



CLIENT INTAKE FORM

CLIENT REFERRAL

ARE YOU A NEW CLIENT? YES ___ NO ___

IF YES, WHO REFERRED YOU? _____

IF NO, HOW DID YOU HEAR OF US? (EX. GOOGLE, FACEBOOK)

TAXPAYER BASIC INFORMATION - PLEASE EMAIL A PHOTO ID WITH THIS FORM

FULL LEGAL NAME: LAST _____ FIRST _____ MI _____

FULL ADDRESS: STREET _____ CITY, STATE _____ ZIP _____

SSN: _____ CELL NUMBER: _____

PERSONAL EMAIL (NO WORK OR SCHOOL EMAILS): _____

DATE OF BIRTH: ____/____/____

OCCUPATION: _____

FILING STATUS: SINGLE ___ HOH ___ MARRIED FILING JOINT ___ MARRIED FILING SEPARATE ___ QUALIFYING WIDOWER ___

SPOUSE LEGAL NAME: LAST _____ FIRST _____ MI _____

SSN: _____ CELL NUMBER: _____

DATE OF BIRTH: ____/____/____

OCCUPATION: _____

DO YOU AND OR SPOUSE HAVE HEALTH INSURANCE? ___JOB ___MARKETPLACE (PLEASE ATTACH 1095-A)



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INCOME: PLEASE SELECT ALL THAT APPLY

W2 (WAGES INCOME) 1099G (UNEMPLOYMENT INCOME)
 SELF EMPLOYMENT INCOME (1099NEC/1099MISC/1099K/PROFIT&LOSS) 1099 INT (INTEREST INCOME)
 1099R (RETIREMENT INCOME) W2G (GAMBLING WINNINGS)
 1099 DIV (DIVIDEND INCOME) 1099SSA (SOCIAL SECURITY INCOME)

DEPENDENTS (FOR ANY ADOPTED CHILDREN YOU MUST PROVIDE LEGAL DOCUMENTATION FROM COURT)

FULL NAME: _____

FULL NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

DATE OF BIRTH: / /

DATE OF BIRTH: / /

SSN: _____

SSN: _____

DISABLED: YES NO

DISABLED: YES NO

DAYCARE (YES/NO) \$ _____

DAYCARE (YES/NO) \$ _____

ARE ANY OF THE DEPENDENTS BEING CLAIMED DISABLED? YES NO

IF YES, DO YOU HAVE DOCUMENTATION FROM A MEDICAL PROFESSIONAL THAT VALIDATES THE DISABILITY?

FULL NAME: _____

FULL NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

DATE OF BIRTH: / /

DATE OF BIRTH: / /

SSN: _____

SSN: _____

DISABLED: YES NO

DISABLED: YES NO

DAYCARE (YES/NO) \$ _____

DAYCARE (YES/NO) \$ _____

ARE ANY OF THE DEPENDENTS BEING CLAIMED DISABLED? YES NO

IF YES, DO YOU HAVE DOCUMENTATION FROM A MEDICAL PROFESSIONAL THAT VALIDATES THE DISABILITY?



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REFUND SELECTION

CASH ADVANCE OPTIONS ARE AVAILABLE (LOAN AMOUNTS RANGE FROM \$500 - \$3000 (APR 35.99%) WOULD YOU LIKE TO APPLY?

(YES _____ NO _____)

HAVE FEES TAKEN FROM REFUND CHECK (YES/NO):

____ RT REFUND TRANSFER: CHECK

- 14-21 DAYS FROM THE DATE YOUR RETURN IS ACCEPTED ELECTRONICALLY BY THE IRS, YOU WILL RECEIVE A CHECK FOR THE AMOUNT YOUR REFUND LESS FILING FEES. (CHECK WILL BE AVAILABLE IN OUR OFFICE)

____ RT REFUND TRANSFER: DIRECT DEPOSIT

- 14-21 DAYS FROM THE DATE YOUR RETURN IS ACCEPTED ELECTRONICALLY BY THE IRS, FOR THE AMOUNT OF YOUR REFUND LESS FILING FEES WILL BE DEPOSITED INTO YOUR BANK ACCOUNT.

