



NEW CLIENT INTAKE FORM

PLEASE PRINT

Services Requested: Check all that apply [ ] Taxes [ ] Payroll [ ] End of Year Reporting Only [ ] Audit

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ SSN \_\_\_\_\_

Filing Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Head of Household \_\_\_\_\_

Spouse Name (if applicable) \_\_\_\_\_ DOB \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

SSN \_\_\_\_\_ Deceased in 2021? Y N Date \_\_\_\_\_

Do you claim any dependents? Y N (if Yes, please list Name, DOB, and SSN) \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Business Mailing Address (if applicable) \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

Is this Business a (check one) [ ] Sole Proprietorship [ ] LLC [ ] Partnership [ ] Corporation

Did you receive a Stimulus Payment for 2021? Y N (if Yes, how much?) \_\_\_\_\_

Do you receive a monthly Advance Child Tax Credit? Y N (if Yes, how much?) \_\_\_\_\_

Did you make Estimated Payments? Y N (if Yes, how much and what are the dates of payments?) \_\_\_\_\_

Do you receive Subsidized Health Insurance? Y N (if Yes, how much per month?) \_\_\_\_\_

Do you claim the College Tuition Credit? Y N (if Yes, how much per month/year?) \_\_\_\_\_

Bank Name & Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Checking Acct. Number \_\_\_\_\_

If you OWE, how do you want to pay? [ ] EFT [ ] Check

If receiving REFUND, how would you like it deposited? [ ] Direct Deposit\* [ ] IRS Check

Do you need to file an Extension? Y N

----- Please Do Not Write Below Line -----

Received by \_\_\_\_\_ Date Received \_\_\_\_\_ Assigned to \_\_\_\_\_ File Set up Y N

QBO Set up Y N

Copies of previous received: [ ] 1040 [ ] Business (Sch C/1065/1120/1120S/1041/990)



\*Direct deposit is not available for Amended Returns

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QBO Set up Y N

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12/2021 NB-CPA Forms

