



Tax Intake Form

Filer Information:

Name: _____ SS# _____ - _____ - _____ Birthdate: ____ / ____ / ____
Address: _____ Domestic: ☐ Foreign: ☐
Phone: _____ - _____ - _____ Send me text alerts? Yes ☐ No ☐ Email: _____
Occupation: _____ Can someone else claim you as a dependent? Yes ☐ No ☐ Are you a student: Yes ☐ No ☐
Are you blind? Yes ☐ No ☐ Active-Duty Military? Yes ☐ No ☐

Filing Status: ☐ Married ☐ Married Filing Separate ☐ Single ☐ Head of Household

Business Information:

Name: _____ EIN# _____ - _____ - _____ Incorporated: ____ / ____ / ____
Address: _____ Domestic: ☐ Foreign: ☐
Phone: _____ - _____ - _____ Send me text alerts? Yes ☐ No ☐ Business Email: _____
Type of Business: ☐ LLC ☐ Sole Proprietorship ☐ Partnership ☐ S-Corp ☐ C-Corp ☐ Non-Profit
Do you have employees? Yes ☐ No ☐ Work with Government? ☐ Yes ☐ No

Dependent/s Information:

	First Name	Last Name	Birthdate (mm/dd/yyyy)	Age	SSN	Relationship To Filer	Months in Home	Disabled <i>X if Yes</i>
1.	_____	_____	____/____/____	__	____-____-____	_____	_____	_____
2.	_____	_____	____/____/____	__	____-____-____	_____	_____	_____
3.	_____	_____	____/____/____	__	____-____-____	_____	_____	_____
4.	_____	_____	____/____/____	__	____-____-____	_____	_____	_____

Please answer the following questions to the best of your knowledge:

	Yes	No
Pay someone to watch your child?	☐	☐
Have health insurance through the marketplace?	☐	☐
Receive unemployment compensation last year?	☐	☐
Have income other than your W-2(s)?	☐	☐
Get a student loan or make college tuition payments?	☐	☐
Child Support?		
Alimony?	☐	☐
Student Loans?	☐	☐
Back Taxes?	☐	☐
	☐	☐

Bank Name: _____ Type: Checking _____ Savings: _____

Routing Number: _____

Checking Number: _____

The following are options to have fees paid through refund

- ☐ **7-14 days (RT-Refund Transfer: Check)**
In about 7-14 days from the date your return is accepted electronically by the IRS, you receive a check for the amount of your refund less filing fees. (Check will be available in our office)
- ☐ **7-14 days (RT-Refund Transfer: Debit Card)**
In about 7-14 days from the date your return is accepted electronically by the IRS, the amount of your refund less filing fees will be deposited onto the debit card we issued you
- ☐ **7-14 days (RT-Refund Transfer: Direct Deposit)**
In about 7-14 days from the date your return is accepted electronically by the IRS, the amount of your refund less filing fees will be deposited into your bank account.

The following require payment for fees at time of service

- ☐ **(E-File: Direct Deposit)**
Your refund will be deposited into your savings or checking account approximately 10-14 days after your return is accepted by the IRS.
- ☐ **(E-File: Check) 3 – 4 Weeks**
Your refund will be mailed to you approximately 3 – 4 weeks after your return is accepted by the IRS.
- ☐ **Mail a Paper Return**
Your refund will be mailed to you approximately 6 – 8 weeks after your mail your return to the IRS.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____



Mandatory Internal Revenue Code 7216 Disclosure and Consent

Federal law requires you to obtain Client consent to disclose tax return information to third parties for purposes of assembling information, calculations, diagnostics, and processing of various IRS tax resolution forms and supporting schedules by obtaining an Internal Revenue Code Section 7216 Disclosure and Consent.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. You are giving Consent to disclose tax return information in the context of tax return preparation or auxiliary services. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

The duration of this consent is for _____ tax year(s)

I/We _____ and _____ authorize **AccountPro Services LLC** to disclose, any and all information contained in federal income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, 1120, 1120S, 1065, 941, 940, etc.) and any other tax return forms and schedules as deemed necessary to _____ for the purpose of (ex. Picking up or dropping off Tax Returns, Tax Planning, Financial Planning, providing tax information, mortgage information, assembling information, calculations, diagnostics, and processing of various IRS tax resolution forms and supporting schedules, etc.).

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at (800) 366-4484 or by email at complaints@tigta.treas.gov.

Taxpayer(s) Signature: _____

Date: _____

Date: _____