**2021 CLIENT INTAKE FORM**

**NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB(S)\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Deposit for refund Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Savings Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stimulus received Spring 2021 $\_\_\_\_\_\_\_ Letter? Yes\_\_\_ No\_\_\_ Other Record? Yes\_\_\_ No\_\_\_ Advance Child Tax Credit? Yes\_\_\_ No\_\_\_ Letter? Yes\_\_\_ No\_\_\_ Other record?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TP amount\_\_\_\_\_\_\_\_\_\_ Spouse amount\_\_\_\_\_\_\_\_\_\_ Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchases without paying State sales tax? Yes\_\_\_ No\_\_\_ If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If itemizing – did you make a large Item purchase? Yes\_\_\_ No\_\_\_ Sales tax amount? \_\_\_\_\_\_\_\_\_ Do you or your dependents have college expense? Yes \_\_\_No \_\_\_ 1098-T? Yes\_\_\_ No\_\_\_ **Provide the bursar account detail from the school showing date/amounts paid, also cost of books and supplies for 2021.** Student Loan Interest Paid? Yes\_\_\_ No\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_ Prior Education Credit taken? Hope or AOTC? Years taken? \_\_\_\_\_\_\_\_\_\_\_\_ Limit of 4 years total.

Dependents: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are dependents under 19 or under 24 and a full-time student? Yes\_\_\_\_\_ No\_\_\_\_\_ Parent \_\_\_\_\_ EIC/CTC – Child/children lived with +50% of year? Yes\_\_\_ No\_\_\_ Form 8332? Yes\_\_\_ No\_\_\_ Claim released to another? Yes\_\_\_ No\_\_\_ Qualifying child of another person? Yes\_\_\_ No\_\_\_ Tie Breaker rules apply? Yes\_\_\_ No\_\_\_ **Please provide documentation to prove dependent residency with you – medical/school record, child care statement, or other residency proof.**

Charitable Contributions made 2021\_\_\_\_\_\_\_\_\_\_\_\_\_ Documentation available? Yes\_\_\_ No\_\_\_ Do you have documentation for any credits or deductions taken? Yes \_\_\_ No\_\_\_ Any credits or deductions reduced or disallowed by IRS in previous years? Yes\_\_\_ No\_\_\_ Did you, spouse or dependents have marketplace health insurance in 2021? Yes \_\_\_\_ No \_\_\_\_ **Please provide the 1095-A if marketplace insurance!** Significant changes in life? Marriage Divorce Death Baby Medical Job Loss Bankruptcy Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

401 Covid Withdrawal Yes\_\_\_ No\_\_\_ Paid back Yes\_\_\_ No\_\_\_ 3-year option Yes\_\_\_ No\_\_\_

Do you have any foreign bank accounts, signature authority over any foreign account or the beneficiary of any foreign account or asset? Yes \_\_\_\_ No \_\_\_\_ If Yes – Amount of assets $\_\_\_\_\_\_\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you receive, sell or trade any form of electronic currency? Yes\_\_\_ No\_\_\_ **Provide details.**

Do you have: Wages\_\_\_\_ Gambling\_\_\_\_ Interest\_\_\_\_ TE\_\_\_\_ Dividend\_\_\_ Stocks/Bonds\_\_\_ Pension/IRA\_\_\_ SS\_\_\_ RRB\_\_\_ Alimony\_\_\_ Sale of Property\_\_\_ Jury Pay\_\_\_ Unemployment\_\_\_ K-1\_\_\_ State/Local Refund\_\_\_ Cancelled Debt\_\_\_ Prize/Lottery\_\_\_ Rentals Yes\_\_\_ No\_\_\_ Workers Compensation \_\_\_\_ Self Employment Income \_\_\_ Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filing Status: Single MFJ MFS QW **HOH** --- (Fill out below amount you paid & total cost.) You Paid Total Cost  ***For HOH Filing Status Only!***  *Exclude:* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Property Tax *Clothing, Education, Vacations* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Mortgage Interest *Medical Costs, Transport*ation \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Utilities *Mortgage Principal, Life Insurance* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Repairs/Maintenance *Rental value of owned home* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Property Insurance *Value of services provided* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Food eaten in home \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Rent \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Other household expense \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Total each column Total paid by taxpayer more than 50% of total? Yes\_\_\_ No\_\_\_ Documentation? Yes\_\_\_ No\_\_\_ Who lives with you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ All Year? Yes\_\_\_ No\_\_\_ Separated – live with spouse in 2021? Yes\_\_\_ No\_\_\_ If yes, Dates from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

Estimated Tax Payments? Date/Amounts for federal & State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who to contact if death or taxpayer becomes mentally unable to make decisions : Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anyone specific you do not wish us to contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification: DL State\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue date\_\_\_\_\_\_\_\_\_\_ Expire date\_\_\_\_\_\_\_\_\_\_ DL State\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue date\_\_\_\_\_\_\_\_\_\_ Expire date\_\_\_\_\_\_\_\_\_\_

By signing this, you acknowledge the answers given are true and correct to the best of your knowledge and Tax Time LLC is not responsible for missing or impartial information/tax forms.

Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_