



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? <input type="checkbox"/>
Mailing Address, City, State& Zip Code		Email	
<p>This past year were you:</p> <p style="padding-left: 40px;">a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">getting Unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">paying dependent care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can anyone else claim you on their tax return?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Did you, your spouse, or a dependent have insurance under the Affordable Care Act? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>If so, select Yes – you must report Form 1095-A for the IRS to accept your return. If you did not have an Affordable Care Act insurance plan, select No</small></p> <p>Was the taxpayer or spouse received an IRS-issued PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(TP PIN# _____) (Spouse PIN# _____)</p>		<p>Additional Notes/Comments:</p>	

MARITAL STATUS/HOUSEHOLD INFORMATION as of 12/31/2024			
<input type="checkbox"/> Single	This includes registered domestic partnerships, civils unions, or other formal relationships under state law		
<input type="checkbox"/> Divorced	Date of final decree: / /		
<input type="checkbox"/> Legally Separated	Date of separate maintenance agreement: / /		
<input type="checkbox"/> Widowed	Year of spouse's death: _____		
<input type="checkbox"/> Married	Did you get married in 2024? <input type="checkbox"/> Yes Did you live with your spouse during any part of the last six months of 2024? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SPOUSE'S PERSONAL INFORMATION			
# of W – 2S _____ # of 1099s _____			
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