

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 TXT OK? <input type="checkbox"/>
Mailing Address, City, State & ZIP Code		EMAIL	
This past year were you: a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No getting Unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No paying dependent care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		More questions: United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Can anyone else claim you on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

MARITAL STATUS / HOUSEHOLD INFORMATION as of 12/31/2018	
<input type="checkbox"/> Single	This includes registered domestic partnerships, civil 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 2018? <input type="checkbox"/> Yes Did you live with your spouse during any part of the last six months of 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No

SPOUSE'S 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 TXT OK? <input type="checkbox"/>
Mailing Address, City, State & ZIP Code		Email	
This past year was spouse: a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No getting Unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No paying dependent care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		More spouse questions: United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Can anyone else claim spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

DEPENDENTS: Other than your spouse, list the names of everyone you provided more than 1/2 total support. who lived with you last year.								
Name As It Appears on Social Security Card	Date of Birth mm/dd/yyyy	Relationship (son, daughter, parent, etc.)	Months lived in your home in 2018	US Citizen	Resident of US, in 2018	Single or Married as of 12/31/2018	Full Time Student	Totally & Permanently Disabled (IRS Form 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
	/ /			Y / N	Y / N	S / M	Y / N	Y / N

I the undersigned hereby affirm that the information provided is true and correct.

Signature	Date	Spouse's Signature	Date
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Please return this form along with all W2's, 1099's, Social Security Cards, photo ID, and other documentation to the preparer.