLIENT INTAKE FORM

Please check all that apply:

- Single Head of Household (unmarried with dependent(s) in the house)
 Married Filing Joint Married Filing Separate Widowed during the tax year. Date: _____
 Lived separate from spouse for at least 6 months of year I have a child that I claim on my return and will fill out a Dependent form for each child.
 Divorced during the tax year. Date: _____

Name: _____ **SSN / ITIN:** _____

Full Time Student Blind Active Military Unemployed Occupation: _____

Date of Birth: ____ / ____ / ____ Did you get health insurance from the Marketplace? Y ____ N ____

Spouse's Name: _____ **SSN / ITIN:** _____

Full Time Student Blind Active Military Unemployed Occupation: _____

Date of Birth: _____, _____. Did you get health insurance from the Marketplace? Y ____ N ____

Address: _____ **Apt. No.:** _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Cell Phone: _____ **Other Phone #:** _____

Questions:

Did you have a new dependent (a baby born) in your household during 2022? Y ____ N ____

Did you withdraw from your retirement account in 2020 **AND** elected the 3 year reporting due to COVID-19?
Y ____ N ____ **If yes, we will need a copy of your 2020 & 2021-Income Tax Returns.**

How did you hear about us? _____.

Do you intend on filing an extension? Y ____ N ____ *If yes, there is a \$75.00 fee to file an extension, you will have until 10/15/2023 to file your individual tax return.*

I am paying for the time and expertise of a tax professional. I understand that I will be charged for the preparation of this return. I understand that my return will be prepared based on the information I provide it. I am solely responsible for the accuracy of the information above and for maintaining the records to support it.
****No Estimates – Consultations are \$95.00****

Signature: _____ **Date:** _____, 20 ____.

Expires: 12/31/2023