MITTEN TAX & BOOKKEEPING

Client Intake Sheet

(734) 386-1099

Name ______ Phone ______ email ______

SSN ______ DOB ______ Occupation ______

Spouse ______ Phone ______ email ______

Spouse SSN ______ Spouse DOB ______ Spouse Occupation ______

Address ______ ☐ Own ☐ Rent Referred by ______

Filing Status: ☐ Single ☐ Married ☐ Someone else is claiming me on their return ☐ New Client ☐ Returning Client

Dependents (additional on back) 1. Name ______ SSN ______ DOB ______ Relationship ______ Months in Home ______

2. Name ______ SSN ______ DOB ______ Relationship ______ Months in Home ______

3. Name ______ SSN ______ DOB ______ Relationship ______ Months in Home ______

☐ Direct Deposit Bank Name ______ Routing # ______ Account # ______ Account Type: ☐ Checking ☐ Savings

DO YOU HAVE ANY OF THE FOLLOWING

☐ Health Insurance purchased through the Marketplace ☐ Rental property ☐ Foreign bank account ☐ Day Care Expenses ☐ Small business

☐ Income not reported on the enclosed documents ☐ Farm ☐ Student Loan Interest ☐ Charitable Contributions

TAXPAYER'S 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 Get Smart Tax LLC 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 Capstone Tax & Financial will not disclose any of the information on my tax return.

Your Signature ***X*** ______ Spouse Signature ***X*** ______ Date ***X*** ______ Appointment ______ @ ______

☐ Driver's License DL # ______ Issued ______ Exp ______ State ______ DOB ______

☐ Driver's License DL # ______ Issued ______ Exp ______ State ______ DOB ______

MITTEN TAX
& BOOKKEEPING

Name ____________________

Tax Year 2022

Tax Checklist

- ☐ Prior year's tax return (new clients)
- ☐ Driver's License
- ☐ Birthdates and social security numbers
- ☐ Records of estimated tax payments made
- ☐ W-2 Statements
- ☐ All 1099 statements
- ☐ K-1 Statements from estates, trusts, etc.
- ☐ Year-end statements for mutual fund and brokerage accounts
- ☐ Last pay stub and last pension statement
- ☐ Foreign bank & retirement statements
- ☐ Contributions to IRA or HSA
- ☐ Property taxes paid, vehicle registration paid
- ☐ Student loan interest paid (Form 1098E)
- ☐ Tuition paid to a college/university (Form 1098T)
- ☐ State and local income taxes paid
- ☐ Mortgage interest paid (Form 1098)
- ☐ Charitable contributions - cash totals & non-cash valuations, totaled
- ☐ Childcare expenses and provider's name, address, and SSN or EIN
- ☐ Alimony received or paid--if paid, need payee's SSN
- ☐ Marketplace medical insurance: 1095 forms
- ☐ Medical expenses and insurance premiums paid
- ☐ Closing statements for home purchase or sale
- ☐ Cost and date of purchase of any business property or investments sold
- ☐ Rental/Business/Farm income & expenses, basis of property and improvements, depreciation info (worksheet on website)
- ☐ Dependent Information: Name, DOB, & SSN

If we see ways to reduce your taxable income going forward, do you wish us to review that with you?
☐ Yes ☐ No

If we can make your Medicare payments lower or decrease the taxation of your Social Security benefits, do you wish us to show you?
☐ Yes ☐ No

If we can decrease the amount of taxes you are paying on your current investments or dividends, do you wish us to point out how to do so?
☐ Yes ☐ No

In the event of your disability, do you have a Power of Attorney document in place so that a loved one may handle your taxes and other financial affairs?
☐ Yes ☐ No

Going forward, what is your greatest concern regarding your tax returns?

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