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(New clients please provide copy of last year's tax returns)

Client Intake Form

Taxpayer Name:	Spouse Name:
SSN _____ Birthdate _____	SSN _____ Birthdate _____
Phone:	Spouse Phone:
E-Mail:	Spouse E-Mail:
Driver's License/State Issued ID State: _____ License #: _____	Driver's License/State Issued ID State: _____ License #: _____
Occupation	Occupation
Are you a U.S. citizen? Yes/ No	Are you a U.S. citizen? Yes/ No
As of December 31, 2021, what was your marital status?	
Address: All 12 months?	Address: All 12 months?

DEPENDENT INFORMATION

Dependents Name (List Youngest First)	Birthdate	Social Security #	Relationship to You (Son, Daughter, Other)	# of Months Lived in Your Home

Please answer ALL Questions

1. Did you or any of your dependents have Marketplace exchange medical insurance for any of 2021? YES/NO [Provide Form 1095-A]	
2. Did You make ESTIMATED Federal or State taxes last year in addition to withholdings?	YES/NO

3. Amount of Stimulus received #1 _____ #2 _____ #3 _____

4. You received ADVANCED EITC Child Tax Payments in 2021. If so, How much? \$ _____

5. Would you like a Hard copy/or email copy of your tax return? _____

6. Can anyone claim you or your spouse as a dependent? Yes/ No /Unsure

7. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? YES/NO PIN _____

8. Would you like your refund deposited into your bank account? ☐ Yes ☐ No

Name of Bank _____ ☐ Checking ☐ Savings

Routing Number _____ Account Number _____

9. Are you self-employed? YES/NO If you received a 1099-NEC, a Sch C organizer must be completed.

Check appropriate box for each form that applies

<input type="checkbox"/> Wage Statement – W-2s	<input type="checkbox"/> Purchased Primary Residence	<input type="checkbox"/> Medical/Dental Expenses
<input type="checkbox"/> Tips or Other Income	<input type="checkbox"/> Sold Primary Residence	<input type="checkbox"/> Mortgage Interest 1098
<input type="checkbox"/> 1099-Misc/1099-NEC- need Sch C	<input type="checkbox"/> Owned Rental Property - need Sch E	<input type="checkbox"/> Mortgage Points (i.e. closing points)
<input type="checkbox"/> Received Interest 1099-INT	<input type="checkbox"/> Farm Income- need Sch F	<input type="checkbox"/> Paid real estate taxes
<input type="checkbox"/> Received Dividends	<input type="checkbox"/> Lottery or Gambling Winnings	<input type="checkbox"/> Property Tax
<input type="checkbox"/> Sold Stocks or Bonds	<input type="checkbox"/> Cancellation of Debt	<input type="checkbox"/> Charity or Religious Contributions
<input type="checkbox"/> Pension/Retirement Income 1099 R	<input type="checkbox"/> Distribution of foreign accounts	<input type="checkbox"/> Significant loss or Theft
<input type="checkbox"/> Contributions to IRAs	<input type="checkbox"/> Pd Qualified Education Exp 1098T	<input type="checkbox"/> Had teacher un-reimbursed expenses
<input type="checkbox"/> Received Unemployment	<input type="checkbox"/> Made student loan payments 1098E	<input type="checkbox"/> HSA Form 1099SA
<input type="checkbox"/> Social Security Income	<input type="checkbox"/> Financial interest virtual currency	<input type="checkbox"/> Business Extension Request \$60 Fee
<input type="checkbox"/> Alimony (Paid or Received)	<input type="checkbox"/> Child Care Expenses	<input type="checkbox"/> Personal Extension Request \$60 Fee

• *For new clients, how did you learn about us?* _____

I certify that the information provided is accurate & I would like my taxes prepared according to the information provided above.

Taxpayer Signature _____ Date: _____

Spouse's Signature _____ Date: _____