

Adkins Tax Service Client In-Take Form

	Name	SSN	Birthdate	Email Address	Cell Phone	Cell Phone Carrier
Taxpayer						
Spouse						

Address: _____ **Land Line/ Preferred Number:** _____

Dependents:

Name	SSN	Birthdate	How many nights did they live with you?

Please select who we should contact with questions or information about this tax return: Taxpayer Spouse

Please select your preferred method of communication: Email Text Phone Call

Please check which format or formats you would like for your copy of the tax return: Paper Copy Electronic Copy

Please select which kind of appointment you prefer: Drop-off In-Person Call to discuss options

Checklist of what we need to complete your tax return:

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Last year's tax return (new client only) <input type="checkbox"/> Copy of Taxpayer's driver's license (new client or renewed within the last year) <input type="checkbox"/> Copy of Spouse's driver's license (new client or renewed within the last year) <input type="checkbox"/> Copy of each dependent's birth certificate (new client, new birth, or new adoption) <input type="checkbox"/> Copy of each dependent's social security card (new client, new birth, or new adoption) <input type="checkbox"/> All W-2s <input type="checkbox"/> All 1099-Rs <input type="checkbox"/> Social Security Statements <input type="checkbox"/> 1095-A (government health insurance form) <input type="checkbox"/> Interest <input type="checkbox"/> Dividends <input type="checkbox"/> Sale of Stock <input type="checkbox"/> Receive, Buy, Sale or Exchange Virtual Currency? | <ul style="list-style-type: none"> <input type="checkbox"/> Amount of 3rd Stimulus received: _____ <input type="checkbox"/> Amount of Advanced Child Credit received: _____ <input type="checkbox"/> Other income <input type="checkbox"/> Self- Employed? Business income and expense <input type="checkbox"/> Someone in college? 1098-T, Tuition, Books, and Fees <input type="checkbox"/> Paying student loans? Student loan interest <input type="checkbox"/> Own a home? Property tax and Mortgage interest <input type="checkbox"/> Medical and Dental expenses <input type="checkbox"/> Charitable contributions <input type="checkbox"/> Sale or buy a home? Closing statement <input type="checkbox"/> Vehicle registration <input type="checkbox"/> Any thing else that states to save for taxes <input type="checkbox"/> Bank routing and account numbers (for direct deposit or direct debit of refund or balance due) <input type="checkbox"/> Do you have any money in a Foreign Bank? |
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