

☐ NEW CLIENT ☐ RETURNING CLIENT

TAX INTAKE

Filing Status : ☐ Single ☐ Married ☐ Dependent

REFERRED BY: _____

Name: _____ Phone: _____ E-Mail : _____

Date Of Birth : _____ SSN : _____ Occupation : _____

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

Spouse: _____ Phone: _____ E-Mail : _____

Date Of Birth : _____ SSN : _____ Occupation : _____

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

Full Address : _____ ☐ OWN ☐ RENT

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: _____ Account Number: _____

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

TAXPAYER STATEMENT

☐ Chris ☐ Nick ☐ Rhiannon

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 Capstone Tax & Financial 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  _____ Spouse Signature  _____ Date _____ Appointment _____ @ _____
