



Client Intake Sheet

Tax Year: _____

New Client: Existing Client:

Client Information

Name: _____

D.O.B.: _____ S.S. #: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Occupation: _____

DL#: _____ State: _____ Issue Date: _____ Expiration: _____

Alternative Contact(s): (Name) (Relationship) (Telephone)

Marital Status: Single Married Divorced Separated

Spouse Information

Name: _____

D.O.B.: _____ S.S. #: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Occupation: _____

DL#: _____ State: _____ Issue Date: _____ Expiration: _____

Dependents

Name: _____ Relationship: _____

DOB: _____ S.S. #: _____

Name: _____ Relationship: _____

DOB: _____ S.S. #: _____

Name: _____ Relationship: _____

DOB: _____ S.S. #: _____

Name: _____ Relationship: _____

DOB: _____ S.S. #: _____

Are in interested in any of the following?

Pay by Refund Refund Advance Refund Advance Loan Protection Plus Direct Deposit

Services Requested

Tax Preparation: Tax Planning: Form 1099/w2 Preparation: Bookkeeping: Payroll: Business Planning: Strategic Planning: QuickBooks Setup &/or Consulting:

Referred By:



Direct Deposit Information

Routing Number _____ Account Number _____

Client Information List

Did you bring with you? (Check all that apply)

Income:

- Copy of current driver's license
- Proof of Health Ins coverage
- Copy of prior year tax return (if not returning client)
- All W-2's (including from gambling) and or 1099's
- Interest Income
- Dividend Income
- Social Security
- Unemployment
- Alimony
- Pensions or IRAs
- Schedule K-1's or Partnership or Corporation Income
- Rental Income
- Farm Income
- Business Income
- Sale of any assets?

Expenses:

- 1098-T or Education expenses
- Moving Expenses
- Self-Employed Health Insurance
- IRA Contributions
- Educator Expenses
- Health Savings Accounts
- Alimony paid
- Mortgage Interest
- Medical Expenses
- Real Estate Taxes
- Charitable Contributions
- Unreimbursed Employment Expenses
- Cost of previous year's tax return expense
- Income taxes paid to another state
- Energy efficient home improvements
- Child or Dependent care expenses (*must have providers identifying information*)

Acknowledgement:

To the best of my knowledge, I have provided Piearcy Financial Solutions with true and accurate copies of all necessary documents necessary to provide requested services.

Signature

Signature

FOR OFFICE USE ONLY

Initial And Date The Following Items When Completed:

Acknowledgement signed: _____
DL and H.Ins obtained: _____
Voided check for DD: _____
Engagement Letter signed: _____

Consent to Use signed: _____
Consent to Disclose signed: _____
Client Fees collected: _____