CLIENT INTAKE FORM (CIF)



| Personal Informa | ation | | | | | | |
|-------------------------------|-----------------------|---------------------------------|---------------|-------------------|--------------------------|--|--|
| Marital Status: | O Single O Mar | ried O Separated C |) Widowed | | | | |
| Are you or can you | be claimed as a dep | endent on someone else's ta | ax return? | O Yes |) No | | |
| Are you legally blir | nd? O Yes O | No | | | | | |
| | | TAXPAYER | | SPO | USE | | |
| First Name | | | | | | | |
| Last Name | | | | | | | |
| Social Security # | | | | | | | |
| Occupation | | | | | | | |
| Date of Birth | | | | | | | |
| Cell Phone # | | | | | | | |
| Home Phone # | | | | | | | |
| Email (required) | | | | | | | |
| Residence Information Address | nation (Mandatory Sta | te Laws: NY & NJ Residents must | submit a copy | of their Driver's | s License, front & back) | | |
| City, State, Zip | | | | | | | |
| Direct Deposit Ir | nformation | | | | | | |
| Type of Account: | | O Savings | | | | | |
| - | OF BANK | ROUTING # | | | | | |
| | | | | | | | |
| Dependent/s Information | | | | | | | |
| | DEPENDENT #1 | DEPENDENT #2 | DEPEN | DENT #3 | DEPENDENT #4 | | |
| First Name | | | | | | | |
| Last name | | | | | | | |
| Social Security # | | | | | | | |
| Relation | | | | | | | |
| Date of Birth | | | | | | | |
| Months in Home | | | | | | | |
| Full-Time Student | | | | | | | |
| District of | | | | | | | |

| 1 louse to | Please tell us about the previous year. (Check all that apply) | | | | | | | | | | | |
|--|--|--|---|--|--|---|---|---------------------|------------------------|----------|-------------|--|
| Did you: O Move within the tax year? O Live in another state? | | | | | | | | | | | | |
| If you answered yes to any of the above, please list state and applicable dates: | | | | | | | | | | | | |
| DAT | TE FROM | | DATE TO | | | С | ITY | | STA | TE LI | VE/WORK | |
| | | | | | | | | | | | - -, | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Income | Income (W-2, 1099-R, 1099-G, 1099-SA, 1099-Misc.): Did you | | | | | | | | | | | |
| O Receiv | e wages, s | salaries or | any other | employe | r compen | sation? | | | | | | |
| O Receiv | e W-2 For | ms from A | ALL emplo | oyers you | worked fo | r last year | ? | | | | | |
| O Receiv | e unempl | oyment co | ompensat | ion (1099 - | - G)? | - | If yes | , which sta | ite: | | | |
| O Receiv | e a state t | ax refund | ? | | | | If yes | , how muc | h: \$ | | | |
| O Receiv | e alimony | payment | s? | | | | | | | | | |
| O Receiv | e Social Se | ecurity inc | ome (109 : | 9-SA)? | | | | | | | | |
| O Receiv | e pension | , annuity, | ROTH, IRA | A, or other | retiremer | nt income | (1099-R)? | 1 | | | | |
| O Take a | distribution | on from a | ny retirem | nent accou | unt? | | If yes | , how muc | h: \$ | | | |
| O Receiv | e royalties | ? | | | | | | | | | | |
| O Receiv | e gamblir | ng winning | gs (W2-G) | ? | | | If yes | , how muc | h: \$ | | | |
| O Receiv | e 1099-Mi | sc. incom | e (prizes, a | awards, ju | ry duty, et | .c.)? | | | | | | |
| O Own y | our own b | usiness o | r work as s | self-emplo | yed (1099 | -NEC)? P | lease subn | nit Profit/Lo | oss Statem | nent. | | |
| | | | | Own your own business or work as self-employed (1099-NEC)? Please submit Profit/Loss Statement. | | | | | | | | |
| | | | | | | | | | | | | |
| Investm | onts (100 | 0 P 1000 | INT and | 11000 DI | V). Did vo | | | | | | | |
| Investm | ents (109 | 9-B, 1099 |)-INT and | 1099-DI | V): Did yo | ou | | | | | | |
| | | | | | | | 1099-INT/ | 1 099-DIV)? |) | | | |
| O Receiv | | on saving | s, cash, U. | S. Bonds (| or stock d | | 1099-INT/ | 1 099-DIV)? |) | | | |
| O Receiv | e interest | on saving al funds, o | s, cash, U. r other se | S. Bonds o | or stock di 199-B)? | vidends (* | 1099-INT/ | 1 099-DIV)? | , | | | |
