

# JFS Client Intake/ Interview Form

**New Client**

**Yes**

**No**

**Date:**

**Appointment:**

You will need:  
Income reporting forms: W2, 1099, 1095, etc.  
Social Security cards/ ITIN letters for all persons on your tax return  
Valid picture ID (State issued) for both Taxpayer and Spouse

Please complete all pages of this form  
You are responsible for the information on your tax return  
Please provide complete and accurate information  
Be sure to sign the bottom of the 3<sup>rd</sup> page

**PART I YOUR PERSONAL INFORMATION**

**Taxpayer Information**

Last Name	MI	First Name		
SSN/ ITIN		Date of Birth		
Job Title		Phone Number		
Street Address			Apt.	
City		State	Zip Code	
Driver's License/ ID		State	Exp. Date	
DL/ID Issue Date	Email Address			

**Spouse Information**

Last Name	MI	First Name		
SSN/ ITIN		Date of Birth		
Job Title		Phone Number		
Street Address			Apt.	
City		State	Zip Code	
Driver's License/ ID		State	Exp. Date	
DL/ID Issue Date	Email Address			

*If you are completing a prior year tax return please answer the questions for that filing year*

Can anyone claim you as a dependent on their tax return? Yes  No

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Can anyone claim you as a dependent on their tax return? Yes  No

Last year were you:	Yes	No	Did you adopt a child last year?	
A Full-time student	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permanently Disabled	<input type="checkbox"/>	<input type="checkbox"/>		
A victim of identity theft	<input type="checkbox"/>	<input type="checkbox"/>	Pin #	

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A victim of identity theft	<input type="checkbox"/>	<input type="checkbox"/>	Pin #	

**PART II FILING STATUS (SELECT ONE)**

As of 12/31/2020 were you	Unmarried	<input type="checkbox"/>	If so select your filing status:	<input type="checkbox"/> Single		<input type="checkbox"/> Head of Household	
	Married	<input type="checkbox"/>	Did you live with your spouse any part of the last 6 months of 2020?	Yes <input type="checkbox"/>	Would you like to file:	Married <input type="checkbox"/>	Married Filing Separate <input type="checkbox"/>
	Widowed	<input type="checkbox"/>	Date of spouse's death: Mo: _____ Day: _____ Yr. _____				

**PART III HEALTHCARE**

**Health Care Coverage: Please check the box under the members of your family that had Health Coverage in 2020**

Taxpayer   
  Spouse.   
  Dependents   
 Did you receive form 1095-A?   
  Yes   
  No

**Dependent Information**

**Please answer the questions (Y) for Yes (N) for No**

Name (Last, First, Middle Initial)	SSN	Relationship	DOB	No. of months lived in home with	Did you provide > 50 of support for this person	Is this person a qualifying child of any other person	Did the taxpayer pay more than 1/2 the cost of maintaining the home for this person	Full-time College Student	Totally & Permanently Disabled

Did you receive a stimulus check?   
 Yes   
 No   
 If so, how much? \_\_\_\_\_

**Childcare Expenses**

Child		Child	
Provider	Tax ID/SSN	Provider	Tax ID/SSN
Address		Address	
City/State	Zip Code	City/State	Zip Code
Phone	Total paid	Phone	Total Paid

**College or Post-Secondary Education Expenses**

<b>Student</b>	<b>Name of School</b>	<b>Address</b>
<b>School Expenses \$</b>	<b>Please provide proof of expenses</b>	<b>City/State</b>
<b>Student</b>	<b>Name of School</b>	<b>Address</b>
<b>School Expenses \$</b>	<b>Please provide proof of expenses</b>	<b>City/State</b>
<b>Student</b>	<b>Name of School</b>	<b>Address</b>
<b>School Expenses \$</b>	<b>Please provide proof of expenses</b>	<b>City/State</b>

**Direct Deposit/ Fees/ Signature**

<b>Direct Deposit: YES    NO</b>	<b>Bank Routing Number</b>	<b>Account Number</b>
	<b>Name of Bank</b>	<b>Checking</b> <input type="checkbox"/> <b>Savings</b> <input type="checkbox"/>

**Income Tax preparation fees are due today. Select your method of payment:    Cash**     **Credit/Debit**   
**Select how you would like to file your income tax return    E-file**

<b>If you are new to JFS how did you hear about us?</b>	<b>Who referred you? Client Referral?</b>	<b>Other:</b>
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**Authorization**

I authorize JFS to prepare and process my income taxes. All of the information has been provided by me and is accurate to the best of my knowledge.  
I have been given the opportunity to review my tax return before it is filed

**Taxpayers Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Office Use Only Intake</b> _____ <b>Preparer</b> _____
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