

**New Tax Client Intake Form**

Date:

Quoted by

Amount \$

Taxpayer

Spouse

SSN#

SSN#

DOB

DOB

Occupation

Occupation

Phone #

Phone #

Email

Email

Address:

City:

State:

Zip:

Dependent:	SSN#:	DOB:	Relationship:

**Direct Deposit**

Bank		Routing #		Account #	
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**Bring copies of the following to be scanned to file**

<input type="checkbox"/> Identification Card	<input type="checkbox"/> Social Security Card	<b>OR</b>	<input type="checkbox"/> ITIN	<input type="checkbox"/> Prior year tax return
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Invite to SmartVault – secure cloud software? Y N

Other Information:

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**Office Use:**

<input type="checkbox"/>	Prior Year Return Scanned
<input type="checkbox"/>	Void Check for Direct Deposit

<input type="checkbox"/>	Lacerte	<input type="checkbox"/>	SmartVault	<input type="checkbox"/>	Routing Sheet
<input type="checkbox"/>	Folder	<input type="checkbox"/>	Plastic	<input type="checkbox"/>	QuickBooks