**TAX CLIENT INTAKE FORM**

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| TAX PREPARATION CLIENT INTAKE FORM TEMPLATE |   |   |
| DATE OF CONSULTATION |  | ATTENDING CPA |  |  |
| MM/DD/YY | Name |
| FILING STATUS (select one) |  |  |  |  |
|  x | SINGLE |  |  |  |
|   | HEAD OF HOUSEHOLD |  |  |  |
|   | MARRIED FILING SEPARATELY |  |  |  |
|   | MARRIED FILING JOINTLY |  |  |  |
|   | QUALIFYING WIDOW(ER) |  |  |  |
| TAXPAYER INFORMATION |  |  |  |  |
| FIRST NAME |  | LAST NAME |  |
| AGE |  | DATE OF BIRTH |  |
| HOME PHONE |   | WORK PHONE |   |
| CELL PHONE |   | EMAIL ADDRESS |   |
| CURRENT RESIDENTIAL ADDRESS |   | SOCIAL SECURITY NUMBER |   |
| OCCUPATION |   | EMPLOYER |   |
| PERSONAL STATUS (check all that apply) |  |  |  |
|   | FULL-TIME STUDENT |  |  |  |
|   | TOTALLY AND PERMANENTLY DISABLED |  |  |  |
|   | LEGALLY BLIND |  |  |  |
|   | DEPENDENT OF OTHERS |  |  |  |
| SPOUSE INFORMATION |  |  |  |  |
| FIRST NAME |   | LAST NAME |   |
| AGE |  | DATE OF BIRTH |  |
| HOME PHONE |   | WORK PHONE |   |
| CELL PHONE |   | EMAIL ADDRESS |   |
| CURRENT RESIDENTIAL ADDRESS |   | SOCIAL SECURITY NUMBER |   |
| OCCUPATION |   | EMPLOYER |   |
| SPOUSE PERSONAL STATUS (check all that apply) |  |  |
|   | FULL-TIME STUDENT |  |  |  |
|   | TOTALLY AND PERMANENTLY DISABLED |  |  |  |
|   | LEGALLY BLIND |  |  |  |
|   | DEPENDENT OF OTHERS |  |  |  |
| DEPENDENTS |  |  |  |  |  |
| NAME | DATE OF BIRTH | RELATIONSHIP | SOCIAL SECURITY NUMBER |
| Name | MM/DD/YY | Relationship | 000-00-0000 |
|   | MM/DD/YY |   |   |
|   | MM/DD/YY |   |   |
|   | MM/DD/YY |   |   |
|   | MM/DD/YY |   |   |
|   | MM/DD/YY |   |   |
|   | MM/DD/YY |   |   |
|   | MM/DD/YY |   |   |

