

Senior Tax Strategies, LLC
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Client Intake Form

Individual Tax Clients

Tax Year 20____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

TAXPAYER INFORMATION				SPOUSE INFORMATION			
Name (First, Initial, Last Name)				Name (First, Initial, Last Name)			
SSN		Date of Birth		SSN		Date of Birth	
Driver License/State ID #	State	ISS Date	Exp Date	Driver License/State ID #	State	ISS Date	Exp Date
Occupation			Disabled	Occupation			Disabled
Cell Phone		Alternate Phone		Cell Phone		Alternate Phone	
May we contact you by text message? Yes ☐ No ☐				May we contact you by text message? Yes ☐ No ☐			
E-Mail Address				E-Mail Address			
Mailing Address			Apt	City		State	Zip

- Can someone claim **YOU** as a dependent?
- Did you make **CASH** charitable donations during the year? (deductible even if you don't itemize)
- Did **ANYONE** in your household have HEALTH INSURANCE through the Marketplace? If Yes, bring Form 1095-A.
- Did you have any Foreign Accounts?
- Was Taxpayer or Spouse active Military?
- Did Taxpayer or Spouse pass away during the year? Date of death: _____
- Did you move during the year? Date: _____ Prior address: _____
- Did you receive, sell, exchange, or spend any **digital assets** (crypto, NFTs)? If Yes, bring Form 1099-DA.
- Do you want us to file the **PA Property Tax / Rent Rebate** (PA-1000)?

Yes ✓	No ✓
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

Dependent Information:

First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Child Care Expenses ✓	Disabled ✓	Full-Time Student ✓
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Continue on back

DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (✓ All that apply)**INCOME**

- ☐ Wages - W2's # _____
- ☐ Tips received
- ☐ Overtime pay (hourly)
- ☐ Unemployment
- ☐ Social Security Benefits
- ☐ Pension & Annuities (1099-R)
- ☐ Self-Employment (complete)
- ☐ Rental Income
- ☐ Farm Income
- ☐ Gambling Winnings
- ☐ 1099-K received
- ☐ Prior-year state refund
- ☐ Other: _____

RETIREMENT & INVESTMENTS

- ☐ Interest
- ☐ Dividends
- ☐ Sale of Stocks (1099-B)
- ☐ Sale of Real Estate
- ☐ IRA / RMD withdrawals
- ☐ Roth conversion
- ☐ IRA gift to charity (QCD)
- ☐ HSA contributions / withdrawals (1099-SA)
- ☐ IRA contribution made for this year
- ☐ Estimated Tax Payments
- ☐ Identity Pin _____

DEDUCTIONS & CREDITS

- ☐ Medical Expenses
- ☐ Long-Term Care premiums
- ☐ Mortgage Interest
- ☐ Real Estate Taxes
- ☐ Charitable Donations \$ _____
- ☐ Child Care Expenses \$ _____
- ☐ College Tuition (1098-T)
- ☐ Student Loan Interest
- ☐ New vehicle loan (bought 2025 or later)
- ☐ PA 529 contributions
- ☐ Union dues / work tools / licenses (PA)

Any other significant information / Injured Spouse (which spouse owes the debt):

PLEASE DO NOT SEND YOUR PAYMENT NOW. PAYMENT IS REQUIRED WHEN YOU RECEIVE YOUR INVOICE FROM US IN THE MAIL.

REFUND AND PAYMENT INFORMATION

Refunds are issued by Direct Deposit. The IRS is phasing out paper refund checks. Please complete the bank information below.

If you owe IRS, State, how would you like to pay? ☐ Check ☐ Direct Debit

Bank Information: Bank Name: _____ ☐ Checking ☐ Savings

Routing # _____ Account # _____

I verify that all information I have provided to my tax preparer is to the best of my knowledge.

Taxpayer signature _____ Date: _____

Spouse signature _____ Date: _____