

TAX INTAKE FORM

☐ New Client ☐ Returning Client

Filing Status: ☐ Single ☐ Married ☐ Dependent

Referred by: _____

Name: _____ Phone: _____ Email: _____

Date of Birth: _____ SSN: _____ Occupation: _____

Driver's License #: _____ Issued: _____ Expires: _____ State: _____

Full Address: _____ ☐ Rent ☐ Own

Spouse _____ Phone: _____ Email: _____

Date of Birth: _____ SSN: _____ Occupation: _____

Driver's License #: _____ Issued: _____ Expires: _____ State: _____

DEPENDENTS: Name: _____ Date of Birth: _____ SSN: _____ ☐ Split Custody
 Name: _____ Date of Birth: _____ SSN: _____ ☐ Split Custody
 Name: _____ Date of Birth: _____ SSN: _____ ☐ Split Custody

DIRECT DEPOSIT: ☐ Checking ☐ Savings

Bank Name: _____ Routing Number: _____ Acct. Number: _____

DO YOU HAVE ANY OF THE FOLLOWING: ☐ Other Income ☐ Farm ☐ Foreign Bank Account ☐ Day Care Expenses ☐ Small Business
☐ Home Energy Credit ☐ Rental Property ☐ Student Loans/Tuition ☐ EV Credit ☐ Digital Assets ☐ Marketplace Health Insurance

TAXPAYER STATEMENT

I certify that all the above information is true and correct and should be used in completing my tax return. Also, I state that I am qualified to file this return using the filing status selected above. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government. I am aware that Avantax Solutions may do tax work for ex-spouses, children who are the age of majority, live-ins and other family members. I give informed consent to transparency should any matter of conflict of interest develop. I understand that without my consent Avantax Solutions will not disclose any of the information on my tax return.

Your Signature: _____

Spouse Signature: _____

Date: _____

Appointment: _____ @ _____