

# TAX PREPARATION SERVICES



*Intake Form*

## CLIENT INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREFERRED METHOD OF COMMUNICATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL INSURANCE NUMBER : \_\_\_\_\_

MARITAL STATUS:     SINGLE     MARRIED     DIVORCED     WIDOWED

SPOUSE'S FULL NAME (IF APPLICABLE): \_\_\_\_\_

SPOUSE'S DATE OF BIRTH (IF APPLICABLE): \_\_\_\_\_

SPOUSE'S SOCIAL INSURANCE NUMBER (IF APPLICABLE): \_\_\_\_\_

## DEPENDENT INFORMATION (IF APPLICABLE):

DEPENDENT(S) FULL NAME:	RELATIONSH IP TO CLIENT:	DATE OF BIRTH:	SOCIAL INSURANCE NUMBER:

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## EMPLOYMENT INFORMATION:

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ SALARY (ANNUAL): \_\_\_\_\_

## ADDITIONAL INCOME SOURCES (IF APPLICABLE):

TYPE:	AMOUNT:
BUSINESS INCOME:	
RENTAL INCOME:	
INTEREST/DIVIDENDS:	
CAPITAL GAINS:	
ALIMONY RECEIVED:	
OTHER (PLEASE SPECIFY):	

## NOTES:

\_\_\_\_\_

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## DEDUCTIONS:

TYPE:	AMOUNT:
MORTGAGE INTEREST:	
PROPERTY TAXES:	
RENT PAID:	
CHARITABLE CONTRIBUTIONS:	
MEDICAL EXPENSES:	
EDUCATIONAL EXPENSES:	
OTHER (PLEASE SPECIFY):	

## PREVIOUS YEAR TAX INFORMATION:

HAVE YOU FILED YOUR TAXES LAST YEAR?:  YES  NO

IF YES, WOULD YOU LIKE ME TO REVIEW LAST YEAR'S RETURN?:  YES  NO

ANY KNOWN ISSUES OR AUDITS FROM PREVIOUS YEARS?:

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## DOCUMENT CHECKLIST:

PLEASE ENSURE YOU BRING OR PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- PHOTO ID (DRIVER'S LICENSE, PASSPORT)
- SOCIAL INSURANCE CARD
- ALL APPLICABLE TAX DOCUMENTS
- PRIOR YEAR TAX RETURN
- RECORDS OF ESTIMATED TAX PAYMENTS

NOTES: