

GFA Intake Sheet for Tax Return Preparation (must be completed each year)

Full legal name: _____ Email: _____

Social Security Number: _____ Phone number: _____

Spouse's full legal name: _____ Email: _____

Social Security Number: _____ Phone number: _____

Mailing address: _____

City, State, Zip: _____

	You	Spouse
Date of Birth		
Job Title		
Totally and permanently disabled?	Yes / No	Yes / No
Legally blind?	Yes / No	Yes / No
Full-time student?	Yes / No	Yes / No
Can you be claimed as a dependent on another return?	Yes / No	Yes / No
Do you have an Identity Protection PIN?	Yes / No If yes, please list:	Yes / No If yes, please list:

Filing Status:

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Widowed Date of Spouse's Death: _____
- Unsure

Dependents:

Full Name	Social Security Number	Date of Birth	Relationship to you	Months lived in your home	Full time student?	Totally and permanently disabled?
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No

Income: (Please check all that apply)

- Wages (Form W-2)
If yes, how many jobs did you have last year? _____
- Interest/dividends
- Sale of stocks (Form 1099-B)
- Refund of state or local taxes
- Alimony or spousal support
- Self-employment income
- Virtual currency/Bitcoin
- Retirement income (Form 1099-R)
- Unemployment compensation (Form 1099-G)
- Social Security Benefits (Form SSA-1099)
- Rental Property
If yes, please complete Rental Property Sheet for each property
- Gambling Income
- Cancellation of Debt
- Other income: _____

Expenses:

- Alimony or spousal support
If yes, please provide recipient's SSN, amount paid, and a copy of the court order
- College or other educational expenses
- Student loan interest

Other Life Events:

- Do you have a Health Savings Account?
- Did you purchase and install energy efficient home items, such as windows or insulation?
- Receive the First Time Homebuyers Credit in 2008?
- Make estimated tax payments?
- Get health insurance through the Marketplace (Obamacare)?
- Do you have an LLC or corporation?

If you are due a refund and would like direct deposit, please provide the following information:

Account Number: _____

Routing Number: _____

Checking or Savings Account: _____

State Residency: _____ If not full year, date moved: _____

Please list any local tax returns you would like us to prepare: _____