



Individual Tax Preparation Intake Form

Filing Status: Single _____ MFJ _____ MFS _____ QW _____ HOH _____

Name: _____ **DOB:** _____

Occupation: _____ Are you claiming yourself? _____ Claimed by someone else? _____

US Citizen: Yes / No **Social Security Number:** _____ Phone: _____

E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

School District: _____ City/Town/Village: _____

Do you have an HSA? Yes / No Family _____ Self _____ Value of HSA Dec 31, 2019: _____ 1099-SA Yes / No

Did you have Health Insurance in 2019? _____ All year _____ Part of the year, check months of Coverage below:

____ Jan ____ Feb ____ Mar ____ Apr ____ May ____ June ____ July ____ Aug ____ Sept ____ Oct ____ Nov ____ Dec ____

Did you acquire Health Ins. through the Market Place? Yes / No Did you receive a 1095-A? Yes / No

Required To Help Prevent Identity Theft:

Driver's License Number _____ or State ID Number _____

Issuing State _____ Issue Date _____ Expiration Date _____ Does Not Expire (State ID Only) _____

Spouse's Name: _____ **DOB:** _____

Occupation: _____ Are you claiming yourself? _____ Claimed by someone else? _____

US Citizen: Yes / No **Social Security Number:** _____ Phone: _____

E-Mail: _____

Do you have an HSA? Yes / No Family _____ Self _____ Value of HSA Dec 31, 2016: _____ 1099-SA Yes / No

Did you have Health Insurance in 2019? _____ All year _____ Part of the year, check months of coverage below :

____ Jan ____ Feb ____ Mar ____ Apr ____ May ____ June ____ July ____ Aug ____ Sept ____ Oct ____ Nov ____ Dec ____

Did you acquire Health Ins. through the Market Place? Yes / No Did you receive a 1095-A? Yes / No

Required To Help Prevent Identity Theft:

Driver's License Number _____ or State ID Number _____

Issuing State _____ Issue Date _____ Expiration Date _____ Does Not Expire (State ID Only) _____

Would you like our firm to discuss your return with the IRS if needed? _____

Did you make Estimated Quarterly Tax Payments? _____ Total Federal Payments Paid _____ Total State Payments Paid _____

Do you need additional state returns? Yes _____ Which States _____ No _____

Did you or your dependents have any tuition expenses? _____

Do you have child care expenses? Yes _____ No _____ (Please provide statement from child care facility)

Banking Information For Refund or Balance Due: (Optional)

Use Account For: Refund _____ Balance Due _____ Date the balance due should be withdrawn from your account _____

Routing #: _____ Account #: _____ Checking _____ Savings _____

How did you hear about us? _____

Complete This Section If You Are Filing An Itemized Return Or If Your State Allows The Deductions

Did you itemize last year? Yes _____ State Refund Amount _____ No _____

Mortgage Interest _____

Property Taxes _____

Tax Preparation Fees _____

Union Dues _____

Auto Registration _____

Unreimbursed Job Expenses _____

Charitable Contributions _____

Medical Expenses _____

Dependents:

Will your dependents be claimed by someone other than yourself? _____ Yes _____ No Did your children have Health Insurance in 2019?

_____ All year _____ Part of the year, check months of coverage below:
_____ Jan _____ Feb _____ Mar _____ Apr _____ May _____ June _____ July _____ Aug _____ Sept _____ Oct _____ Nov _____ Dec _____

Did your children acquire Health Ins. through the Market Place? _____ Yes _____ No

How Many Months Did Your Child/Children Live With You? _____

Name: _____ DOB: _____ Relationship: _____ Social Security Number: _____

Name: _____ DOB: _____ Relationship: _____ Social Security Number: _____

Name: _____ DOB: _____ Relationship: _____ Social Security Number: _____

Name: _____ DOB: _____ Relationship: _____ Social Security Number: _____



General Engagement Letter For Tax Return Preparation

This letter is to inform you, the tax payer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

Tax Return Preparation

- We will prepare your 2019 federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- You must review the return carefully before signing to make sure the information is correct.
- The tax preparation fee does not include bookkeeping.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance and consultation during the year.
- The engagement to prepare your 2016 tax returns terminates upon the delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documents.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state taxing authority. We can provide guidance concerning what evidence is acceptable.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both tax payers must sign.

Taxpayer _____ Spouse _____ Date _____

Privacy Policy. The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission. Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions.