

LEGACY TAX ADVISORY LLC

Return This Tax Preparation Intake Form COMPLETED!!! And SIGNED!!!

Tax Preparation Intake Form- Welcome Back-

This form is for existing Clients.

Name: _____ # _____ Spouse: _____ # _____
First and Last Name, Last 4 of SS# First and Last Name, Last 4 of SS#

What is the best way for us to contact you? ☐ Phone ☐ Text ☐ Email

If Married: 1st point of contact ☐ Husband ☐ Wife

Please confirm your Primary:

Email: _____

Primary Phone Number: _____

Emergency Contact Info:

Name: _____ Phone: _____ Relationship: _____

Was the mailing address on this mailing was correct? ☐ Yes ☐ No

Address Corrections: _____

How would you like to receive your return once completed?

☐ **“Curbside”** - Pick up during one of our designated pick up dates and times. You will be able to take home to review and can let us know if you have questions.

☐ **“Face to Face”** You can, for an additional charge, schedule a meeting to pick up your return from one of our Tax Prepares.

☐ **“FedEx’ d”** You can, for an additional charge (\$20), have us send it to you with tracking and instructions.

Payment and Refunds:

Did your banking change from last year? ☐ Yes ☐ No ☐ I don't know

If yes or I don't know - please include a VOIDED check.

This year how would you like your payments or refunds to be made?

I would like my refunds to be made by:

☐ Direct Deposit

☐ By Mail-Government Check

I would like my payments made by:

☐ Bank Transfer Payment

☐ Personal Check

Was there a death of one of last year's filers? ☐ Yes ☐ No Who: _____ Date of Death: _____

- **If representing someone else please provide Name, contact number and Relationship and any documentation you may have (Death Certificate- Letters of Admin. -POA- Trustee Certification)**

Dependents:

Will you be claiming any dependents this year? ☐ Yes ☐ No Will anyone be claiming you for 2023? ☐ Yes ☐ No

Name	Date of Birth	Social Security#	Relationship

Health Insurance:

Did you have health insurance in 2023? ☐ Yes ☐ No * Include necessary forms and documentation.

If yes, who was your provider: ☐ MD Marketplace ☐ Medicare ☐ Employer ☐ Self Employed?

Payments Made:

Did you pay Estimated Quarterly Payments for 2023? ☐ Yes ☐ No **Please list:**
Federal 1st Qtr. \$..... 2nd Qtr. \$..... 3rd Qtr. \$..... 4th Qtr. \$.....
State 1st Qtr. \$..... 2nd Qtr. \$..... 3rd Qtr. \$..... 4th Qtr. \$.....

Additional Questions/Issues:

- ☐ Yes ☐ No Did you have unemployment income this year?
☐ Yes ☐ No Was there a change of address this year?
☐ Yes ☐ No Was there any change in employers this year?
☐ Yes ☐ No Did your banking or Financial Advisors change this year?
☐ Yes ☐ No Was there any trades in Crypto currencies?
☐ Yes ☐ No Did you buy or sell a home?
☐ Yes ☐ No Has your marital status changed from last year?
☐ Yes ☐ No Are you Self-Employed?
☐ Yes ☐ No Do you have rental property?
☐ Yes ☐ No Do you have K1's?
☐ Yes ☐ No Did you make any Qualified Charitable Distributions (QCD's)?

*If you answered yes to any of the questions above, please be sure to include documentation.

Credits/Deductions:

- ☐ If you have childcare or dependent expenses- we will need: name, address, SS#/EIN# of care provider
☐ If you paid Higher Educational expenses –provide supporting docs 1099-Q
☐ If you contributed to 529 Plans, we will need: 1099-Q name, address, SS# and copy of payment
☐ If Long Term Care was purchased in 2023- Provide 1099-LTC
☐ If self-directed IRA/Roth Contributions were made for 2023- Provide form 5498 or proof of transaction
☐ If you have energy credits that you want to apply-provide receipts

Did you itemize your Deductions last year? ☐ Yes ☐ No

Do you have more deductions than the standard deductions for 2023?

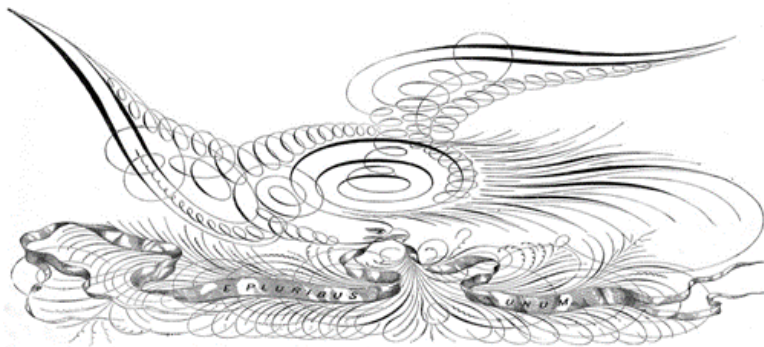
Single; Married Separate: \$13,850 Married jointly; Widow(er) \$27,700 Head of Household \$20,800

☐ Yes ☐ No ☐ I don't know

If you plan to itemize, complete below and provide documentation:

Medical:

_____ Mileage
\$ _____ Insurance Premiums Paid
\$ _____ RX out of pocket
\$ _____ Co-Pays
\$ _____ Supplies
\$ _____ Other



Charitable:

_____ Mileage
\$ _____ amount via Cash or check
\$ _____ amount of fair market value of donation's other than check (more than \$500 documentation needed)

Please list other things we need or should know or any specific questions you may have:

TAX AGREEMENT

I/We acknowledge receipt of a copy of the 2023 Fee Schedule. I hereby consent to have Legacy Tax Advisory LLC prepare my/our tax returns and pay the fee in full in accordance with said fee structure.

I/We authorize, Legacy Tax Advisory LLC, to disclose all my 2023 tax-related information to the required agencies and departments for the purpose of completing my 2023 tax returns.

I/We acknowledge receipt of a copy of the 2023 Engagement Agreement, Privacy Notice and Fee Schedule. I hereby consent to have Legacy Tax Advisory LLC prepare my/our tax returns and pay the fee in full.

_____ Date	_____ Client Printed Name	_____ Signature
_____ Date	_____ Client Printed Name	_____ Signature

1623 York Road Lutherville MD 21093 (410) 828-8870

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