# Client Intake Form

Date:

| Client Name(s): | | Filing Year: |
|---|---|---|
| SS #    -    -    Phone: | | Email: |
| Dependent of another?    ☐ YES ☐ NO    Name(s): | | |

| Y | N | |
|---|---|---|
| ☐ | ☐ | Do you want to electronically file your return? Mail-in returns are $15 additional for extra processing. |
| ☐ | ☐ | Did you have Marketplace Health Insurance for any part of the year? 1095A required to complete return. |
| ☐ | ☐ | Did you have any foreign account or virtual currency in the tax year? |
| ☐ | ☐ | Did you make any purchases that you didn't pay sales tax on such as Amazon or catalog orders? |
| ☐ | ☐ | Did you make estimated tax payments during the year? Attach details or fill out Tax Information Sheet with info. |

*Banking Options*

| Y | N | |
|---|---|---|
| ☐ | ☐ | If you get a refund, did you want it direct deposited into your bank account? |
| ☐ | ☐ | If you owe, do you want a direct debit from your bank account?    ☐ Same as last year (Fill out bank name) |

| Bank Name | Routing Number |
|---|---|
| Account Type   ☐ Checking   ☐ Savings | Account Number |

| Y | N | |
|---|---|---|
| ☐ | ☐ | If you get a refund, do you want the fees taken out of your refund? Certain restrictions and fees apply. |

*If you want the fees taken out of your return, how would you like to receive your refund? Check One Below*

☐ Check in our office    ☐ Debit Card    ☐ Direct Deposit (Fill out bank info above)

*Contactless Options*

| Y | N | |
|---|---|---|
| ☐ | ☐ | Do you want to electronically SIGN your return? (Fill out e-mail above) |
| ☐ | ☐ | Do you want a copy of your return mailed to you? (Postage will be applied to bill) |

*NEW CLIENTS - Please be sure to fill out a Client Data Sheet and have IDs and SS cards ready.*

*ALL CLIENTS - Please be sure to sign a current copy of our Engagement Letter.*

*SELF EMPLOYED CLIENTS - Please be sure to fill out a self-employment worksheet. This includes those with rental income and farms as well.*

## Office Use Only Below

*Date Prepared* _____      *Preparer Name* _____

| | | | *Date* | *Initials* | |
|---|---|---|---|---|---|
| ☐ Opt Out/Efile Forms | ☐ ELEC | | | | |
| ☐ GR Message | | ☐ Direct Deposit | | | *Pickup* |
| ☐ Preparer Sigs | | ☐ Owe - Vouch | | | *Paid* |
| ☐ Sales Receipt | | ☐ Owe - Debit | | | *Client Signatures* |
| ☐ Input | | ☐ Paper Check | | | *Transmit Date* |
| | ☐ MAIL IN | | | | *IRS Accept* |
| ☐ Call when Processed | | ☐ Mail-In - voucher | | | *Card #* _____ |
| BANK PROD | | ☐ Direct Deposit/Debit | | | *Print Check* |
| ☐ Disc, consent, & Loan app | | ☐ Other _____ | | | *Sign Log & Scan Signed Check* |