

NEW CLIENT - INDIVIDUAL TAX INTAKE FORM

****MUST COMPLETE THIS FORM IN FULL****

Do you typically owe taxes? _____ Did you owe to state or federal last year? _____

****COPY OF DRIVERS LICENSE REQUIRED FOR TAX RETURNS or PROVIDE INFO BELOW****

Client Name (primary on taxes) _____ Social Security # _____ - _____ - _____

Occupation _____ **Date of Birth** _____

Spouse Name _____ Social Security # _____ - _____ - _____

Spouse Occupation _____ **Spouse Date of Birth** _____

Phone # (____) _____ - _____ Alternate Phone (____) _____ - _____

Primary Email: _____

I UNDERSTAND THAT I MUST PROVIDE A COPY OF MY last year's return enclosed _____

Is address shown on last year's return still current? ___ Yes ___ No

If no, enter current address: _____

W-2's Enclosed? ___ Yes ___ No If No, explain: _____

Number of W-2's _____ Other documents enclosed (Forms 1098, 1099, etc.)? ___ Yes ___ No

State of residence: _____ If you did not live and work in the entire year in this state, please list all other states: _____

Did you receive the Advance Child Tax Credit? ___ Yes ___ No If yes, total amount received? \$ _____

Dependents or people living in your household (if more than three, use the back of this sheet):

Name	Date of Birth	Social Security #
_____	_____	_____-_____-_____
_____	_____	_____-_____-_____
_____	_____	_____-_____-_____

Would you like to File: ___ Same as Last Year
___ Electronic File
___ Direct Deposit/Debit

Primary's DRIVERS LICENSE State _____ License # _____

Issue Date _____ Expiration Date _____

Spouse's DRIVERS LICENSE State _____ License # _____

Issue Date _____ Expiration Date _____