

## Client Intake Form – Calendar Year 2017

<b>Personal Information</b> (please list all names as they appear on your U.S. social security cards)						
Your First Name		Middle Initial	Last Name		Your SSN	
Your Driver's License Info	State	Number		Issue Date	Expiration Date	
Your Date of Birth		Your Occupation		Are you Legally Blind? Totally and Permanently Disabled?		
Spouse's First Name		Middle Initial	Last Name		Spouse's SSN	
Spouse's Driver's License Info	State	Number		Issue Date	Expiration Date	
Spouse's Date of Birth		Spouse's Occupation		Is Spouse Legally Blind? Totally and Permanently Disabled?		
Mailing Address			City	State	Zip Code	
Phone Number			Email			
Can your parents or someone else claim you or your spouse on their tax return?						
<b>Military Spouses Only:</b> State of legal residence & proof you possess (driver's license, voter or vehicle registration)						

<b>Family and Dependent Information</b>						
As of December 31, 2017, your marital status was:						
List the names of everyone who lived in or outside of your home that you supported during 2017						
Full Name	Date of Birth	Relationship	# of months you provided support	SSN	Single as of 12/31/2017	Full-time student

## Income – Did you (or your spouse) have any of the following in 2017?

1. Wages or Salary? (If yes, please submit form(s) W-2)
2. Tip Income? (If yes, please provide amount)
3. Scholarships? (If yes, please submit form(s) W-2, 1098-T)
4. Interest/Dividends from: checking/savings accounts, bonds, CDs or brokerage?  
(If yes, please submit form(s) 1099-INT, 1099-DIV, 1099-OID)
5. Refund of state/local income taxes used as a deduction on a prior 1040 Sch. A?  
(If yes, please submit form(s) 1099-G)
6. Alimony Income?  
(If yes, please provide payee SSN and amount)
7. Self-Employment Income/Loss (i.e. owning a small business)?  
(If yes, please submit form(s) 1099-MISC and complete my Small Business Questionnaire)
8. Income (gain/loss) from the sale of stocks, bonds or real estate?  
(If yes, please submit form(s) 1099-B)
9. Disability Income (such as payments from SSA)?  
(If yes, please submit form(s) W-2, 1099-R)
10. Distributions from pensions, annuities and/or IRAs?  
(If yes, please submit form(s) 1099-R)
11. Unemployment Compensation?  
(If yes, please submit form(s) 1099-G)
12. Social Security or Railroad Retirement Benefits?  
(If yes, please submit form(s) SSA-1099)
13. Income (profit/loss) from Rental Property?  
(If yes, please complete my Rental Property Questionnaire)
14. Other income?  
(If yes, please provide details)

**Expenses - Did you (or your spouse) have any of the following in 2017?**

1. Alimony?

(If yes, please provide the recipient's SSN and amount)

2. Contributions to a retirement account?

(If yes, please specify the type of and amount)

3. Educational expenses paid for you, your spouse or dependents? (i.e. tuition, books, fee)

(If yes, please provide amount)

4. Unreimbursed employee business expenses?

(If yes, please complete my Employee Expense Form)

5. Unreimbursed moving expenses? (i.e. vehicle shipment, pet shipment, storage)

(If yes, please provide amount)

6. Medical expenses?

(If yes, please provide amount)

7. Primary home mortgage interest?

(If yes, please provide amount shown on Form 1098)

8. Charitable contributions?

(If yes, please provide charity name and amount)

9. Child/dependent care expenses paid while you and your spouse worked or looked for work?

(If yes, please submit statement from provider)

**Other Information – Did you (or your spouse) have any of the following in 2017?**

1. Have a Health Savings Account? (If yes, submit form(s) 5498-SA, 1099-SA)
2. Had mortgage or credit card debt forgiven/cancelled by a commercial lender?  
(If yes, please submit form 1099-C)
3. Bought or sold a home? (If yes, please submit your HUD-1 settlement statement)
4. Had Earned Income Credit disallowed in a prior year? (If yes, please provide tax year)
5. Live in an area that was affected by a natural disaster?  
(If yes, please provide location and dates you lived there)
6. Pay any student loan interest? (If yes, please provide amount)
7. Did you, and the members of your household, have minimum essential health coverage for the entire year? *If you have Tricare, please select "yes"*  
(If yes, please submit form 1095. If no, list the months you or your family members were NOT covered?)
8. Make estimated tax payments or apply last year's refund to your 2017 tax?  
(If yes, please provide amount)
9. If you are due a refund, would you like a direct deposit?  
(If yes, please provide the following) Name on Bank Account  
  

Bank Name	Account Type
Routing Number	Account Number
10. How did you hear about Ingram Financial Management?

*To better serve you, please provide a copy of your completed 2016 tax return if not prepared by me.*

**Referral Program = Free Tax Prep**

You'll receive 10% off next year's personal tax preparation fees for every client you refer who also has their taxes completed.  
Refer 2 people save 20%; 3 people 30%; up to 10 people for a 100% savings.

Attiyya S. Ingram, AFC - Owner

[www.IngramFinancialManagement.com](http://www.IngramFinancialManagement.com)

760-730-2407

