

Client Intake & Information Form

Please complete front & back

You are responsible for the information on your return so please provide complete and accurate information. You will need your:

* Tax Information such as Forms W-2, 1099, 1098

* Social Security Cards or ITIN letters for you and all persons on your tax return

* Picture ID (such as a valid driver's license or other governmental issued ID for you and your spouse, if applicable).

* Copies of any and all correspondence or notifications received from the IRS

Part I. Your Personal Information

Your First Name	M.I.	Last Name	Telephone Number	May we text?: Y N	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
			Cell Phone Provider:	*Standard Text Messaging Rates May Apply		
Your Spouse's First Name	M.I.	Last Name	Telephone Number	May we text?: Y N	Spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
			Cell Phone Provider:	*Standard Text Messaging Rates May Apply		
Mailing Address			Apt. #	City	State	Zip Code
Your Date of Birth	Your Job Title	Last year, were you:		Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Totally and Permanently Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No				
Your Spouse's Date of Birth	Your Spouse's Job Title	Last year, was your spouse:		Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Totally and Permanently Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you or your spouse: Been a victim of Identity Theft? (Circle one) Y or N			Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Presidential Election Campaign Fund: Check here if you or your spouse if filing jointly, want \$3 to go to this fund				<input type="checkbox"/> You	<input type="checkbox"/> Spouse	
(If you check a box, your tax or refund will not change)						

Part II. Marital Status and Household Information

1. As of December 31, 2020, were you?

☐

Single

☐

Married: If Yes, Did you get married in 2020? (Circle one) Yes or No and Did you live with your spouse during any part of the last six months of 2020? (Circle one) Yes or No

☐

Divorced or Legally Separated: Date of final decree or separate maintenance agreement: _____

☐

Widowed: Year of spouse's death: _____

2. List names below of everyone who lived in your home in 2020 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2020. If additional space is needed, please attach additional sheets.

To be completed by Taxpayer									To be completed by Preparer				
Name (first & last) Do not enter your name or spouse's name below.	Date of Birth (mm/dd/yy)	Relationship to you?	# of months in your home?	Single or Married as of 12/31/20?	Resident of US, Canada, or Mexico last year?	Full-Time Student in 2020?	U.S. Citizen	Totally and Permanently Disabled?	Is this person a qualifying child/relative of any other person?	Did this person provide more than 50% of his/her own support?	Did this person have less than \$4,300 of income?	Did the taxpayer provide more than 50% of support for this person?	Did the taxpayer pay more than half of the cost of maintaining a home for this person?

Please turn form over and complete questions on back.

Please complete---check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income--In 2020, did you (or your spouse) receive:

Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary? (Form W-2) If yes, how many jobs did you have in 2020? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Interest/Dividends from: Checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Refund of state/local income taxes (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Alimony Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Self-Employment Income (Form 1099-MISC)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B, K-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Disability Income (such as payments from insurance, or workers compensation)? (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Payments from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Unemployment Compensation? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Income (or loss) form Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Income from S-Corporation, LLC, or Partnership (Form K-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other Income (gambling, lottery, prizes, awards, jury duty, etc.)? (Forms W-2G, 1099-MISC)
			Specify _____

Part IV. Expenses--In 2020, did you (or your spouse) pay:

Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Alimony: If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Educational expenses for yourself, spouse or dependents, such as tuitions, books, fees, etc? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Unreimbursed employee business expenses (such as uniforms or mileage)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Medical expenses (including health insurance premiums)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Charitable contributions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Child or dependent care expenses such as day-care?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Student loan Interest? (Form 1098-E)

Part V. Life Events--In 2020, did you (or your spouse):

Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have a Health Savings Accounts? (Forms 5498-SA, 1099-SA, W-2 with code W in Box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have credit card or mortgage debt cancelled/forgiven by a lender or a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Buy, sell or have a foreclosure of your home? (Form 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Have EIC, CTC or American Opportunity Credit disallowed in a prior year? If yes, which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Purchase and install energy-efficient home items? (such as windows, furnace, insulations, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Live in an area that was affected by a natural disaster? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Make estimated tax payments or apply last year's refund to this year's tax? If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. File a return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Receive an Economic Impact Payment (stimulus) in 2020?

Part VI. Health Care Coverage--Last year, did you, your spouse, or dependent(s):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have Health Care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Receive one or more of these forms? 1095-B <input type="checkbox"/> 1095-C <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. If Yes, Receive an advance payment from the Marketplace to help pay your monthly health care payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. If Yes, Is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have an exemption granted by the Marketplace?