

Tax Intake & Routing Form *(Existing Clients)*

DATE: _____ Appt?: _____ Assigned To: _____ Completed By: _____

NEW OOT OWES WFI _____ LISCIO AMEND _____
 JILL _____ NK _____ SW _____ _____ _____ _____ _____

NAME: _____
 Preferred Contact? Y / N
 EMAIL: _____
 PHONE: _____
 DOB: _____

SPOUSE: _____
 Preferred Contact? Y / N
 EMAIL: _____
 PHONE: _____
 DOB: _____

DEPENDENTS:

NAME	Social Security #	DOB	Proof Of Residency		
			<input type="checkbox"/> Included	<input type="checkbox"/> Need	<input type="checkbox"/> Received
			<input type="checkbox"/> Included	<input type="checkbox"/> Need	<input type="checkbox"/> Received

If more room is needed, please use the back of this form or include it separately.

QUESTIONS TO COMPLETE:

1.	Include a copy of your driver's license(s).	<input type="checkbox"/> Included	<input type="checkbox"/> Need	<input type="checkbox"/> Received
2.	Included Signed Engagement Letter?	<input type="checkbox"/> Included	<input type="checkbox"/> Need	<input type="checkbox"/> Received
3.	Do you pay Real Estate Tax? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Included	If no statement is included, please provide the amount: \$ _____	
4.	Do you rent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount \$ _____	Landlord Name & Address:	
5.	Did you pay into 529 College Fund? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1099 Included	If no statement is included, provide the amount listed on the tax year's December statement \$ _____	
6.	Do you have Marketplace Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1095 Included	<input type="checkbox"/> Needed	<input type="checkbox"/> Received
7.	Did you participate in a Health Savings Account? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please list the total amount: \$ _____		
8.	Do you typically owe on your returns? <input type="checkbox"/> No <input type="checkbox"/> Yes			
9.	Did you pay estimated tax payments? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please list total amount \$ _____ OR quarterly payments QTR 1: \$ _____ QTR 2: _____ QTR 3: _____ QTR 4: _____		
10.	Do you have foreign accounts? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Included	If no information is included, please provide the highest amount balance from each account: \$ _____ \$ _____ \$ _____	
11.	Has any information changed from last year's return? <i>Married, divorced, new child, moved</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain:		
12.	Is another person's tax return included in this submission?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please complete a separate Intake Form	
13.	Are you waiting on information to complete your taxes this year?	<input type="checkbox"/> No <input type="checkbox"/> *Yes	*Taxes will not be started until completed documents, information, etc., have been submitted.	

INTERNAL USE ONLY:

Intake Logged Update Personal File Contact Update UT Contact Update LS Invite Sent LS S Drive Created
 Contact Update QB 706 709 940 941 943
 1040 1041 1065 1120 1099 X _____ K1 X _____
 W2 X _____ Sch B Sch C X _____ Sch D Sch E Sch F
 Sch H Sch SE EIC File Enclosed