

TAX CLIENT INTAKE FORM

Client Name: _____ Social Security No.: _____

Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Filing Status:

Single Married Filing Jointly Married Filing Separately

Dependents:

Number of Dependents: _____ Ages: _____

Income Information:

Wages, Salaries, Tips, etc. (Attach W-2s): _____

Interest and Dividend Income (Attach 1099s): _____

Business Income (Attach Schedule C): _____

Capital Gains (Attach Schedule D): _____

Other Income (Specify): _____

Deductions and Credits:

Itemized Deductions (Attach Schedule A): _____

IRA Contributions: _____

Education Expenses: _____

Childcare Expenses: _____

Other Deductions/Credits (Specify): _____

Health Insurance Information:

Did you have health insurance coverage all year? (Yes / No): _____

If No, please provide details: _____

Additional Information / Notes:

Signatures:

CLIENT'S SIGNATURE

PREPARER'S SIGNATURE

Signature: _____

Signature: _____

Date: _____

Date: _____

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