

Intake Form

Name _____ **Birthdate** _____ **SSN** _____

Email: _____ **Occupation:** _____

Spouse _____ **Birthdate** _____ **SSN** _____

Spouse's email: _____ **Occupation:** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone () _____ **Did everyone have health insurance?** _____

Can anyone claim you or your spouse on their tax return ? Yes No

Filing Status: Single (not married) Married, jointly
 Head of household (not married, **with** dependents) Married, separate
 Widow (Year of spouse's death _____)

Dependents (everyone who lived with you...other than your spouse)

Name	SSN	Relationship	D.O.B.	How many months lived with you	Student	Disabled	Can someone else claim them?	Did you provide more than 50% support?	Did anyone else provide support?

If you are claiming children who are not your son or daughter, where are the parents?

Do you receive any financial or housing assistance? (section 8, food stamps, family help) yes no **from who?** _____

Do you have any self employment? yes no **If you do not have a profit and loss, please ask for a Profit and Loss form**

Do you have any rental property? yes no **If you do not have a profit and loss, please ask for a Rental Property form**

Did anyone in your household go to college last year? yes no **Please provide the 1098 Tuition statement**

Did you pay or receive alimony? yes no **Please provide their SSN**

Did you pay daycare expenses for children under 12? yes no **We will need provider's name, address, id#, and amount paid**

Do you own a home yes no **Provide mortgage statement**

Do you want us to prepare an Ohio city tax form? (additional \$40) yes no **City name** _____

Did you bring:

W2 and all income forms

Mortgage interest and property tax if you own a home

Bank routing and account # if you want direct deposit

Valid ID

Proof you can claim the child if they are not your son or daughter

Would you like us to take our fee out of your refund?

Profit/Loss for business or rental property

1098 for education expense

Daycare provider info

SS cards, medical cards or birth certificate for children

(custody papers, school or medical record, lease, placement agency statement)

Check DD Wal-Mart

I, as the taxpayer, have truthfully provided the above information to the best of my ability.

Signature _____ **Date** _____