

Client Intake Sheet
Tax Year 2022

Client Name: _____

Client Phone: _____

Client Email: _____

Preferred Method of Contact: _____ Email _____ Call _____ Text

Dependents

- | | 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 no 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"/> |

Taxpayer Events

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Did your filing status change during 2022? (married or divorced) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you have a birth or adoption of a child during 2022? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your banking information or mailing address on file changed since last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Anytime during 2022, did you receive, sell, exchange, gift or otherwise dispose of a digital asset or financial interest in virtual currency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been notified by the IRS that any tax credits were disallowed or reduced in a previous year? If yes, please provide copy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to Taxpayer Events questions 1-3 or are a NEW CLIENT, please provide additional information on page 2.

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

Signature _____ Date: _____

Please provide any additional information or changes from previous year taxes below:

Married (Date: _____) Divorced (Date: _____)

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

NAME	DOB	SSN

Additional changes (e.g., purchased or sold any property)

DIRECT DEPOSIT Information for Refunds and/or Tax Payments

_____ Bank information has not changed since last year.

Bank Name: _____

Routing Number: _____

Account Number: _____ Checking _____ Savings _____

THIS SECTION APPLIES TO NEW CLIENTS ONLY

Please provide us with the following information:

- 1. A copy of your prior year Tax Returns.**
- 2. A copy of an ID for You and Your Spouse.**
- 3. Birthdates, Social Security #'s, for You, your Spouse, and each Dependent.**

NAME	DOB	SSN