

**Client Intake Sheet**  
**Tax Year 2021**

**Client Name:** \_\_\_\_\_

**Client Phone:** \_\_\_\_\_ **Client Email:** \_\_\_\_\_

To ensure proper tax credits are applied to your return please answer the applicable questions.

**Third Economic Impact Payment**

**If you received an Economic Impact (Stimulus) Payment during 2021, please provide the amount you received for the Third Payment. (\$ \_\_\_\_\_).**

**2021 Child Tax Credit and Advanced Child Tax Credit Payments**

**If you received Advanced CTC in 2021, please provide the total amount received. The payments were disbursed in monthly installments starting July 15<sup>th</sup> - Dec 15<sup>th</sup>**

**Total Received \$ \_\_\_\_\_**

<b>Dependents</b>	Yes	No	N/A
1. Do you have any dependents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If so, did they live with you for over half the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you answered <b>no</b> to #2, is there an agreement that allows you to claim them as a dependent this year? Please provide copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you provide more than half of their support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are they under the age of 19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If between the ages of 19-23, were they enrolled in college full-time for at least one semester?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If needed, could you provide documentation to support the statement above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Disallowance of Credits**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Were any of the following credits disallowed or reduced in a previous year? |                          |                          |
| American Opportunity Tax Credit  | <input type="checkbox"/> | <input type="checkbox"/> |
| Earned Income Tax Credit   | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Tax Credit   | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Child Tax Credit  | <input type="checkbox"/> | <input type="checkbox"/> |

Taxpayer Events

Did any of the following events occur during 2021?

Married (Date: \_\_\_\_\_) Divorced (Date: \_\_\_\_\_)

Birth or Adoption of a Child—Please provide Name(s), DOB, Social Security #

Table with 3 columns: NAME, DOB, SSN

Acquisition or Sale of Property—Provide all Purchase and/or Sales & Closing Documents

Please Provide any additional information or changes from Previous Year Taxes

DIRECT DEPOSIT Information for Refunds and/or Tax Payments

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking \_\_\_\_ Savings \_\_\_\_

\_\_\_\_ My Direct Deposit information is already on file and has not changed since last year.

THIS SECTION APPLIES TO NEW CLIENTS

Please provide us with the following information:

- 1. A copy of your prior years returns.
2. A copy of your and your spouse's ID's.
3. Dates of Birth, Social Security #'s, for you, your spouse, and each dependent.

Table with 3 columns: NAME, DOB, SSN

By signing this document, I verify that the information provided above is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_