

**TAX ROUTING INTAKE FORM (Existing Clients)**

SPG # 00 \_\_\_\_\_

Assigned To: \_\_\_\_\_

Completed By: \_\_\_\_\_

DATE: \_\_\_\_\_

APPT? \_\_\_\_\_

NEW     OOT     LISCIO     OWE     AMEND     WFI \_\_\_\_\_     SV \_\_\_\_\_

SW \_\_\_\_\_     NK \_\_\_\_\_     KS \_\_\_\_\_     JS \_\_\_\_\_     DNS \_\_\_\_\_     DC \_\_\_\_\_     \_\_\_\_\_

**NAME:**  
Preferred Contact?

**SPOUSE:**  
Preferred Contact?

EMAIL:

EMAIL:

PHONE:

PHONE:

DOB:

DOB:

**DEPENDENTS:**

	NAME	DOB	SS	PROOF OF RESIDENCY
1.				<input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Received
2.				<input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Received

*If more is needed, please use the back of this form.*

**QUESTIONS:**

1. Copy of Driver's License(s)	<input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Received
2. Signed Engagement Letter	<input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Received
3. Do you pay Real Estate Tax	<input type="checkbox"/> Have <input type="checkbox"/> Need    Include the amount or provide statement \$
4. Did you pay to borrow 529 College?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Include the amount or provide December Statement \$
5. Do you have Market Place Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Include 1095
6. Did you participate in a Health Savings Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list amount \$ _____
7. Is another person's tax return included in your submission?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please include contact information.
8. Has any information changed from last year? <i>i.e., Married, divorced, new child, moved</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:
9. Do you typically owe on your returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you waiting on information to complete your taxes this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please list:
11. Did you pay estimated taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Include payment amounts for QTR 1 – 4 or Totals
12. Do you have foreign accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Include highest amount balance in each account

**INTERNAL USE ONLY:**

<input type="checkbox"/> Intake Logged	<input type="checkbox"/> LS Invite Sent	<input type="checkbox"/> Sch SE	<input type="checkbox"/> Sch F	<input type="checkbox"/> 943
<input type="checkbox"/> Updated UT	<input type="checkbox"/> 1099's x _____	<input type="checkbox"/> EIC	<input type="checkbox"/> Sch H	<input type="checkbox"/> 1040
<input type="checkbox"/> Updated QB	<input type="checkbox"/> K1 X _____	<input type="checkbox"/> Sch B	<input type="checkbox"/> 706	<input type="checkbox"/> 1041
<input type="checkbox"/> Updated LS	<input type="checkbox"/> W2 X _____	<input type="checkbox"/> Sch C x _____	<input type="checkbox"/> 709	
<input type="checkbox"/> Updated Personal File	<input type="checkbox"/> 1120	<input type="checkbox"/> Sch D	<input type="checkbox"/> 940	
<input type="checkbox"/> SDrive Created	<input type="checkbox"/> 1065	<input type="checkbox"/> Sch E	<input type="checkbox"/> 941	