

Intake Sheet



YOUR PERSONAL INFORMATION		# of W-2s _____	# of 1099s _____
Social Security Number	First Name	Middle Name(s) / Maiden Name	Last Name
Date of Birth (MM/DD/YYYY)	Job Title	Phone Number with Area Code	Cellphone Number TXT OK? <input type="checkbox"/>
Mailing Address, City, State & ZIP Code		EMAIL	
This past year were you: a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No getting Unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No paying dependent care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Can anyone else claim you on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Additional Notes/Comments:	

MARITAL STATUS / HOUSEHOLD INFORMATION as of 12/31/2025	
<input type="checkbox"/> Single	This includes registered domestic partnerships, civils unions, or other formal relationships under state law.
<input type="checkbox"/> Divorced	Date of final decree: / / /
<input type="checkbox"/> Legally Separated	Date of separate maintenance agreement: / / /
<input type="checkbox"/> Widowed	Year of spouse's death: _____
<input type="checkbox"/> Married	Did you get married in 2025? <input type="checkbox"/> Yes Did you live with your spouse during any part of the last six months of 2025? <input type="checkbox"/> Yes <input type="checkbox"/>
SPOUSE'S PERSONAL INFORMATION # of W-2s _____ # of 1099s _____	
Social Security Number	First Name
Date of Birth (MM/DD/YYYY)	Job Title
Mailing Address, City, State & ZIP Code	Email
This past year was spouse: a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No getting Unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No paying dependent care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Can anyone else claim spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Additional Notes/Comments:	

DEPENDENTS: Other than your spouse, list the names of everyone you provided more than ½ total support. who lived with you last year.								
Name As It Appears on Social Security Card	Date of Birth mm/dd/yyyy	Relationship (son, daughter, parent, etc.)	Months lived in your home in 2025	US Citizen	Resident of US in 2025	Single or Married as of 12/31/2025	Full Time Student	Totally & Permanently Disabled ? (IRS Pub 524)
	/ /			Y / N	Y / N	S / M	Y / N	Y / N
	/ /			Y / N	Y / N	S / M	Y / N	Y / N
	/ /			Y / N	Y / N	S / M	Y / N	Y / N
	/ /			Y / N	Y / N	S / M	Y / N	Y / N

I the undersigned hereby affirm that the information provided is true and correct.			
Signature	Date	Spouse's Signature	Date
Please return this form along with all W2's, 1099's, Social Security Cards, photo ID, and other documentation to the preparer.			