**[A green sign with white text

Description automatically generated with low confidence](https://www.smartsheet.com/try-it?trp=10851&utm_source=integrated-content&utm_campaign=/content/client-intake-form-template&utm_medium=Tax+Client+Intake+Form+doc+10851&lpa=Tax+Client+Intake+Form+doc+10851)TAX CLIENT INTAKE FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TAX PREPARATION CLIENT INTAKE FORM TEMPLATE | | | |  |  |
| DATE OF CONSULTATION | |  | ATTENDING CPA |  |  |
| MM/DD/YY | | | Name | | |
| FILING STATUS (select one) | |  |  |  |  |
| x | SINGLE | |  |  |  |
|  | HEAD OF HOUSEHOLD | |  |  |  |
|  | MARRIED FILING SEPARATELY | |  |  |  |
|  | MARRIED FILING JOINTLY | |  |  |  |
|  | QUALIFYING WIDOW(ER) | |  |  |  |
| TAXPAYER INFORMATION | |  |  |  |  |
| FIRST NAME |  | | LAST NAME |  | |
| AGE |  | | DATE OF BIRTH |  | |
| HOME PHONE |  | | WORK PHONE |  | |
| CELL PHONE |  | | EMAIL ADDRESS |  | |
| CURRENT RESIDENTIAL ADDRESS |  | | SOCIAL SECURITY NUMBER |  | |
| OCCUPATION |  | | EMPLOYER |  | |
| PERSONAL STATUS (check all that apply) | | |  |  |  |
|  | FULL-TIME STUDENT | |  |  |  |
|  | TOTALLY AND PERMANENTLY DISABLED | |  |  |  |
|  | LEGALLY BLIND | |  |  |  |
|  | DEPENDENT OF OTHERS | |  |  |  |
| SPOUSE INFORMATION | |  |  |  |  |
| FIRST NAME |  | | LAST NAME |  | |
| AGE |  | | DATE OF BIRTH |  | |
| HOME PHONE |  | | WORK PHONE |  | |
| CELL PHONE |  | | EMAIL ADDRESS |  | |
| CURRENT RESIDENTIAL ADDRESS |  | | SOCIAL SECURITY NUMBER |  | |
| OCCUPATION |  | | EMPLOYER |  | |
| SPOUSE PERSONAL STATUS (check all that apply) | | | |  |  |
|  | FULL-TIME STUDENT | |  |  |  |
|  | TOTALLY AND PERMANENTLY DISABLED | |  |  |  |
|  | LEGALLY BLIND | |  |  |  |
|  | DEPENDENT OF OTHERS | |  |  |  |
| DEPENDENTS |  |  |  |  |  |
| NAME | | DATE OF BIRTH | RELATIONSHIP | SOCIAL SECURITY NUMBER | |
| Name | | MM/DD/YY | Relationship | 000-00-0000 | |
|  | | MM/DD/YY |  |  | |
|  | | MM/DD/YY |  |  | |
|  | | MM/DD/YY |  |  | |
|  | | MM/DD/YY |  |  | |
|  | | MM/DD/YY |  |  | |
|  | | MM/DD/YY |  |  | |
|  | | MM/DD/YY |  |  | |

