

CLIENT INTAKE FORM (CIF)



Personal Information

Marital Status: Single Married Separated Widowed

Are you or can you be claimed as a dependent on someone else's tax return? Yes No

Are you legally blind? Yes No

	TAXPAYER	SPOUSE
First Name		
Last Name		
Social Security #		
Occupation		
Date of Birth		
Cell Phone #		
Home Phone #		
Email (required)		

Residence Information (Mandatory State Laws: NY & NJ Residents must submit a copy of their Driver's License, front & back)

Address	
City, State, Zip	

Direct Deposit Information

Type of Account: Checking Savings

NAME OF BANK	ROUTING #	ACCOUNT #

Dependent/s Information

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name				
Last name				
Social Security #				
Relation				
Date of Birth				
Months in Home				
Full-Time Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adjustments to Income/Credits

[REDACTED]

CHILD CARE EXPENSE CREDITS

Name Provider #1: _____ SS#/EIN: _____

Address: _____

Yearly Amount Paid: \$ _____ Phone # _____

Name Provider #2: _____ SS#/EIN: _____

Address: _____

Yearly Amount Paid: \$ _____ Phone # _____

HIGHER EDUCATION CREDITS

Please submit **Form 1098-T** if you or anyone in your household was enrolled in an institute of higher learning during the tax year.

AFFORDABLE CARE ACT PREMIUM TAX CREDIT

All required information will be listed on **Form 1095-A** provided by the Health Insurance Marketplace.

ADOPTION CREDIT: *(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 your return.

[Empty box for notes]

Itemized Deductions

MEDICAL EXPENSES		AMOUNT	CHARITABLE CONTRIBUTIONS	AMOUNT
[REDACTED]			CASH CONTRIBUTIONS	
Medical Insurance Premiums			Gifts Given by Cash, Check or CC	
Dental Insurance Premiums			Religious Organizations	
Long Term Insurance			Non-Profit Organizations	
Co-Payments			Non-Profit Hospitals	
Prescription Drugs			Medical Research	
Doctor/Dentist			Civil Defense Organizations	
Hospitals				
Nursing Homes				
Psychiatric Counseling			NON-CASH CONTRIBUTIONS	
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	
UN-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	
Uniform 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 (<i>not including daily commute</i>)			Insurance	
			Office Improvements	
MORTGAGE INTEREST			Other	
Primary Residence				
Primary Residence #2nd Mortgage			VEHICLE EXPENSES* (Not Including daily commute)	
Secondary Residence			Overall Mileage	
Primary Residence #2nd Mortgage			Business Mileage	
Mortgage Interest to an Individual			Parking	
Name			<i>*Mileage Diary Required</i>	
Address				
Amount			MISC. DEDUCTIONS	
			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			[REDACTED]	
			[REDACTED]	
OTHER EXPENSES			[REDACTED]	
			[REDACTED]	

Rental Income/Expense Sheet

PROPERTY	DESCRIPTION <i>(Single-family, Mixed-use, Condo, Townhouse, Etc.)</i>	ADDRESS
A		
B		
C		
D		

	PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
INCOME				
Rents				
Other				

EXPENSES				
Advertising				
Auto				
Travel				
Cleaning/Maintenance				
Commissions				
Insurance				
Legal & Professional				
Management Fees				
Mortgage Interest				
Repairs				
Supplies				
Real Estate Tax				
Water				
Gas				
Electric				
Other Utilities				
Association Fees				
Lawn Care				
Pest Removal				
Snow Removal				
Other				

CAPITAL IMPROVEMENTS *(Equipment, furniture or property improvements)*

		PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
Description	Date	Cost	Cost	Cost	Cost

RENTAL PROPERTY PURCHASED/SOLD

Description	Date Purchased	Original Cost	Date Sold	Sold Amount