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| HEALTHCARE |  |  |  |  |  |
| DID YOU, YOUR SPOUSE, AND YOUR DEPENDENTS HAVE HEALTH INSURANCE LAST YEAR? (IF YES, CHECK WHO PROVIDED COVERAGE) |
|   | EMPLOYER | SPOUSE INSURANCE | DIRECT WITH INSURER | EXCHANGE/MARKETPLACE | MEDICARE/MEDICAID |
| TAXPAYER | **x** |  |  |  |  |
| SPOUSE |  |  |  |  |  |
| DEPENDENT 1 |  |  |  |  |  |
| DEPENDENT 2 |  |  |  |  |  |
| DEPENDENT 3 |  |  |  |  |  |
| DEPENDENT 4 |  |  |  |  |  |
| DEPENDENT 5 |  |  |  |  |  |
| DEPENDENT 6 |  |  |  |  |  |
| DEPENDENT 7 |  |  |  |  |  |
| DEPENDENT 8 |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| TAX-SPECIFIC QUESTIONS |  |  |  |  |
| WHAT IS YOUR CURRENT EMPLOYMENT STATUS? |
| **x** | Employed |  |  |  |
|  | Unemployed |  |  |  |
|  | Self-employed |  |  |  |
| ARE YOU CURRENTLY CONTRIBUTING TO A 401K OR OTHER PRE-TAX ACCOUNTS? |
|  | Yes |  |  |  |
|  | No |  |  |  |
| IS THIS YOUR FIRST TIME OPENING A PRE-TAX ACCOUNT? |
|  | Yes |  |  |  |
|  | No |  |  |  |
| WHAT TYPE OF TAX RETURN ARE YOU REQUESTING? |
|  | Local |  |  |  |
|  | State |  |  |  |
|  | Federal |  |  |  |
|  | School |  |  |  |
|  | RITA |  |  |  |
| HAVE YOUR DEPENDENTS INCURRED ANY TUITION EXPENSES? |
|  | Yes |  |  |  |
|  | No |  |  |  |
| HAVE YOU INCURRED ANY CHILD CARE EXPENSES? |
|  | Yes |  |  |  |
|  | No |  |  |  |
| PLEASE LIST ALL ENERGY STAR RATED IMPROVEMENTS YOU HAVE MADE TO YOUR HOME: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| ARE YOU CURRENTLY RENTING YOUR RESIDENCE? |  | WHAT IS YOUR MONTHLY RENTAL AMOUNT? | HOW LONG IS YOUR RENTAL AGREEMENT? |
|  | Yes |   |   |
|  | No |  |  |  |
| DO YOU OWN YOUR RESIDENCE? |  |  |  |  |
|  | Yes |  |  |  |
|  | No |  |  |  |
| HAVE YOU PAID PROPERTY TAXES THIS YEAR? |  |  |  |
|  | Yes |  |  |  |
|  | No |  |  |  |
| HAVE YOU SOLD ANY STOCKS THIS YEAR? |  |  |  |
|  | Yes |  |  |  |
|  | No |  |  |  |
| HAVE YOU MADE A WITHDRAWAL FROM YOUR 401K THIS YEAR? |  |  |  |
|  | Yes |  |  |  |
|  | No |  |  |  |
| HAVE YOU PAID VEHICLE TAXES THIS YEAR? |  |  |  |
|  | Yes |  |  |  |
|  | No |  |  |  |
| HAVE YOU PAID MORTGAGE INTEREST THIS YEAR? |  |  |  |
|  | Yes |  |  |  |
|  | No |  |  |  |
| HAVE YOU PAID REAL ESTATE TAXES THIS YEAR? |  |  |  |
|  | Yes |  |  |  |
|  | No |  |  |  |
| HAVE YOU PAID ANY INHERITANCE TAXES THIS YEAR? |  |  |  |
|  | Yes |  |  |  |
|  | No |  |  |  |
| HAVE YOU BEEN A VICTIM OF IDENTITY THEFT IN THE PAST YEAR? |  |  |  |
|  | Yes |  |  |  |
|  | No |  |  |  |

|  |  |  |  |  |  |
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| EXPENSES |  |  |  |  |  |
| CURRENT YEAR ONLY |  |  |  |
| EXPENSES | AMOUNT |  |  |  |
| Medical |  $ -  |  |  |  |
| Dental |  $ -  |  |  |  |
| Insurance Premiums Paid |  $ -  |  |  |  |
| Long-Term Care Premiums |  $ -  |  |  |  |
| Prescription Drugs and Medication |  $ -  |  |  |  |
| Home Mortgage |  $ -  |  |  |  |
| Investment Interest |  $ -  |  |  |  |
| Cash Contributions |  $ -  |  |  |  |
| Non-Cash Contributions |  $ -  |  |  |  |
| Unreimbursed Business Expenses |  $ -  |  |  |  |
| Union Dues |  $ -  |  |  |  |
| Tax Preparation Fees |  $ -  |  |  |  |
| Investment Expenses |  $ -  |  |  |  |
| **TOTAL** | **$0.00** |  |  |  |
| NOTES AND COMMENTS |  |  |  |  |
|   |
| CLIENT ACKNOWLEDGMENT |  |  |  |  |
| TAXPAYER SIGNATURE |   | **DATE** | MM/DD/YY |
| SPOUSE'S SIGNATURE |   | **DATE** | MM/DD/YY |

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