| O Receiv | re interest ock, mutua re interest | on saving al funds, o on a Partr | s, cash, U. r other se | S. Bonds of curites (10 -Corp, Esta | or stock di 199-B)? | ividends (* st (K1)? | 1 099-INT/ D Traditio | | | | | |
| O Receiv O Sell sto | re interest ock, mutua re interest | on saving al funds, o on a Partr | s, cash, U. r other se nership, S- DTH IRA | S. Bonds of curites (10 -Corp, Esta | or stock di 1 99-B)? ate, or Tru | vidends (* st (K1)? | | | \$ | | | |
| O Receiv O Sell sto | re interest ock, mutua re interest | on saving al funds, o on a Partr O RG | s, cash, U. r other senership, S- DTH IRA | S. Bonds of curites (10 -Corp, Esta | or stock di 199-B)? ate, or Tru | vidends (* st (K1)? | O Traditic O Keogh | | \$ | | | |
| O Receiv O Sell sto O Receiv O Contril | re interest ock, mutua re interest | on saving al funds, o on a Partr O RG O SE | s, cash, U. r other se nership, S- DTH IRA EP mple Reti | S. Bonds of curites (10 -Corp, Estate \$ srement Pl | or stock di 199-B)? ate, or Tru | ividends (* st (K1)? | O Traditic O Keogh | | \$ | | | |
| O Receiv O Sell sto O Receiv O Contrib | re interest ock, mutua re interest bute to a: | on saving al funds, o on a Partr O RG O SE O Sin | s, cash, U. r other senership, S- DTH IRA EP mple Reti | S. Bonds of curites (10 -Corp, Estate \$ srement Pl | or stock di 199-B)? ate, or Tru | ividends (* st (K1)? | O Traditic O Keogh | | \$ | | | |
| O Receiv O Sell sto O Receiv O Contril | re interest ock, mutua re interest bute to a: u Health Sa ur home? | on saving al funds, o on a Partr O RG O SE O Sin | s, cash, U. r other senership, S- DTH IRA EP mple Reti | S. Bonds of curites (10 -Corp, Estate should be should b | or stock di 199-B)? ate, or Tru | ividends (* st (K1)? | O Traditic O Keogh | | \$ | | | |
| O Receiv O Sell sto O Receiv O Contril O Have a O Sell yo Healthc | re interest ock, mutuare interest bute to a: Health Saur home? | on saving al funds, o on a Partr O SE O Si avings Acc O Se | s, cash, U. r other senership, S- DTH IRA EP mple Reti count (HSA | S. Bonds of curites (10) -Corp, Estate \$ \$ rement Pl A)? er propert | or stock di 1999-B)? ate, or Tru lan \$ | ividends (' st (K1)? | O Traditic O Keogh ——— , etc.)? | | \$ | | | |
| O Receiv O Sell sto O Receiv O Contril O Have a O Sell yo Healthe Did you h | re interest ock, mutua re interest bute to a: Health Sa ur home? are | on saving al funds, o on a Partr O SE O Si avings Acc O Se | s, cash, U. r other senership, S- DTH IRA EP mple Reticount (HSA ell any other | S. Bonds of curites (10) -Corp, Estate \$ \$ rement Pl A)? er propert | or stock di 999-B)? ate, or Tru lan \$. ty (equipn | st (K1)? nent, land | O Traditic O Keogh , etc.)? | | \$ | | | |
| O Receiv O Sell sto O Receiv O Contril O Have a O Sell you Healthe Did you h Is your sp | re interest ock, mutuare interest bute to a: Health Saur home? are nave health ouse cove | on saving al funds, o on a Partr O SE O Si avings Acc O Se | s, cash, U. r other senership, S- DTH IRA EP mple Reticount (HSA ell any other | S. Bonds of curites (10) -Corp, Estate \$ \$ rement Pl A)? er propert | or stock di 1999-B)? ate, or Tru dan \$ ty (equipm O Y | rividends (' st (K1)? nent, land 'es O | O Tradition O Keogh , etc.)? | | \$ | | | |
| O Receiv O Sell sto O Receiv O Contril O Have a O Sell yo Healthe Did you h Is your sp Were you | re interest ock, mutual re interest bute to a: a Health Saur home? are have health ouse cove | on saving al funds, o on a Partr O RC O SE O Sin avings Acc O Se n insurance ered by you | s, cash, U. r other senership, S- DTH IRA EP Imple Reticount (HSA ell any other ce coveragor plan? red by you | S. Bonds of curites (10 -Corp, Estate should be should b | or stock di 1999-B)? ate, or Tru lan \$. ty (equipn O Y | rividends (' st (K1)? nent, land 'es O 'es O | O Tradition O Keogh , etc.)? No No No | onal IRA | \$ | | | |
