

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 (<i>required</i>)		

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				
Disabled				

Adjustments to Income/Credits

ADJUSTMENTS

HSA Contributions (external from employer plan): \$ _____

Self-employed SEP, SIMPLE and qualified retirement plans: \$ _____

Are you a teacher? Yes No

CHILD CARE EXPENSE CREDITS

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

Address: _____

Yearly Amount Paid: \$ _____

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

Address: _____

Yearly Amount Paid: \$ _____

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.

Itemized Deductions

MEDICAL EXPENSES <i>MUST EXCEED 10% OF INCOME</i> <i>AGE 65+ MUST EXCEED 7.5%</i>	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			
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	
		Other	
MORTGAGE INTEREST			
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		CASUALTY/THEFT LOSS (Supporting documents may be required.)	
		Ponzi Scheme	
OTHER EXPENSES		Theft	
		Natural Disaster	

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	PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
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

2021 COVID RELIEF INTAKE FORM



These statements are for 2021 tax returns **ONLY**.

2021 Advanced Child Tax Credit Payments Received: IRS Letter 6419

Did you receive Advanced Child Tax Credit payments in 2021? Yes No

If yes, please list monthly amounts deposited below. Payments listed must match those on IRS Letter 6419.

	Taxpayer/Joint	Spouse
<input type="radio"/> July	\$ _____	\$ _____
<input type="radio"/> August	\$ _____	\$ _____
<input type="radio"/> September	\$ _____	\$ _____
<input type="radio"/> October	\$ _____	\$ _____
<input type="radio"/> November	\$ _____	\$ _____
<input type="radio"/> December	\$ _____	\$ _____

Number of qualified children used to calculate Advanced CTC payments: _____

2021 Stimulus #3: IRS Letter 6475 (Payments were issued beginning March 2021)

Did you received Stimulus #3? Yes No

If yes, please confirm deposit amount: \$ _____

If you answered "No", we will review to see if you are qualified for recovery.