



Tax Client Intake Form

Business Type: _____ Sch C: _____ Specific Category: _____

Initial Consultation:		Referred by:	
First Visit:		Thank you sent:	
NL	Y N Completed	HC	Y N Completed
BC		Y N Completed	

Name			
Address			
City		State	Zip
Taxpayer Name:		Date of Birth:	
Spouse:		Date of Birth:	
Child's Name:		Date of Birth:	
Child's Name:		Date of Birth:	
Child's Name:		Date of Birth:	
Interests/Hobbies:			
Business Phone:		Cell:	
Business Fax:		E-mail:	
Preferred Method of Contact:		Best Time to Reach:	
If a business, what type of business:			
Company EIN:		Company Legal Name:	
Sole Proprietorship	LLC	Individual	

Name of CPA or Bookkeeper:			
Name:			
Address:		City	State
Phone:		Fax:	Zip
		Email:	

Prior Year Prepared by Who:
Copy of prior return obtained?
Cost of prior year preparation:
Prior year review for possible amendment?
Has there been any name changes?
Is there any change in dependent information?
Residency status and state returns needed?
Estimated tax payments made?
Carryforwards of home office costs?
Carryforwards of capital loss?
Did you itemize last year?
List of prior assets being depreciated obtained?