| O Receive O Sell store O Receive O Contrib | re interest ock, mutuare interest bute to a: a Health Saur home? are ave health ouse cover dependents to cover the cover to cover the | on saving al funds, o on a Partr O RC O SE O Sin avings Acc o Se on insurance end by you ents cover | s, cash, U. Ir other senership, S- DTH IRA EP Imple Reticount (HSA ell any other are coverage ur plan? The by you gh the Ma | S. Bonds of curites (10 curite | or stock die page and stock die page at e, or True at e, o | rividends (* st (K1)? - nent, land res res res res res | O Tradition O Keogh , etc.)? No No No No No No | es, please p | \$ \$ rovide For | m 1095-A | | |
| O Receive O Sell store O Receive O Contrib | re interest ock, mutual re interest bute to a: a Health Saur home? are have health ouse cove | on saving al funds, o on a Partr O RC O SE O Sin avings Acc o Se on insurance end by you ents cover | s, cash, U. Ir other senership, S- DTH IRA EP Imple Reticount (HSA ell any other are coverage ur plan? The by you gh the Ma | S. Bonds of curites (10 curite | or stock di 1999-B)? ate, or Tru lan \$. ty (equipn O Y | rividends (* st (K1)? - nent, land res res res res res | O Tradition O Keogh , etc.)? No No No No No No | onal IRA | \$ \$ rovide For | m 1095-A | | |
| O Receiv O Sell sto O Receiv O Contril O Have a O Sell yo Healthe Did you h Is your sp Were you Did you h Did you h | re interest ock, mutuare interest bute to a: a Health Saur home? are ave health ouse cover dependents to cover the cover to cover the | on saving al funds, o on a Partr O RG O SE O Sin avings Acc O Se on insurance ered by you ents cover age throu age throu | s, cash, U. Ir other senership, S- DTH IRA EP Imple Reticount (HSA ell any other are coverage ur plan? The by you gh the Ma | S. Bonds of curites (10 curite | or stock die page and stock die page at e, or True at e, o | rividends (* st (K1)? - nent, land res res res res res | O Tradition O Keogh , etc.)? No No No No No No | es, please p | \$ \$ rovide For | m 1095-A | | |
| O Receiv O Sell sto O Receiv O Contril O Have a O Sell yo Healthe Did you h Is your sp Were you Did you h Did you h | re interest ock, mutual re interest obute to a: a Health Saur home? are ave health oouse cover dependent over cover over the cover on the cover of the cover o | on saving al funds, o on a Partr O RG O SE O Sin avings Acc O Se on insurance ered by you ents cover age throu age throu | s, cash, U. Ir other senership, S- DTH IRA EP Imple Reticount (HSA ell any other are coverage ur plan? The by you gh the Ma | S. Bonds of curites (10 curite | or stock die page and stock die page at e, or True at e, o | rividends (* st (K1)? - nent, land res res res res res | O Tradition O Keogh , etc.)? No No No No No No | es, please p | \$ \$ rovide For | m 1095-A | | |

| Adjustments to Income/Credits | |
|--|---|
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| | |
| | |
| | |
| CHILD CARE EXPENSE CREDITS | |
| Name Provider #1: | SS#/EIN: |
| Address: | |
| Yearly Amount Paid: \$ | Phone # |
| Name Provider #2: | SS#/EIN: |
| Address: | |
| | Phone # |
| | |
| HIGHER EDUCATION CREDITS | |
| Please submit Form 1098-T if you or anyone in your house during the tax year. | ehold was enrolled in an institute of higher learning |
| AFFORDABLE CARE ACT PREMIUM TAX CREDIT All required information will be listed on Form 1095-A pro | ovided by the Health Insurance Marketplace. |
| ADOPTION CRE DIT: (Please provide Name, SS#, DOB in | Dependents Section) |
| Amount of expense incurred for adoption of child: | \$ |
| | |
| Please write any notes below that will assist with you | r return. |
| | |
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Itemized Deductions

| MEDICAL EXPENSES | AMOUNT | CHARITABLE CONTRIBUTIONS | AMOUNT | | |
|---|--------|---|--------|--|--|
| Medical Insurance Premiums | | CASH CONTRIBUTIONS | | | |
| Dental Insurance Premiums | | Gifts Given by Cash, Check or CC | | | |
| Long Term Insurance | | Religious Organizations | | | |
