

TAX INTAKE FORM

**Personal Information:** (If filing a joint return, enter your names in the same order as last year's return)

Tax Year \_\_\_\_\_

If you were a client last year and your address, phone number, email and occupation have not changed, check here \_\_\_\_ and you can leave this section blank.

**Personal Information:**

Primary Taxpayer: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital status as of the end of the tax year: \_\_\_\_\_

Spouse (if applicable): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Fill out every year:**

Check if you have any foreign bank accounts: \_\_\_\_\_

Check if you engaged in any virtual currency transactions: \_\_\_\_\_

Check if you purchased health insurance through the marketplace: \_\_\_\_\_ (if yes, we need the 1095-A)

Check if you would you like to use direct debit to pay your balance due if you owe \_\_\_\_\_

If you want direct deposit or direct debit, upload a voided check or enter your bank information here:

Bank name: \_\_\_\_\_

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

New clients, how did you hear about us: \_\_\_\_\_

**Items to upload to our secure TaxDome portal**

**New Clients:**

Last year's tax return

Copy of driver's licenses

Copy of the SS cards of everyone on the tax return

**All clients:**

This year's tax documents (W2s, 1099s)

Copy of the SS card of anyone who was not on last year's return

**If you have a business or rental property, please upload your income and expenses or fill out the SchC or Sch E intake form, and answer the following questions:**

Did you make any payments in 2022 that would require you to file Form(s) 1099? yes\_\_\_\_\_ no\_\_\_\_\_ (this is required if you paid a contractor more than \$600)

If "Yes," did you or will you file required Form(s) 1099? Yes \_\_\_\_\_ no\_\_\_\_\_ (We can file this for you if needed)

**Other income:**

Tips: \_\_\_\_\_  
Alimony received: \_\_\_\_\_ (divorce date: \_\_\_\_\_)

Interest or dividends not reported on a 1099: \_\_\_\_\_  
Jury duty: \_\_\_\_\_

**Deductions, credits and payments:**

Alimony paid: \_\_\_\_\_ Divorce date: \_\_\_\_\_  
Educator expense: \_\_\_\_\_ (K-12 teachers) \$300 max  
Childcare expenses: \_\_\_\_\_ (need statement from provider with name, address and tax ID number)  
Higher education expenses: \_\_\_\_\_ (Need 1098-T)  
Higher education book expenses: \_\_\_\_\_

Student loan interest: \_\_\_\_\_ (Need 1098-E)  
K-12 Education: \_\_\_\_\_ (tuition, required book and lab fees)(IL Residents)  
Contributions to a Traditional IRA:  
Taxpayer: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Contributions to a ROTH IRA:  
Taxpayer: \_\_\_\_\_  
Spouse: \_\_\_\_\_

**Estimated taxes paid:** Prior year carryforward \_\_\_\_\_

	Federal	State		Federal	State
Date pd:	_____	_____	Date pd:	_____	_____
Date pd:	_____	_____	Date pd:	_____	_____

**Itemized deductions:**

**Medical/dental:** (must be greater than 7.5% of adjusted gross income)

Insurance premiums: \_\_\_\_\_ Out of pocket expenses: \_\_\_\_\_ Medical miles: \_\_\_\_\_

**Taxes and interest:**

**Last year's state balance due.** New clients please provide a copy of last year's tax return

**RE tax: This might be deductible for the state even if you don't itemize. Provide 1098 or RE tax bill.**

**Personal property tax:** \_\_\_\_\_ (only if based on the value of the property, doesn't apply to IL)

**Sales tax on large item (car or boat):** \_\_\_\_\_

**Interest paid for primary or secondary residence-not rental property.** (provide 1098)

**Charitable contributions:** \_\_\_\_\_ (please upload a statement from the charity)

**Dependents:** (individuals for whom you provided over half of their support

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
If divorced/separated did the child live with you more nights than the other parent: yes \_\_\_ no \_\_\_  
If yes, are you releasing the exemption to other parent: \_\_\_  
If no, are you claiming the child: yes \_\_\_ no \_\_\_ (must have signed Form 8332)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_  
If divorced/separated did the child live with you more nights than the other parent: yes \_\_\_ no \_\_\_  
If yes, are you releasing the exemption to other parent: \_\_\_  
If no, are you claiming the child: yes \_\_\_ no \_\_\_ (must have signed Form 8332)

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