

2024 Intake Information

Today's date: _____

Taxpayer's name:	Spouse's Name:
SS#:	SS#:
Date of Birth:	Date of Birth:
Phone#:	Phone#:
Email address:	Email address:
Address:	

Filing status:	
<input type="checkbox"/> *Single <input type="checkbox"/> Married, filing jointly	<input type="checkbox"/> Married, filing separately <input type="checkbox"/> Head of Household
<p>*If filing single, and you had any biological children or parents who lived with you for more than six months of 2024, you <u>MAY</u> qualify to file as Head of Household. Please consult with your tax preparer.</p>	

1) Did you purchase health insurance from the marketplace in 2024? ___ yes ___ no
2) Did you receive any unemployment benefits in 2024? ___ yes ___ no
3) Did you withdraw from any Retirements in 2024? ___ yes ___ no
4) Did you have any gambling winnings of \$600 or more in 2024? ___ yes ___ no
5) How do you want your copy? ___ Paper ___ TaxDome Access

Do you want to purchase the Letter Protection Program?	Yes _____	No _____
Do you want an organizer sent to you for your 2025 taxes?	Yes _____	No _____ mail email

Bank information for direct deposit: _____ Checking _____ Savings
If you do not write this information down, your refund will be mailed to you.
Routing#: _____ Account#: _____

Signatures:	
Taxpayer: _____	Spouse: _____

* If you have not provided us with all of the information needed to complete your return and we have to amend it, there will be an additional charge starting at **\$125.**