## **CLIENT INTAKE FORM (CIF)**



Personal Inform	nation			
Marital Status:	O Single O Ma	rried O Separated C	) Widowed	
Are you or can you	u be claimed as a dep	pendent on someone else's t	ax return? O Yes	O No
Are you legally bli	nd? O Yes O	No		
		TAXPAYER		SPOUSE
First Name				
Last Name				
Social Security #				
Occupation				
Date of Birth				
Cell Phone #				
Home Phone #				
Email (required)				
Residence Infor	mation (Mandatory Sta	ate Laws: NY & NJ Residents must	submit a copy of their Dr	iver's License, front & back)
City, State, Zip				
Direct Deposit I	nformation			
Type of Account	: O Checking	O Savings		
NAME	OF BANK	ROUTING #		ACCOUNT #
Dependent/s Inf	formation			
	DEPENDENT #	1 DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name				
Last name				
Social Security #				
Relation				
Date of Birth				
Months in Home				
Full-Time Student				
Disabled				

Please to	ell us abo	ut the pr	evious ye	ar. (Check	all that a	oply)					
Did you:	O Mov	e within tl	he tax yea	ir? O	Live in an	other stat	e?				
If you ans	wered yes	s to any of	the above	e, please li	st state ar	nd applica	ble dates:				
										/F/MODI/	
DAI	E FROM		DATE TO	<u>'</u>		C	ITY		STA	NIE LIV	/E/WORK
Income	(W-2, 109	9-R, 1099	o-G, 1099-	-SA, 1099	-Misc.): D	id you					
O Receiv	e wages, s	salaries or	any other	employe	r compen	sation?					
	_		-	oyers you	-		?				
O Receiv	e unempl	oyment co	ompensat	tion ( <b>1099</b> -	- <b>G</b> )?		If yes	, which sta	ate:		
O Receiv	e a state t	ax refund	?				If yes	, how mud	ch: \$		
O Receiv	e alimony	, payment	s?								
O Receiv	e Social Se	ecurity inc	come ( <b>109</b>	<b>9-SA</b> )?							
O Receiv	e pension	, annuity,	ROTH, IRA	A, or other	retiremer	nt income					
O Take a	distribution	on from a	ny retirem	nent accou	unt?		If yes	, how mud	ch: \$		
	e royalties										
	_	ng winning					If yes	, how mud	ch: \$		
			**	awards, ju	-	•					
_				self-emplo stion will b	-			nit Profit/L	oss Staten	nent.	
	.o, Non-Li	прюусс с	ompensa	CIOIT WIII D	е геропес	2011 0 103	J-IVEC.				
Investm	ents (109	9-B, 1099	-INT and	l 1099-DI	V): Did yo	u					
O Peceiv	e interest	on saving	s cash II	.S. Bonds (	or stock di	vidends (1	1099-INT/	1099-DIV)	2		
		•		curites ( <b>10</b>		videride (i		,	•		
				-Corp, Esta	•	st ( <b>K1</b> )?					
			-	\$			O Traditio	nal IRA	\$		
		O SE		\$			O Keogh				_
		O Si	mple Reti	rement Pl	lan \$						
O Have a	Health Sa	avings Acc	count (HS	A)?							
	ur home?				ty (equipn	nent, land	, etc.)? Ple	ease subm	it Sale of P	roperty In	take Form.
Healthc	are										
Did you have health insurance coverage? O Yes O No											
-	Is your spouse covered by your plan? O Yes O No										
•	•	ents cover	• •	•	O Y		No				
-		_	_	arketplace				es, please p			or 1005 C
Did you have coverage through your employer? O Yes O No If Yes, please provide Form 1095-B or 1095-C  Months of Coverage											
JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	ост.	NOV.	DEC.

Adjustments to Income/Credits	
CHILD CARE EXPENSE CREDITS	
Name Provider #1:	SS#/EIN:
Address:	
Yearly Amount Paid: \$	
Name Provider #2:	SS#/EIN:
Address:	
Yearly Amount Paid: \$	
Please submit Form 1098-T if you or anyone in your household was during the tax year.  AFFORDABLE CARE ACT PREMIUM TAX CREDIT  All required information will be listed on Form 1095-A provided by t	
ADOPTION CRE DIT: (Please Provide Name, SS#, DOB in Depender	
Please write any notes below that will assist with your return.	

