



Client Intake Form

Are you a returning All Accounting Services Client? ☐ Y | ☐ N (If new client please complete form)

If yes, Did any of your Contact info Change from last year? ☐ Y | ☐ N (If yes please update)

Or, Did your Filing Status and/or Dependents Change from last year? ☐ Y | ☐ N (If yes please update)

Client Information:

Marital Status:

☐ Single | ☐ Married | ☐ Married but Separate | ☐ Widowed

Primary Taxpayer Name: _____ Spouse Name: _____

Date of Birth: _____ Spouse Date of Birth: _____

SSN or ITIN: _____ Spouse SSN or ITIN: _____

Occupation: _____ Occupation: _____

Physical Address: _____ Physical Address (if different): _____

City, State, Zip: _____ City, State, Zip: _____

Preferred Contact Method: ☐ Email | ☐ Phone

Best Phone Number: _____ Best Phone Number: _____

Email: _____ Email: _____

Driver's License #: _____ Driver's License #: _____

Date Issued: _____ State Issued: _____ Date Expired: _____ Date Issued: _____ State Issued: _____ Date Expired: _____

Dependents (or person living in your household)

Name	Relationship	Date of Birth	SSN or ITIN	Half or Full-time Student?	Disabled?	Child / Day Care?

Did all dependents live with the primary taxpayer all year in the US? ☐ Yes | ☐ No

Did you provide more than 50% support for all dependents? ☐ Yes | ☐ No

Did you release claim to exemption of your Child to another person (form 8332)? ☐ Yes | ☐ No