

**WE WILL NOT START YOUR TAX RETURN UNTIL WE HAVE ALL OF  
THE FOLLOWING INFORMATION:  
INCOME TAX INTAKE FORM**

NAME:

SOCIAL SECURITY NUMBER:

BIRTH DATE:

SPOUSE NAME:

SOCIAL SECURITY NUMBER:

BIRTH DATE:

CURRENT ADDRESS:

PHONE NUMBER:

OCCUPATION FOR PRIMARY:

OCCUPATION FOR SPOUSE:

MOVED?:

Address:

Date Resided from:

to:

Rent/Own

Address:

Date Resided from:

to:

Rent/Own

Provide the address and date for other location/s you lived throughout the year. You may use the back of this form if you have more addresses.

DEPENDENT NAME:

SOCIAL SECURITY NUMBER:

BIRTH DATE:

DEPENDENT NAME:

SOCIAL SECURITY NUMBER:

BIRTH DATE:

DEPENDENT NAME:

SOCIAL SECURITY NUMBER:

BIRTH DATE:

DEPENDENT NAME:

SOCIAL SECURITY NUMBER:

BIRTH DATE:

\*\*Write additional dependent's information on the back

BANK ROUTING NUMBER:

BANK ACCOUNT NUMBER:

CHECKING OR SAVINGS

DRIVERS LICENSE NUMBER:

ISSUE DATE:

EXP DATE:

DRIVERS LICENSE NUMBER:

ISSUE DATE:

EXP DATE:

LOCALITY: BOROUGH/TOWNSHIP:

SCHOOL DISTRICT:

FILING STATUS CHANGE FROM PREVIOUS YEAR? STATUS AS OF 12/31/22: SINGLE, MARRIED, SEPARATED, DIVORCED

CIRCLE ANY OF THE ITEMS BELOW THAT APPLY:

INTEREST

DIVIDENDS

COLLEGE TUITION

CHARITY

MARKETPLACE INSURANCE

STOCK SALES

RENTAL/S

BUSINESS

ROYALTIES

K-1'S

PROPERTY SALE

\*\*OTHER INFO ON BACK