W/ . T	D 1	
Itemized	100	luctions
		luculons

MEDICAL EXPENSES  MUST EXCEED 10% OF INCOME  AGE 65+ MUST EXCEED 7.5%	AMOUNT	CHARITABLE CONTRIBUTIONS	AMOUNT	
Medical Insurance Premiums		CASH CONTRIBUTIONS		
Dental Insurance Premiums		Gifts Given by Cash, Check or CC		
Long Term Insurance		Religious Organizations		
Co-Payments		Non-Profit Organizations		
Prescription Drugs		Non-Profit Hospitals		
Doctor/Dentist		Medical Research		
Hospitals		Civil Defense Organizations		
Nursing Homes			'	
Psychiatric Counseling		NON-CASH CONTRIBUTIONS		
Glasses, Hearing Aids, Batteries		Gifts Other than Cash, not limited to:		
Auto Travel & Parking (Medical)		Furniture/Clothing/Electronics		
Mileage To and From Facility		Salvation Army		
	1	Goodwill		
UN-REIMBURSED WORK EXPENSES		Donations Over \$500 Must Provide:	-	
Dues (Union & Professional)		Donee Name		
Uniforms		Address		
Employment Related Education		City		
Job Seeking Expenses		State	Zip	
Business Insurance		Description of Property		
Licenses, Fees, Etc.		7		
Professional Books		Date, if known		
Publications		Fair Market Value		
Uniform Dry Cleaning				
Seminars/Conferences		IN-HOME OFFICE		
Cell Phone		Total Sq. Ft. of Home		
Equipment		Sq. Footage of Office		
Computer		Rent		
Supplies		Utilities		
Entertainment		Phone		
Gifts to Clients		Internet/Cable		
Local Transit (not including daily commute)		Insurance		
		Office Improvements		
MORTGAGE INTEREST		Other		
Primary Residence				
Primary Residence #2nd Mortgage		VEHICLE EXPENSES* (Not Including daily comn	nute)	
Secondary Residence		Overall Mileage		
Primary Residence #2nd Mortgage		Business Mileage		
Mortgage Interest to an Individual		Parking		
Name	1	*Mileage Diary Required		
Address				
Amount		MISC. DEDUCTIONS		
		Attorney Fees		
TAXES PAID		Investment Expenses		
Real Estate Tax Paid		Safe Deposit Box		
State Income Tax Paid		Tax Prep Fees		
Tax Paid on Last Year's Return		Gambling Loss (To Offset Winnings)		
Estimates State Tax Payments		Same grant to the transfer the same grant		
Personal Property Tax		CASUALTY/THEFT LOSS (Supporting document	ts may be required \	
. o.coa. i topotty tax		Ponzi Scheme	se required.)	
OTHER EXPENSES		Theft		
OTTLE EXPENSES		mort		

Rental Inco	me/Expense Sheet					
PROPERTY	<b>DESCRIPTION</b> (Single-family, Mixed Condo, Townhouse,	-use, Etc.	ADDRESS			
Α						
В						
С						
D						
		PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D	
INCOME						
Rents						
Other						
EXPENSES						
Advertising Auto						
Travel			1			
Cleaning/Mair	ntenance					
Commissions						
Insurance						
Legal & Profes	ssional					
Management						
Mortgage Inte						
Repairs						
Supplies						
Real Estate Ta	X					
Water						
Gas						
Electric						
Other Utilities	5					
Association Fe	ees					
Lawn Care						
Pest Removal						
Snow Remova	al					
Other						
	CAPITAL II	MPROVEMENTS (Equipr	ment, furniture or prope	erty improvements)		
		PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D	
Description	Date	Cost	Cost	Cost	Cost	
			RTY PURCHASED/SOLI	<b>)</b>	1	
Description		Date Purchased	Original Cost	Date Sold	Sold Amount	

## 2021 COVID RELIEF INTAKE FORM



These statements are for 2021 tax returns **ONLY**.

2021 Advanced Child Tax	Credit Payments Received	: IRS Letter 6419				
Did you receive Advanced	Child Tax Credit payments i	<b>n 2021?</b> O Yes	O No			
If yes, please list monthly ar	mounts deposited below. Pay	ments listed must mat	tch those on IRS Lett	er 6419.		
	Taxpayer/Joint		Spouse			
O July	\$	\$				
O August	\$	\$				
O September	\$	\$				
O October	\$	\$				
O November	\$	\$				
O December	\$	\$				
Number of qualified childre	en used to calculate Advanced	d CTC payments:				
2021 Stimulus #3: IRS Let	m tter~6475 (Payments were issu	ued beginning March 20	221)			
_	ed Stimulus #3? onfirm deposit amount: \$		O Yes O No			
If you answered "No", we will review to see if you are qualified for recovery.						