

TAX CLIENT INTAKE FORM

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TAX PREPARATION CLIENT INTAKE FORM TEMPLATE

DATE OF CONSULTATION

ATTENDING CPA

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FILING STATUS (select one)

	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		

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					
SPOUSE					
DEPENDENT 1					
DEPENDENT 2					
DEPENDENT 3					
DEPENDENT 4					
DEPENDENT 5					
DEPENDENT 6					
DEPENDENT 7					
DEPENDENT 8					

TAX-SPECIFIC QUESTIONS

WHAT IS YOUR CURRENT EMPLOYMENT STATUS?

	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:

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WHAT IS YOUR
MONTHLY RENTAL
AMOUNT?

HOW LONG IS
YOUR RENTAL
AGREEMENT?

ARE YOU CURRENTLY RENTING YOUR RESIDENCE?

	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

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	

NOTES AND COMMENTS

CLIENT ACKNOWLEDGMENT

TAXPAYER SIGNATURE		DATE	
SPOUSE'S SIGNATURE		DATE	

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