



## Tax Intake Form

### Filer Information:

Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Domestic:  Foreign:   
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Send me text alerts? Yes  No  Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Can someone else claim you as a dependent? Yes  No  Are you a student: Yes  No   
Are you blind? Yes  No  Active-Duty Military? Yes  No

Filing Status:  Married  Married Filing Separate  Single  Head of Household

### Spouse Information:

Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ Domestic:  Foreign:   
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Send me text alerts? Yes  No  Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Can someone else claim you as a dependent? Yes  No  Are you a student: Yes  No   
Are you blind? Yes  No  Active-Duty Military? Yes  No

**Dependent/s Information:**

	First Name	Last Name	Birthdate (mm/dd/yyyy)	Age	SSN	Relationship To Filer	Months in Home	Disabled <i>X if Yes</i>
1.	_____	_____	___/___/___	___	____-____-____	_____	_____	_____
2.	_____	_____	___/___/___	___	____-____-____	_____	_____	_____
3.	_____	_____	___/___/___	___	____-____-____	_____	_____	_____
4.	_____	_____	___/___/___	___	____-____-____	_____	_____	_____

Please answer the following questions to the best of your knowledge.

**Did you:**

	Yes	No
Pay someone to watch your child?	<input type="checkbox"/>	<input type="checkbox"/>
Collect social security or retirement income?	<input type="checkbox"/>	<input type="checkbox"/>
Receive unemployment compensation last year?	<input type="checkbox"/>	<input type="checkbox"/>
Have income other than your W-2(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Get a student loan or make college tuition payments?	<input type="checkbox"/>	<input type="checkbox"/>

**Do you owe any delinquent:**

Child Support?	<input type="checkbox"/>	<input type="checkbox"/>
Alimony	<input type="checkbox"/>	<input type="checkbox"/>
Student Loans?	<input type="checkbox"/>	<input type="checkbox"/>
Back Taxes?	<input type="checkbox"/>	<input type="checkbox"/>

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**When do you want your refund? (check box)**

- 7-14 days (RT-Refund Transfer: Check)**  
In about 7-14 days from the date your return is accepted electronically by the IRS, you receive a check for the amount of your refund less filing fees. (Check will be available in our office)
- 7-14 days (RT-Refund Transfer: Debit Card)**  
In about 7-14 days from the date your return is accepted electronically by the IRS, the amount of your refund less filing fees will be deposited onto the debit card we issued you.
- 7-14 days (RT-Refund Transfer: Direct Deposit)**  
In about 7-14 days from the date your return is accepted electronically by the IRS, the amount of your refund less filing fees will be deposited into your bank account.

**The Following Products Require Fees Paid at Time of Service**

- (E-File: Direct Deposit)**  
Your refund will be deposited into your savings or checking account approximately 10-14 days after your returned is accepted by the IRS.
- (E-File: Check) 3 – 4 Weeks**  
Your refund will be mailed to you approximately 3 – 4 weeks after your returned is accepted by the IRS.
- Mail a Paper Return**  
Your refund will be mailed to you approximately 6 - 8 weeks after your mail your return to the IRS.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_