

Intake Sheet

YOUR PERSONAL INFORMATION	# of W – 2S	# of 1099s			
Social Security Number	First Name	Middle Name(s)/Maiden Name	Last Name		
Date of Birth (MM/DD/YYYY)	Job Title	Phone Number with Area Code	Cellphone Number		
			TEXT OK? 🗌		
Mailing Address, City, State& Zip Code		Email			
This past year were you:		Additional Notes/Comments:			
a full-time stu	udent? 🗌 Yes 🗌 No	·····			
getting Unemploy	ment? 🗌 Yes 🗌 No				
paying dependent care exp	enses? 🗆 Yes 🗆 No				
United States citizen? Ves No					
Can anyone else claim you on	their tax return?				
🗆 Yes 🛛 No	Unsure				
Did you, your spouse, or a dependent have insurance					
under the Affordable Care Act? Yes No					
If so, select Yes – you must report Form 2					
return. If you did not have an Affordable	Care Act insurance plan, select No				
Was the taxpayer or spouse re PIN?	eceived an IRS-issued				
(TP PIN#) (Spouse PIN# _)				

MARITAL STATUS/HOUSEHOLD INFORMATION as of 12/31/2024 This includes registered domestic partnerships, civils unions, or other formal relationships □ Single under state law Date of final decree: / / □ Divorced Date of separate maintenance agreement: / / □ Legally Separated Year of spouse's death: □ Widowed Did you get married in 2024? Yes □ Married Did you live with your spouse during any part of the last six months of 2024? 🗌 Yes 🗆 No **SPOUSE'S PERSONAL INFORMATION** # of W - 2S # of 1099s Middle Name(s)/Maiden Name Social Security Number First Name Last Name Date of Birth (MM/DD/YYYY) Job Title Phone Number with Area Code **Cellphone Number** TEXT OK? Mailing Address, City, State& Zip Code Email

This past year were you:		Additional Notes/Comments:
a full-time student?	🗆 Yes 🗆 No	
getting Unemployment?	🗆 Yes 🗆 No	
paying dependent care expenses?	🗆 Yes 🗆 No	
United States citizen?	🗆 Yes 🗆 No	
Can anyone else claim spouse on thei	r tax return?	
🗆 Yes 🗌 No 🗌	Unsure	

Name As it Appears on Social Security Card	Date of Birth (DD/MM/YYYY)	Relationship (son, daughter, Parent, etc.)	Months Lived in your Home in 2024	US Citizen	Resident of US In 2024	Single or Married as of 12/31/2024	Full Time Student	Totally & Permanently Disabled? (IRS Pub 524
	/ /			Y/N	Y/N	S/M	Y/N	Y/N
	/ /			Y/N	Y/N	S/M	Y/N	Y/N
	/ /			Y/N	Y/N	S/M	Y/N	Y/N
	/ /			Y/N	Y/N	S/M	Y/N	Y/N
the undersigned here	by affirm that the i	nformation provide	d is true and co	rrect.				