



Client Intake Forms
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(New clients please provide copy of last year's tax returns)

Taxpayer Name _____ M/F Spouse Name _____ M/F
Occupation _____ Occupation _____
SSN _____ Birthdate _____ SSN _____ Birthdate _____
Tax Payer Phone _____ Spouse Phone _____
Taxpayer E-Mail _____ Spouse E-Mail _____
Address _____ All 12 months _____

Dependents Name (List Youngest First)	Birthdate	Social Security #	Relationship to You (Son, Daughter, Other)	Months Lived in Your Home in 2020

Check All That Apply

- ☐ You and, if applicable, your dependents had medical insurance provided by Marketplace exchange for **any** of 2020.
- ☐ You made **ESTIMATED** Federal or State taxes last year in **addition** to withholdings. Federal \$ _____ State \$ _____
- ☐ You or your spouse were a resident of another state or earned income in another state in 2020? Which state _____
- ☐ **Amount of Stimulus received** #1 _____ #2 _____
- ☐ **I would like to receive a hard copy of my completed tax return.**

All prepared returns will be provided as electronic copy via **TaxSlayer Pro** secure portal.

Would you like your refund deposited into your bank account? ☐ Yes ☐ No Name of Bank _____
☐ Checking ☐ Savings Routing Number _____ Account Number _____

Are you self-employed? ☐ Yes ☐ If you received a 1099-NEC, a Sch C organizer must be completed.

Check All That Apply

<input type="checkbox"/> Wage Statement – W-2s	<input type="checkbox"/> Purchased Primary Residence	<input type="checkbox"/> Medical/Dental Expenses
<input type="checkbox"/> Tips or Other Income	<input type="checkbox"/> Sold Primary Residence	<input type="checkbox"/> Mortgage Interest 1098
<input type="checkbox"/> 1099-Misc/1099-NEC- need Sch C	<input type="checkbox"/> Owned Rental Property - need Sch E	<input type="checkbox"/> Mortgage Points (i.e. closing points)
<input type="checkbox"/> Received Interest 1099-INT	<input type="checkbox"/> Farm Income- need Sch F	<input type="checkbox"/> Paid real estate taxes
<input type="checkbox"/> Received Dividends	<input type="checkbox"/> Lottery or Gambling Winnings	<input type="checkbox"/> Property Tax
<input type="checkbox"/> Sold Stocks or Bonds	<input type="checkbox"/> Cancellation of Debt	<input type="checkbox"/> Charity or Religious Contributions
<input type="checkbox"/> Pension/Retirement Income 1099 R	<input type="checkbox"/> Distribution of foreign accounts	<input type="checkbox"/> Significant loss or Theft
<input type="checkbox"/> Contributions to IRAs	<input type="checkbox"/> Pd Qualified Education Exp 1098T	<input type="checkbox"/> Had teacher un-reimbursed expenses
<input type="checkbox"/> Received Unemployment	<input type="checkbox"/> Made student loan payments 1098E	<input type="checkbox"/> HSA Form 1099SA
<input type="checkbox"/> Social Security Income	<input type="checkbox"/> Financial interest virtual currency	<input type="checkbox"/> Business Extension Request \$25 Fee
<input type="checkbox"/> Alimony (Paid or Received)	<input type="checkbox"/> Child Care Expenses	<input type="checkbox"/> Personal Extension Request \$25 Fee

• **For new clients how did you learn about us?** _____

I certify that I would like my taxes prepared according to the information provided above.

Taxpayer Signature _____ Date: _____

Spouse's Signature _____ Date: _____