DIRECT DEPOSIT INFORMATION

BANK NAME: _____

ROUTING #: _____ ACCOUNT#: _____

ACCOUNT: ____ CHECKING ____ SAVINGS

IF YOU OWE IRS OR PREFER TO PAY UP FRONT (FILING OPTIONS BELOW, BUT FEES HAVE TO BE PAID UPFRONT AT TIME OF FILING)

____ EFILE DIRECT DEPOSIT

- YOUR REFUND WILL BE DEPOSITED INTO YOUR SAVINGS OR CHECKING ACCOUNT DIRECTLY FROM IRS APPROXIMATELY 14-21 DAYS AFTER YOUR RETURN IS ACCEPTED BY THE IRS.

____ EFILE CHECK

- YOUR REFUND WILL BE MAILED TO YOU DIRECTLY FROM THE IRS APPROXIMATELY 3-4 WEEKS AFTER YOUR RETURN IS ACCEPTED ELECTRONICALLY BY THE IRS.

____ MAIL A PAPER RETURN

- YOUR REFUND WILL BE MAILED TO YOU DIRECTLY FROM IRS IN APPROXIMATELY 6-8 WEEKS AFTER YOU MAIL YOUR RETURN TO THE IRS.

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY. ALSO BY SIGNING BELOW, I UNDERSTAND THAT I HAVE RECEIVED AN EXPLANATION OF ALL REFUND METHODS AND CASH ADVANCE OPTIONS AVAILABLE TO ME AND I HAVE SELECTED THE OPTION THAT I FEEL IS THE BEST DELIVERY METHOD FOR ME.

SIGNATURE: _____

DATE SIGNED: _____

SPOUSE SIGNATURE: _____

DATE: _____



CLIENT INTAKE FORM

DUE DILIGENCE QUESTIONNAIRE

HOW MANY PEOPLE LIVE IN THE RESIDENCE WITH YOU? PLEASE LIST THE NUMBER OF ADULTS AND CHILDREN.

DOES ANYONE HELP SUPPORT YOU THROUGH THE YEAR?

CAN YOU PROVIDE PROOF OF FINANCIAL RESPONSIBILITY AND RESIDENCY FOR ANY OF THE DEPENDENTS BEING CLAIMED? WHICH DOCUMENT(S) CAN YOU PROVIDE? (I.E. COPY OF LEASE, MEDICAL RECORDS, SCHOOL RECORDS, FOOD STAMPS, OR BENEFIT STATEMENTS)

ARE ANY OF THE DEPENDENTS LISTED ON THIS RETURN NOT YOUR BIOLOGICAL CHILD? IF YES, WHY ARE THE PARENTS NOT CLAIMING THE CHILD TAX CREDIT FOR THE CHILD? (PLEASE EXPLAIN AND LIST THE CHILD'S NAME(S) IF MORE THAN ONE LISTED ON THE RETURN).

HAVE ANY CREDITS BEEN DISALLOWED IN A PREVIOUS YEAR? YES _____ NO _____ IF YES, PLEASE EXPLAIN.

DO BOTH PARENTS FINANCIALLY PROVIDE FOR THE DEPENDENT? YES _____ NO _____

IF YES, WHO HAS PRIMARY RESPONSIBILITY? _____

IF NO, IS THE NON RESPONSIBLE PARENT STILL LIVING? YES _____ NO _____ IS THE NON RESPONSIBLE PARENT IN THE DEPENDENT(S) LIFE? YES _____ NO _____

IS THERE LEGAL DOCUMENTATION IN PLACE (EX. CHILD SUPPORT)? YES _____ NO _____

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: _____

DATE SIGNED: _____

SPOUSE SIGNATURE: _____

DATE: _____



CLIENT INTAKE FORM

NON-STANDARD DEPENDENT QUESTIONNAIRE

(CLAIMING A DEPENDENT THAT ISN'T YOUR CHILD. SUCH AS: A PARENT, SIBLING, NIECE OR NEPHEW)