| Co-Payments | | Non-Profit Organizations | | | |
| Prescription Drugs | | Non-Profit Hospitals | | | |
| Doctor/Dentist | | Medical Research | | | |
| Hospitals | | Civil Defense Organizations | | | |
| Nursing Homes | | Civil Deletise Organizations | | | |
| | | NON-CASH CONTRIBUTIONS | | | |
| Psychiatric Counseling | | <u> </u> | | | |
| Glasses, Hearing Aids, Batteries | | Gifts Other than Cash, not limited to: | | | |
| Auto Travel & Parking (Medical) | | Furniture/Clothing/Electronics | | | |
| Mileage To and From Facility | | Salvation Army | | | |
| | | Goodwill | | | |
| JN-REIMBURSED WORK EXPENSES | | Donations Over \$500 Must Provide: | | | |
| Dues (Union & Professional) | | Donee Name | | | |
| Uniforms | | Address | | | |
| Employment Related Education | | City | | | |
| Job Seeking Expenses | | State | Zip | | |
| Business Insurance | | Description of Property | | | |
| Licenses, Fees, Etc. | | | | | |
| Professional Books | | Date, if known | | | |
| Publications | | Fair Market Value | | | |
| Jniform Dry Cleaning | | | | | |
| Seminars/Conferences | | IN-HOME OFFICE | | | |
| Cell Phone | | Total Sq. Ft. of Home | | | |
| Equipment | | Sq. Footage of Office | | | |
| Computer | | Rent | | | |
| Supplies | | Utilities | | | |
| Entertainment | | Phone | | | |
| Gifts to Clients | | Internet/Cable | | | |
| Local Transit (not including daily commute) | | Insurance | | | |
| | | Office Improvements | | | |
| MORTGAGE INTEREST | | Other | | | |
| Primary Residence | | | | | |
| Primary Residence #2nd Mortgage | | VEHICLE EXPENSES* (Not Including daily comn | nute) | | |
| Secondary Residence | | Overall Mileage | | | |
| Primary Residence #2nd Mortgage | | Business Mileage | | | |
| Mortgage Interest to an Individual | | Parking | | | |
| Name | | *Mileage Diary Required | | | |
| Address | | Mileage Diary Required | | | |
| Amount | | MISC. DEDUCTIONS | | | |
| Amount | | | | | |
| TAVES DAID | | Attorney Fees | | | |
| TAXES PAID | | Investment Expenses | | | |
| Real Estate Tax Paid | | Safe Deposit Box | | | |
| State Income Tax Paid | | Tax Prep Fees | | | |
| Tax Paid on Last Year's Return | | Gambling Loss (To Offset Winnings) | | | |
| Estimates State Tax Payments | | | | | |
| Personal Property Tax | | | | | |
| | | | | | |
| OTHER EXPENSES | | | 1 | | |

| Rental Inco | me/Expense Sheet | | | | | | |
|------------------|--|----------------------------|--------------------------|--------------------|-------------|--|--|
| PROPERTY | DESCRIPTION (Single-family, Mixed Condo, Townhouse, | -use, Etc. | ADDRESS | | | | |
| Α | · · · · · · · · · · · · · · · · · · · | | | | | | |
| В | | | | | | | |
| | | | | | | | |
| С | | | | | | | |
| D | | | | | | | |
| | | PROPERTY A | PROPERTY B | PROPERTY C | PROPERTY D | | |
| INCOME | | | | | | | |
| Rents | | | | | | | |
| Other | | | | | | | |
| EXPENSES | | | | | | | |
| | | | | | | | |
| Advertising Auto | | | | | | | |
| Travel | | | | | | | |
| Cleaning/Mair | ntenance | | | | | | |
| Commissions | | | | | | | |
| Insurance | | | | | | | |
| Legal & Profes | ssional | | | | | | |
| Management | | | | | | | |
| Mortgage Inte | | | | | | | |
| Repairs | | | | | | | |
| Supplies | | | | | | | |
| Real Estate Ta | X | | | | | | |
| Water | | | | | | | |
| Gas | | | | | | | |
| Electric | | | | | | | |
| Other Utilities | 5 | | | | | | |
| Association Fe | ees | | | | | | |
| Lawn Care | | | | | | | |
| Pest Removal | | | | | | | |
| Snow Remova | al | | | | | | |
| Other | | | | | | | |
| | CAPITAL IN | MPROVEMENTS (Equipn | nent, furniture or prope | erty improvements) | | | |
| | | PROPERTY A | PROPERTY B | PROPERTY C | PROPERTY D | | |
| Description | Date | Cost | Cost | Cost | Cost | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | RTY PURCHASED/SOLI |) | 1 | | |
| Description | | Date Purchased | Original Cost | Date Sold | Sold Amount | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |