



**TAX INTAKE FORM**

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**TAX YEAR** \_\_\_\_\_

**\*Drivers License Required\***

<b>FILING STATUS</b> (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married filing Jointly <input type="checkbox"/> Married filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widower	<b>ADDRESS:</b>  Street: _____  City: _____  State: _____ Zip Code: _____
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<b>TAXPAYER:</b> Soc. Sec. No.: _____ First MI Last: _____ Email: _____ Cell Phone: _____ Date of Birth: _____ Occupation: _____ Dependent of Other? _____	<b>SPOUSE:</b> Soc. Sec. No.: _____ First MI Last: _____ Email: _____ Cell Phone: _____ Date of Birth: _____ Occupation: _____ Dependent of Other? _____
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<b>DEPENDENTS:</b>			
First MI Last	Date of Birth	Soc. Sec. No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>EMPLOYMENT &amp; RETIREMENT INFORMATION:</b>	
1. Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were you unemployed at any point during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you contributing to a 401k, 403b, or other pre-tax account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever opened any form of pretax account in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>AFFORDABLE CARE ACT:</b>	
Did <b>everyone</b> on the tax return have health insurance coverage <b>all 12 months</b> this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , coverage through (check one below for each)	If <b>no</b> , what months did you
If you not yet received your IRS form 1095 a copy of <b>health insurance card is required.</b>	<b>NOT</b> have coverage
<b>Taxpayer:</b> <input type="checkbox"/> Employer/Spouse <input type="checkbox"/> Marketplace <input type="checkbox"/> Direct w/Insurer <input type="checkbox"/> Medicare/Medicaid	_____
<b>Spouse:</b> <input type="checkbox"/> Employer/Spouse <input type="checkbox"/> Marketplace <input type="checkbox"/> Direct w/Insurer <input type="checkbox"/> Medicare/Medicaid	_____
<b>Dep 1:</b> <input type="checkbox"/> Employer/Spouse <input type="checkbox"/> Marketplace <input type="checkbox"/> Direct w/Insurer <input type="checkbox"/> Medicare/Medicaid	_____
<b>Dep 2:</b> <input type="checkbox"/> Employer/Spouse <input type="checkbox"/> Marketplace <input type="checkbox"/> Direct w/Insurer <input type="checkbox"/> Medicare/Medicaid	_____
<b>Dep 3:</b> <input type="checkbox"/> Employer/Spouse <input type="checkbox"/> Marketplace <input type="checkbox"/> Direct w/Insurer <input type="checkbox"/> Medicare/Medicaid	_____

<b>CHILD CARE SERVICES:</b>	
Provider Name: _____	Tax ID#: _____
Address: _____	
Total Paid: _____	



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**TAX YEAR** \_\_\_\_\_

**INCOME / EXPENSES**

Must check "Yes" or "No" to any of the following that you and/or your spouse received

- 1.  Yes  No W-2 Income - Did you work overtime or earned tips  No  Yes - if so please provide last pay stub of the year
- 2.  Yes  No Interest and/or Dividends
- 3.  Yes  No Tax Exempt Interest and/or Dividends
- 4.  Yes  No Business income (Self Employment Income) \*If "yes," please provide this detail.
- 5.  Yes  No Stock Sales (Capital Gains) - **(MAKE SURE ALL BASIS INFO IS PROVIDED)**  
**Amount of any Capital Loss Carryforward from prior year \$** \_\_\_\_\_
- 6.  Yes  No Any other Assets Sold or any other Gains or Losses
- 7.  Yes  No Rental Real Estate Income \*If "yes" please provide this detail  
**Amount of any Passive Activity Loss Carryforward from prior year \$** \_\_\_\_\_
- 8.  Yes  No K-1' (1120S, 1065, 1041)
- 9.  Yes  No Unemployment
- 10.  Yes  No Social Security Income
- 11.  Yes  No Any foreign accounts?
- 12.  Yes  No Any Crypto currency?
- 13.  Yes  No Anything you should have paid sales tax on but did not (ie: large online or out of state purchases)
- 14.  Yes  No Alimony Received \*If "yes" how much (in total) \$ \_\_\_\_\_ Date of divorce: \_\_\_\_\_  
From whom? Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_
- 15.  Yes  No Medical Expenses (doctors, dental, prescriptions, glasses, contacts, braces, therapy, etc.)  
\*If "yes" how much did you pay for the year \$ \_\_\_\_\_. **\*Please note we don't need copies of the receipts**
- 16.  Yes  No Health Insurance \*If "yes" how much did you pay for the year \$ \_\_\_\_\_
- 17.  Yes  No Do you rent? \*If "yes" how much did you pay for the year \$ \_\_\_\_\_
- 18.  Yes  No Any energy efficient home improvements (windows, doors, insulation, water heater, boiler, central air, solar panel, heat pump, mini split, electrical updates)? If so, what was done? \_\_\_\_\_  
\_\_\_\_\_ and how much in total \$ \_\_\_\_\_
- 19. Other Income: Please List: \_\_\_\_\_
- 20.  Yes  No Did you buy an electric vehicle or Finance a new vehicle in 2025. (If so please provide the December loan statement)

**ADJUSTMENTS TO INCOME/DEDUCTIONS**

Must check "Yes" or "No" to any of the following that you and/or your spouse received

- 1.  Yes  No Teaching Expenses
- 2.  Yes  No Health Savings Account Deductions
- 3.  Yes  No Contributions to SEP, SIMPLE, and other Qualified Plans
- 4.  Yes  No Self Employed Health Insurance
- 5.  Yes  No 401K or IRA Contributions  
Withdrawals \*If "yes" how much \$ \_\_\_\_\_ Do you plan to pay back?  Yes  No
- 6.  Yes  No Student Loan Information
- 7.  Yes  No Tuition and Fees Deduction (you or your dependents)
- 8.  Yes  No Alimony Paid \$ \_\_\_\_\_ \*If "yes" received from whom?  
Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_
- 9.  Yes  No Charitable Contributions? \*If "yes" how much \$ \_\_\_\_\_



TAX INTAKE FORM

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TAX YEAR \_\_\_\_\_

**Tax Client Income and Expense Questions**

The following worksheets are designed to help the taxpayer gather the information needed for the preparer to complete an accurate tax return. For each section checked below, corresponding supporting documentation must be provided. It is very important that all requested information is complete and submitted with the initial upload. To help us process your return efficiently, please upload all documents together rather than in multiple submissions.

This checklist provides general guidance only. Additional information may be required depending on your specific situation. If your circumstances extend beyond what is listed, please include detailed notes to assist the preparer in properly reporting the item. Incomplete or missing information will delay the processing of your return. If a section does not apply, please write "N/A" on that page and include it in the original order.

**BASIC QUESTIONS**

Must check "Yes" or "No" to any of the following that apply. Provide a brief explanation below if the information will assist the preparer in any way.

- 1.  Yes  No Did you marital status change from prior year?
- 2.  Yes  No Did you change your address from last year? \_\_\_\_\_
- 3.  Yes  No Any change in your dependents from last year?
- 4.  Yes  No Did you have children under 19 (or 24 if a full time student) who had more than \$2,100 in unearned income?
- 5.  Yes  No Are all your dependents either US Residents or Citizens?
- 6.  Yes  No Did you pay any adoption expenses?
- 7.  Yes  No Did you provide our half the support for someone you aren't claiming as a dependent?
- 8.  Yes  No Are you being claimed or eligible to be claimed as a dependent of someone else's return?
- 9.  Yes  No Were either you or your spouse in the military or National Guard?
- 10.  Yes  No Did you purchase or sell your primary residence? Or did you refinance your primary residence?
- 11.  Yes  No Have you been notified by the IRS of changes to a previously submitted tax return? Or have you received any other IRS or State Notices?
- 12.  Yes  No Did you make any gifts over \$19,000 to any individual?

**COMMENTS:** (include question number from **BASIC QUESTIONS** above and explanation or any additional comments)

**E-FILE / FILING INFORMATION - REFUND / PAYMENT INFORMATION** Drivers Licenses are required to E-File!

How do you want any refund/payments made to you? Must check one

- Direct Deposit: Account # \_\_\_\_\_ Routing # \_\_\_\_\_
- Applied to Next Year's Return
- Paper Check in the mail