

Tax Preparation Intake Form

Drop Off or Mail Date: _____

When would be the best time for us to contact you if we have questions concerning your taxes? (Circle One)

8:30am to 11:30am 11:30 am to 2:30 pm 2:30 pm to 4:30pm

What is your preferred method of communication? (Circle One)

Call Me Text Me Email Me

Your Personal Information

Verify the information below and make corrections as needed.

	Client		Spouse
Name		Name	
Date of Birth		Date of Birth	
Tax ID		Tax ID	
Email address		Email Address	
Cell number		Cell Number	
Home phone number		Home phone number	
Home address		Home address	
Current or former Employer		Current or former Employer	

Dependents

Will you be claiming anyone as a dependent this year? (Circle One) Yes No

Name	Date of Birth	Social Security#	Relationship

Health Insurance

Did you have health insurance in 2020? (Circle One) Yes No

If yes, who was your provider (Circle One): MD Market Place Medicare Employer Self Employed?

* Include nescicary forms and documentation.

***Important. Please include this form and the checklist with your tax documentation. Please do not mail or drop off your 2020 tax papers until you have gathered all of the necessary information. For this will slow down our system.**

Taxes Paid

Have you paid quarterly taxes? (Circle One)..... **Yes** or **No**

Estimated Quarterly Payments:

Federal 1st Qtr \$..... 2nd Qtr \$..... 3rd Qtr \$..... 4th Qtr \$.....

State 1st Qtr \$..... 2nd Qtr \$..... 3rd Qtr \$..... 4th Qtr \$.....

Payment and Refunds

How would you like your payments or refunds to be made?

I would like my refunds to be made by: Direct Deposit

Government Check

I would like my payments made by: Bank Transfer

Personal Check

Amount of Stimulus funds received 2020: \$ _____ **2021:** \$ _____

Banking Information

Bank Name _____

Account Number _____

Routing Number _____

*In addition, please include a VOIDED check.

Things we need or should know:

Have any new events occurred in your life? Perhaps a birth, an adoption, marriage, a death or inheritance?

Know Changes from Last year's return? Perhaps change of address or employer, Opened or closed accounts?

Do you have any Specific questions for us?

Please provide details in the space provided below:

Emergency Contact Information

Please provide this information -with everything going on it will help things go smooth if you need/want someone else to help pick up or drop off your tax information



All Together We Can Do It!

No one can be all things to all people. That is why it's so important to have your team of loved ones and advisors in place. To provide you with the best possible planning and support at a comprehensive holistic level, everyone should be communicating with each other. In an effort to provide complete transparency and privacy for our clients, we ask that you give us your formal permission, so we can work together on your behalf.

Please initial and sign below to confirm your permission to speak openly with the loved ones and trusted professionals about your planning and needs.

Name and Contact Info Relationship Level of Information/Notes

Emergency Contact			
Power of Attorney			
Closest Family Member			

The levels of information that we will share is up to you. If you give **Full** permission, we will discuss everything that could be important for your plan. This helps us make sure that all the pieces fit together properly. You can select **Limited** permission and provide details below of what we can and cannot talk about. You can also use this to request a special level of confidentiality by marking **DO NOT** Discuss. Of course, no one will be allowed to make decisions for you unless you grant them a proper **Power of Attorney** and have that on file with us. Thank you, we look forward to working with you and your loved ones for the years to come.

By signing, I attest that this information is correct and complete to the best of my ability. And that I received the Privacy Notice, Fee-Schedule and Terms of Engagement. (All this information can be found at Legacy.com)

_____ _____ _____
Date Printed Name Signature

_____ _____ _____
Date Printed Name Signature