**CLIENT INTAKE FORM**

**NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB(S)\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Deposit- Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Savings Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stimulus amount received Spring 2020 $\_\_\_\_\_\_\_\_\_\_\_\_\_ Winter 2020/2021 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchases without paying State sales tax? Yes\_\_\_ No\_\_\_ If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If itemizing – did you make a large Item purchase? Yes\_\_\_ No\_\_\_ Sales tax amount? \_\_\_\_\_\_\_ Do you or your dependents have college expense? Yes \_\_\_\_No \_\_\_\_ 1098-T? Yes\_\_\_ No\_\_\_ Account record from the school showing date/amounts paid and cost of books and supplies? Yes\_\_\_ No\_\_\_ Need FAFSA worksheet? Yes \_\_\_ No \_\_\_

Do you have documentation for any credits or deductions taken? Yes\_\_\_\_\_ No\_\_\_\_\_\_ Any credits disallowed or reduced by IRS in previous years? Yes\_\_\_\_ No\_\_\_\_ If so, When? \_\_\_\_ Are dependents under 19 or under 24 and a full time student? Yes\_\_\_\_\_ No\_\_\_\_\_ Parent \_\_\_\_\_ EIC/CTC – Child/children lived with +50% of year? Yes\_\_\_ No\_\_\_ Form 8332? Yes\_\_\_ No\_\_\_ Claim released to another? Yes\_\_\_ No\_\_\_ Qualifying child of another person? Yes\_\_\_ No\_\_\_ Tie Breaker rules apply? Yes\_\_\_ No\_\_\_ **Please provide documentation to prove dependent residency with you – medical or school record, child care statement, other residency proof** Head of Household- did you pay more than ½ the cost of keeping up the home? Yes\_\_\_ No\_\_\_ Who lives with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_All year? Yes\_\_\_ No\_\_\_ Single/Separated- did you live with spouse in 2019? Yes\_\_\_ No\_\_\_ Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you, your spouse & dependents have health insurance for all of 2020? Yes \_\_\_\_ No \_\_\_\_ Type of Insurance - Employer provided - Medicare – Purchased - Marketplace Insurance Must provide the 1095-A if marketplace insurance!

Do you have any foreign bank accounts, have signature authority over any foreign accounts, or are a beneficiary of any foreign account or asset? Yes \_\_\_\_ No \_\_\_\_ Have you reported all your income from all sources? Yes \_\_\_ No \_\_\_ Have you purchased, sold or traded any form of electronic currency? Yes\_\_\_ No \_\_\_ Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant changes in life? Marriage Divorce Death Baby Medical Job Loss Bankruptcy Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification: DL State\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue date\_\_\_\_\_\_\_\_\_\_ Expire date\_\_\_\_\_\_\_\_\_\_ DL State\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue date\_\_\_\_\_\_\_\_\_\_ Expire date\_\_\_\_\_\_\_\_\_\_

Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_