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| --- | --- | --- | --- | --- | --- |
| HEALTHCARE |  |  |  |  |  |
| DID YOU, YOUR SPOUSE, AND YOUR DEPENDENTS HAVE HEALTH INSURANCE LAST YEAR? (IF YES, CHECK WHO PROVIDED COVERAGE) | | | | | |
|  | EMPLOYER | SPOUSE INSURANCE | DIRECT WITH INSURER | EXCHANGE/MARKETPLACE | MEDICARE/MEDICAID |
| TAXPAYER | **x** |  |  |  |  |
| SPOUSE |  |  |  |  |  |
| DEPENDENT 1 |  |  |  |  |  |
| DEPENDENT 2 |  |  |  |  |  |
| DEPENDENT 3 |  |  |  |  |  |
| DEPENDENT 4 |  |  |  |  |  |
| DEPENDENT 5 |  |  |  |  |  |
| DEPENDENT 6 |  |  |  |  |  |
| DEPENDENT 7 |  |  |  |  |  |
| DEPENDENT 8 |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TAX-SPECIFIC QUESTIONS | |  |  |  | |  |
| WHAT IS YOUR CURRENT EMPLOYMENT STATUS? | | | | |
| **x** | Employed | |  |  | |  |
|  | Unemployed | |  |  | |  |
|  | Self-employed | |  |  | |  |
| ARE YOU CURRENTLY CONTRIBUTING TO A 401K OR OTHER PRE-TAX ACCOUNTS? | | | | |
|  | Yes | |  |  | |  |
|  | No | |  |  | |  |
| IS THIS YOUR FIRST TIME OPENING A PRE-TAX ACCOUNT? | | | | |
|  | Yes | |  |  | |  |
|  | No | |  |  | |  |
| WHAT TYPE OF TAX RETURN ARE YOU REQUESTING? | | | | |
|  | Local | |  |  | |  |
|  | State | |  |  | |  |
|  | Federal | |  |  | |  |
|  | School | |  |  | |  |
|  | RITA | |  |  | |  |
| HAVE YOUR DEPENDENTS INCURRED ANY TUITION EXPENSES? | | | | |
|  | Yes | |  |  | |  |
|  | No | |  |  | |  |
| HAVE YOU INCURRED ANY CHILD CARE EXPENSES? | | | | |
|  | Yes | |  |  | |  |
|  | No | |  |  | |  |
| PLEASE LIST ALL ENERGY STAR RATED IMPROVEMENTS YOU HAVE MADE TO YOUR HOME: | | | | |
|  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ARE YOU CURRENTLY RENTING YOUR RESIDENCE? | |  | WHAT IS YOUR  MONTHLY RENTAL AMOUNT? | HOW LONG IS  YOUR RENTAL AGREEMENT? | | |
|  | Yes | |  |  | | |
|  | No | |  | |  |  | |
| DO YOU OWN YOUR RESIDENCE? | |  |  | |  |  | |
|  | Yes | |  | |  |  | |
|  | No | |  | |  |  | |
| HAVE YOU PAID PROPERTY TAXES THIS YEAR? | | |  | |  |  | |
|  | Yes | |  | |  |  | |
|  | No | |  | |  |  | |
| HAVE YOU SOLD ANY STOCKS THIS YEAR? | | |  | |  |  | |
|  | Yes | |  | |  |  | |
|  | No | |  | |  |  | |
| HAVE YOU MADE A WITHDRAWAL FROM YOUR 401K THIS YEAR? | | |  | |  |  | |
|  | Yes | |  | |  |  | |
|  | No | |  | |  |  | |
| HAVE YOU PAID VEHICLE TAXES THIS YEAR? | | |  | |  |  | |
|  | Yes | |  | |  |  | |
|  | No | |  | |  |  | |
| HAVE YOU PAID MORTGAGE INTEREST THIS YEAR? | | |  | |  |  | |
|  | Yes | |  | |  |  | |
|  | No | |  | |  |  | |
| HAVE YOU PAID REAL ESTATE TAXES THIS YEAR? | | |  | |  |  | |
|  | Yes | |  | |  |  | |
|  | No | |  | |  |  | |
| HAVE YOU PAID ANY INHERITANCE TAXES THIS YEAR? | | |  | |  |  | |
|  | Yes | |  | |  |  | |
|  | No | |  | |  |  | |
| HAVE YOU BEEN A VICTIM OF IDENTITY THEFT IN THE PAST YEAR? | | |  | |  |  | |
|  | Yes | |  | |  |  | |
|  | No | |  | |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EXPENSES |  |  |  | |  |  | |
| CURRENT YEAR ONLY | | |  | |  |  | |
| EXPENSES | | AMOUNT | |  |  |  | |
| Medical | | $ - | |  |  |  | |
| Dental | | $ - | |  |  |  | |
| Insurance Premiums Paid | | $ - | |  |  |  | |
| Long-Term Care Premiums | | $ - | |  |  |  | |
| Prescription Drugs and Medication | | $ - | |  |  |  | |
| Home Mortgage | | $ - | |  |  |  | |
| Investment Interest | | $ - | |  |  |  | |
| Cash Contributions | | $ - | |  |  |  | |
| Non-Cash Contributions | | $ - | |  |  |  | |
| Unreimbursed Business Expenses | | $ - | |  |  |  | |
| Union Dues | | $ - | |  |  |  | |
| Tax Preparation Fees | | $ - | |  |  |  | |
| Investment Expenses | | $ - | |  |  |  | |
| **TOTAL** | | **$0.00** | |  |  |  | |
| NOTES AND COMMENTS | |  |  | |  |  | |
|  | | | | | | |
| CLIENT ACKNOWLEDGMENT | |  |  | |  |  | |
| TAXPAYER SIGNATURE |  | | **DATE** | | MM/DD/YY | |
| SPOUSE'S SIGNATURE |  | | **DATE** | | MM/DD/YY | |

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