

Client Intake Form

Full Name _____ Date of birth _____

Social Security _____ Email _____

Occupation _____ Home Phone _____ Cell Phone _____

Home Address _____ City: _____ State: _____ Zip Code: _____

ID Type: Driver License – Passport – Consular Id card – Alien Id – Green Card – Work Permit – Us Military Id – US

ID Number _____ Date Issued _____ State/country _____ Expiration _____

Do you receive stimulus payment YER or No (How Much) 3 = _____

Do you receive child tax credit payments advance 2021 or receive letter (6419) YES NO How much _____

If the information about the advance payments is correct, please sign here _____

Filing Status: 1. Single 2. Married Filing Jointly 3. Married Filing Separately 4. Head of Household 5. Qualifying Widower

Spouse information

Full Name _____ Date of Birth _____ Date of Dead _____

Social Security _____ Email _____

Occupation _____ Home Phone _____ Cell Phone _____

Bank Name: _____ RT#: _____ Acct#: _____
 Checking or Savings

Dependent: Qualifying Individuals and Children:

First Name _____ Last Name _____ Date of Birth _____

SS# _____ Relationship _____ Months lived with you _____

First Name _____ Last Name _____ Date of Birth _____

SS# _____ Relationship _____ Months lived with you _____

First Name _____ Last Name _____ Date of Birth _____

SS# _____ Relationship _____ Months lived with you _____

Client Signature: _____ Date _____ Spouse Signature _____

I agree that the above information is true and correct, and I/We understand that the information given on this questionnaire will be used to complete my tax return(s). I/We agree to hold this company harmless for any errors that they may make on my/our tax return. We also understand that error on my/our return will cause a delay in the processing of the return and the receiver of the refund if any. In the future if you request a copy of your taxes there will be a charge.