FULL NAME: _____

RELATIONSHIP: _____ DISABLED: YES NO

DATE OF BIRTH: _____ SSN: _____

DO YOU HAVE CUSTODY OF THE CHILD? YES NO DID THE DEPENDENT LIVE WITH YOU FOR MORE THAN 6 MONTHS? YES NO

CAN ANYONE ELSE CLAIM THE CHILD? YES NO DO YOU HAVE A DOCUMENT PROVING RELATIONSHIP TO THIS CHILD? YES NO

FULL NAME: _____

RELATIONSHIP: _____ DISABLED: YES NO

DATE OF BIRTH: _____ SSN: _____

DO YOU HAVE CUSTODY OF THE CHILD? YES NO DID THE DEPENDENT LIVE WITH YOU FOR MORE THAN 6 MONTHS? YES NO

CAN ANYONE ELSE CLAIM THE CHILD? YES NO DO YOU HAVE A DOCUMENT PROVING RELATIONSHIP TO THIS CHILD? YES NO

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED. THE TAXPAYER HAS BEEN INFORMED THAT CLAIMING A DEPENDENT FOR EITC/CTC/AOTC/HOH OR OTHER CAN RESULT IN AN AUDIT OR FINES, IF THE INFORMATION PROVIDED IS INCORRECT.

SIGNATURE: _____

DATE SIGNED: _____

SPOUSE SIGNATURE: _____

DATE SIGNED: _____



CLIENT INTAKE FORM

AOTC STUDENT ACKNOWLEDGEMENT FORM

I, _____ WAS A STUDENT DURING THE 2025 SCHOOL YEAR AND ATTENDED _____

I CERTIFY THAT ALL THE INFORMATION FOUND ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO HAVE ALL VALID DOCUMENTS AND OR RECEIPTS, AS REQUIRED TO CLAIM ANY CREDIT FOR ATTENDING A COLLEGE OR UNIVERSITY. BELOW IS A RECAP OF ALL INFORMATION, STATUS, AND EXPENSES I HAVE ENCOUNTERED. **(MUST PROVIDE 1098T OR SCHOOL BURSA STATEMENT TO CLAIM SCHOOL CREDIT)**

MY SCHOLAR STATUS: ____ FULL-TIME ____ PART-TIME

WHATS YOUR MAJOR/DEGREE PLAN WORKING TOWARDS: _____

EXPENSES (PAID OUT OF POCKET)

TUITION _____

ROOM & BOARDING _____

BOOKS _____

SUPPLIES (ON CAMPUS) _____

SUPPLIES (OFF-CAMPUS) _____

OTHER EXPENSES _____

TOTAL _____

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: _____ DATE SIGNED: _____

SPOUSE SIGNATURE: _____ DATE SIGNED: _____



CLIENT INTAKE FORM

SCHEDULE C DUE DILIGENCE

TAXPAYER NAME: _____

BUSINESS NAME (IF ANY): _____

BUSINESS ADDRESS: _____

DATE BUSINESS STARTED: _____ BUSINESS EIN: _____

GROSS RECEIPTS: _____ 1099 INCOME (IF ANY): _____

ADVERTISING _____ OFFICE EXPENSE _____

COMMISSIONS _____ RENT (EQUIPMENT) _____

CONTRACT LABOR _____ RENT (OFFICE) _____

LEGAL/PROFESSIONALS _____ SUPPLIES _____

TAXES/LICENSES _____ TRAVEL _____

MEALS _____ UTILITIES _____

CELL PHONE BILL _____ OTHER _____

(EX. TOOLS, WORK CLOTHES, UBER FEES)

