



Henriquez Accounting & Tax Services, LLC

5344 9th Street Suite 103 Zephyrhills FL 33542

www.HenriquezAccounting.com

813-321-7999

Tax Client Intake Form

Thank you for taking the time to complete the Tax Client Intake Form. This form is used by Henriquez Accounting & Tax Services to collect tax information about clients and is for internal purposes only. The information you provide is confidential and will be treated accordingly.

Where did you hear about Henriquez Accounting & Tax Services? _____

What year are you requesting taxes to be completed for? _____

FILING STATUS

Single

Married Filing Jointly

Married Filing Single

Head of Household

Qualifying Survivor (Widow)

Unsure

TAXPAYER'S INFORMATION

First Name _____ Last Name _____ SS # _____

Date of Birth _____ Marital Status _____

Are you U.S. Citizen or green card holder: YES NO Occupation _____

Current Address _____ City _____ State _____ Zip _____

Did you live or work in any additional states within the last calendar year? YES NO

If yes, what other state(s) did you live or work in: _____

Phone number _____ Email _____

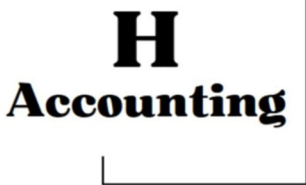
Drivers License State _____ Drivers License # _____ Expiration Date _____

Employment Status: Unemployed Employed Self-employed

Income Sources: W2- Employer 1099 – Contract Work Side Business

check all that apply Unemployment SSI SSDI

Retirement Lottery or Gambling Other _____



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Did you contribute to a 401k or other pre-tax account YES NO
Are you: Full-Time Student Dependent of Others
check all that apply Totally & Permanently Disabled Legally Blind

SPOUSE'S INFORMATION

Leave Section Blank if Not Applicable

First Name _____ Last Name _____ SS # _____

Date of Birth _____ Marital Status _____

Are you U.S. Citizen or green card holder: YES NO Occupation _____

Current Address _____ City _____ State _____ Zip _____

Did you live or work in any additional states within the last calendar year? YES NO

If yes, what other state(s) did you live or work in: _____

Phone number _____ Email _____

Drivers License State _____ Drivers License # _____ Expiration Date _____

Employment Status: Unemployed Employed Self-employed

Income Sources: W2- Employer 1099 – Contract Work Side Business
check all that apply Unemployment SSI SSDI
Retirement Lottery or Gambling Other _____

Did you contribute to a 401k or other pre-tax account YES NO
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Continue to the Next Page



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DEPENDENT INFORMATION

Only provide the below information for the Dependents you plan to claim on this year's tax returns.
New clients must provide a copy of SS card / ITIN, birth certificate and school records for **each** dependent.

First & Last Name	Social Security #	Date of Birth	Relationship to You	# of Months Lived in Your Home During Tax Year

TAX YEAR QUESTIONNAIRE

Please provide an answer to each question

Can anyone else claims any of the dependent's you listed above?	YES	NO
Do you have a brokerage account outside of your retirement accounts? If yes, provide brokerage account documents.	YES	NO
Have you sold any stocks this year? If yes, provide 1099-B documentation.	YES	NO
Have you made a withdrawal from your 401K? if yes, provide 1099-R documentation.	YES	NO
Do you own a personal residence? If yes, provide 1098 mortgage documentation.	YES	NO
Do you own any income properties? If yes, provide all expenses associated with property.	YES	NO
Do you have any other bank loans (ex: HELOC)? If yes, provide 1098 documentation.	YES	NO



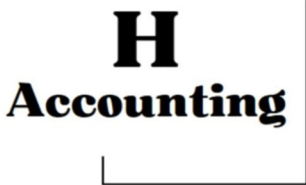
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Did you receive interest payments from any accounts (ex: high yield savings account)? If yes, provide 1099-INT documentation.	YES	NO
Do you have any bank accounts in any other country? If yes, what country: _____	YES	NO
Do you owe any back taxes to the IRS? If yes, how much: _____	YES	NO
Do you receive any child support?	YES	NO
Do you have any student loans? If yes, provide 1099-E documentation.	YES	NO
Have you ever been audited by the IRS for any reason? If yes, when: _____	YES	NO
Have you been a victim of identity theft and do have an IRS pin? If yes, what is your IRS Pin: _____	YES	NO
Did you, your spouse or your dependents have health insurance? If yes, who was the provider: Employer Healthcare Exchange/Marketplace Medicare/Medicaid	YES	NO
Have you or your dependents incurred any tuition expenses? If yes, provide 1099-T documentation?	YES	NO
Have you or your dependents incurred any child-care expenses? If yes, who paid for the child-care expenses _____ If yes, were any pre-tax funds used to pay for these expenses	YES	NO
List any energy star rated improvements you have made to your personal residence in the last year?		



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BANK INFORMATION

The bank account information provided would be used in the event you are due a refund or owe the IRS money. If you owe, you may request a payment plan through the IRS.

Bank Name _____

Account Number _____

Routing Number _____

CLIENT SIGNATURE & DISCLOSURES

I declare that all the information I have provided on pages 1-5 of this tax questionnaire is true and correct to the best of my ability. I understand that my taxes are prepared based on the information I provide, and I alone am responsible for the accuracy of all information included on my taxes.

Signature _____ Date _____

For Henriquez Accounting & Tax Services internal use only

Date received completed form _____

Tax Preparer _____

Date tax forms prepared _____

Date client signed tax forms _____

Price for completed taxes _____

Payment form for taxes _____