

# HOPES TAX CONSULTANT

## CLIENT INTAKE FORM



### TAXPAYER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH (D/M/Y)	OCCUPATION	ACTIVE PHONE NUMBER	ACTIVE EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS	APT#	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Male <input type="checkbox"/> Female

### SPOUSE INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (D/M/Y)	OCCUPATION	ACTIVE PHONE NUMBER	ACTIVE EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### FILING STATUS

HEAD OF HOUSEHOLD  SINGLE  MARRIED FILING JOINTLY  MARRIED FILING SEPARATE  NOT SURE

### DEPENDENT INFORMATION

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (D/M/Y)	RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (D/M/Y)	RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (D/M/Y)	RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DID THE DEPENDENT LIVE WITH YOU FOR MORE THAN 6 MTHS?  YES  NO

### DIRECT DEPOSIT INFORMATION

BANK ROUTING NUMBER	CKG/SVG	BANK ACCOUNT NUMBER	BANK NAME	WILL PROVIDE DURING TAX PREPARATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### TAXPAYER INFORMATION

CHECK THE BOX TO THE BEST OF YOUR KNOWLEDGE

I WORKED FOR A COMPANY  SELF-EMPLOYED  RETIREMENT  NOT LISTED

By signing this form, I certify that all the above information is true and complete to the best of my knowledge and belief. I authorize this information to be used in the preparation of my income tax return by HOPES TAX CONSULTANT

CLIENT SIGNATURE