TOTAL EXPENSES _____

YEAR/MAKE/MODEL OF CAR USED FOR BUSINESS _____ AMOUNT FINANCED OR TOTAL COST OF CAR USED FOR BUSINESS _____

TOTAL MILES DRIVEN IN 2025 _____ BUSINESS MILES DRIVEN IN 2024 _____ PARKING FEES/TOLLS _____

PERCENTAGE OF CAR USAGE FOR BUSINESS _____ (EX. 25% BUSINESS, 75% PERSONAL) CAR EXPENSES (GAS, OIL CHANGES, INSURANCE, TIRES, REPAIRS) _____

VEHICLE RENTALS _____

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: _____

DATE SIGNED: _____



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CHILD CARE CREDIT QUESTIONNAIRE

YOU MAY BE ABLE TO CLAIM THE CREDIT IF YOU PAY SOMEONE TO CARE FOR YOUR DEPENDENT WHO IS UNDER AGE 13 OR FOR YOUR SPOUSE OR DEPENDENT WHO IS NOT ABLE TO CARE FOR HIM/HERSELF.

DEPENDENT(S) INFORMATION

DEPENDENT: _____

RELATIONSHIP TO YOU: _____ AMOUNT PAID: _____

DEPENDENT: _____

RELATIONSHIP TO YOU: _____ AMOUNT PAID: _____

DEPENDENT: _____

RELATIONSHIP TO YOU: _____ AMOUNT PAID: _____

CHILDCARE PROVIDER(S) INFORMATION - SSN OR EIN OF INDIVIDUAL/FACILITY MUST BE PROVIDED TO RECEIVE CREDIT

DAYCARE/NANNY: _____

RELATIONSHIP TO YOU (IF ANY): _____ AMOUNT PAID: _____

SSN/EIN/ITIN: _____ PHONE NUMBER: _____

ADDRESS: _____

DAYCARE/NANNY: _____

RELATIONSHIP TO YOU (IF ANY): _____ AMOUNT PAID: _____

SSN/EIN/ITIN: _____ PHONE NUMBER: _____

ADDRESS: _____

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: _____ DATE SIGNED: _____

SPOUSE'S SIGNATURE: _____ DATE SIGNED: _____



CLIENT INTAKE FORM

DEDUCTIONS QUESTIONNAIRE

MEDICAL EXPENSES

MEDICAL PREMIUMS PAID _____

SPOUSE PREMIUMS PAID _____

LTC PREMIUMS PAID _____

OUT OF POCKET MED _____

MEDICAL MILES DRIVEN _____

INTEREST EXPENSES

MORTGAGE INTEREST _____

CONTRIBUTIONS

CASH CONTRIBUTIONS _____

NON-CASH CONTRIBUTIONS _____

CHURCH TITHES _____

TAX EXPENSES

REAL ESTATE TAXES _____

PERSONAL PROP TAXES _____

SALES TAX ON CAR _____

ADD STATE/LOCAL TAX _____

MISCELLANEOUS

UNION DUES _____

TAX PREP (PRIOR YEAR) _____

CAUSALITY/THEFT/OR LOSS _____

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: _____

DATE SIGNED: _____

SPOUSE SIGNATURE: _____

DATE SIGNED: _____



CLIENT INTAKE FORM

ENGAGEMENT LETTER

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2025 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax return, and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the type of return completed. All invoices are due and payable upon completion of tax return. If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as prior years or amended returns, please inform us by noting so just below your signature at the end of the returned copy of this letter.

If for any reason (after providing you with a copy of the return, by either email or printed copy) an additional copy is needed, there will be a fee of \$75 imposed. Therefore, you have 24 hours to get in touch with the office to inform us that a copy (via email) was not received.

WE WANT TO EXPRESS OUR APPRECIATION FOR THIS OPPORTUNITY TO WORK WITH YOU.

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

PLEASE EMAIL A PHOTO ID WITH THIS FORM

SIGNATURE: _____

DATE SIGNED: _____

SPOUSE'S SIGNATURE: _____

DATE SIGNED: _____