

Client Intake Sheet

Tax Year 2023

Client Name : _____

Client Address : _____

Client Phone # : _____

Client Email : _____

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 2023? (married or divorced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you have a birth or adoption of a child during 2023?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your banking information changed since last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anytime during 2023, 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.*

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

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 _____

Additional changes (e.g., purchased or sold property, started new business)

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

Signature _____ Date: _____

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