



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

**EXISTING CLIENT INTAKE FORM**

The following information is necessary for us to prepare this year's tax return.

Taxpayer: \_\_\_\_\_

Spouse: \_\_\_\_\_

**NEW DEPENDENTS ONLY:**

First MI Last

Date of Birth  
MM/DD/YYYY

SSN

Relationship

\_\_\_\_\_  
\_\_\_\_\_

Did you move?  No  Yes - If yes, Date of move: \_\_\_/\_\_\_/\_\_\_\_\_

New address: \_\_\_\_\_

Did you buy or sell a home?  No  Yes - if so then please provide your closing disclosures.

Issued new driver's license for you or your spouse?  No  Yes - if yes please provide a copy

Any foreign Accounts?  No  Yes

Cryptocurrency?  No  Yes Did you sell any Cryptocurrency?  No  Yes

Were you on unemployment in the past year?  No  Yes

Are either taxpayer or spouse veterans?  No  Yes

Anything you should have paid sales tax on but did not (i.e. large out of state or online purchases)?  No  Yes

Did you make a 401K or IRA withdrawal?  No  Yes Do you plan to pay it back?  No  Yes

Any energy efficient home improvements (windows, doors, insulation, water heater, boiler, central air, solar panels, heat pumps, mini splits, electrical updates)? If yes, what was done? \_\_\_\_\_ How much? \_\_\_\_\_

Did you buy an electric vehicle?  No  Yes Did you finance a new vehicle in 2025?  No  Yes (Please provide Dec Statement)

Did you work overtime or earn tips?  No  Yes If so, please upload your last pay stub of the year.

**Spending: Please submit totals only. DO NOT SEND RECEIPT COPIES; however, be sure to keep all receipts for your records.**

Medical expenses (doctors, dental, prescriptions, glasses, contacts, braces, therapy, etc): \_\_\_\_\_

Medical Insurance Premiums: \_\_\_\_\_

Rent? How much for the year: \_\_\_\_\_ Charitable Contributions: \_\_\_\_\_

**Child Care Services:**

Provider Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ How much: \_\_\_\_\_

Change in Banking information:

Account # \_\_\_\_\_ Routing: \_\_\_\_\_

