CLIENT INTAKE FORM

Personal Information

Marital Status: ❍ Single ❍ Married ❍ Separated ❍ Widowed

How did you hear about us? If you were referred by whom? _____

Return Copy Option: ❍ E-Mail ❍ Pick-Up ❍ Mailed

Are you or can you be claimed as a dependent on someone else's tax return? ❍ Yes ❍ No
Are you or your spouse legally blind? ❍ Yes ❍ No

Are you or your spouse disabled? ❍ Yes ❍ No

Did you buy, sell, exchange any crypto currency in 2025? ❍ Yes ❍ No

	TAXPAYER	SPOUSE
First Name		
Last Name		
Social Security #		
Occupation		
Date of Birth		
Cell Phone #		
Home Phone #		
Email *(required)*		
IDPPIN		
IRS ID.me Login		

Residence Information

Address	
City, State, Zip	

Direct Deposit Information

Type of Account: ❍ Checking ❍ Savings

NAME OF BANK	ROUTING #	ACCOUNT #

Dependent/s Information

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name				
Last name				
Social Security #				
Relation				
Date of Birth				
Months in Home				
Full-Time Student	☐	☐	☐	☐
Disabled	☐	☐	☐	☐

Please tell us about the previous year. (Check all that apply)

Did you: ❍ Move within the tax year? ❍ Live in another state?

If you answered yes to any of the above, please list state and applicable dates:

DATE FROM	DATE TO	CITY	STATE	LIVE/WORK

Did you finance a new vehicle this year ❍ Yes ❍ No if so, please provide a copy of the financing agreement

Did you receive tip income? ❍ Yes ❍ No If so, how much? $_____

Did you receive overtime income? ❍ Yes ❍ No If so, how much? $_____

Income (W-2, 1099-R, 1099-G, 1099-SA, 1099-Misc.): Did you...

❍ Receive wages, salaries or any other employer compensation?
❍ Receive **W-2 Forms** from **ALL** employers you worked for last year?
❍ Receive unemployment compensation (**1099-G**)?
❍ Receive a state tax refund (**1099-G**)?
❍ Receive Social Security income (**1099-SA**)?

❍ Receive pension, annuity, ROTH, IRA, or other retirement income (**1099-R**)?
❍ Take a distribution from any retirement account? (**1099-R**)?
❍ Receive gambling winnings (**W2-G**)? If yes, how much: $ ____
❍ Receive **1099-Misc.** income (prizes, awards, jury duty, etc.)?
❍ Own your own business or work as self-employed (**1099-NEC**)? **Please submit Profit/Loss Statement.**

Investments (1099-B, 1099-INT and 1099-DIV): Did you...

❍ Receive interest on savings, cash, U.S. Bonds or stock dividends (**1099-INT/1099-DIV**)?
❍ Sell stock, mutual funds, or other securities (**1099-B**)?
❍ Receive interest on a Partnership, S-Corp, Estate, or Trust (**K1**)?
❍ Contribute to a: ❍ ROTH IRA $ _____ ❍ Traditional IRA $ _____
❍ SEP $ _____ ❍ Keogh $ _____
❍ Simple Retirement Plan $ _____
❍ Sell your home? Will need closing statement

Healthcare

Did you have health insurance coverage? ❍ Yes ❍ No
Is your spouse covered by your plan? ❍ Yes ❍ No
Did you have coverage through the Marketplace? ❍ Yes ❍ No **If Yes, please provide Form 1095-A**

Adjustments to Income/Credits

ADJUSTMENTS

Are you a teacher? ❍ Yes ❍ No

CHILD CARE EXPENSES – Preschool, Daycare, Morning/After Care, Camps

Name Provider #1: _____ SS#/EIN: _____

Address: _____

Yearly Amount Paid: $ _____

Name Provider #2: _____ SS#/EIN: _____

Address: _____

Yearly Amount Paid: $ _____

HIGHER EDUCATION CREDITS

Please submit **Form 1098-T** if you or anyone in your household was enrolled in an institute of higher learning during the tax year.

Please write any notes below that will assist with your return.

Are you interested in any of the other business services that we offer?

☐ **Bookkeeping** ☐ **Payroll** ☐ **Sales Tax** ☐ **A/R** ☐ **A/P** ☐ **1099 Reporting** ☐ **Annual Report Filing**

Itemized Deductions – if exceeds $15,750 for Single or MFS or $31,000 for MFJ or $23,625 for HOH

MEDICAL EXPENSES *MUST EXCEED 10% OF INCOME* *AGE 65+ MUST EXCEED 7.5%*	**AMOUNT**	**CHARITABLE CONTRIBUTIONS**	**AMOUNT**
Medical Insurance Premiums		**CASH CONTRIBUTIONS**	
Dental Insurance Premiums		Gifts Given by Cash, Check or CC	
Long Term Insurance		Religious Organizations	
Co-Payments		Non-Profit Organizations	
Prescription Drugs		Non-Profit Hospitals	
Doctor/Dentist		Medical Research	
Hospitals		Civil Defense Organizations	
Nursing Homes			
Psychiatric Counseling		**NON-CASH CONTRIBUTIONS**	
Glasses, Hearing Aids, Batteries		Gifts Other than Cash, not limited to:	
Auto Travel & Parking (Medical)		Furniture/Clothing/Electronics	
Mileage To and From Facility		Salvation Army	
		Goodwill	
		Donations Over $500 Must Provide:	
MORTGAGE INTEREST		Doner Name	
Primary Residence		Address	
Primary Residence #2nd Mortgage		City	
Secondary Residence		State	Zip
Primary Residence #2nd Mortgage		Description of Property	
Mortgage Interest to an Individual			
Name		Date, if known	
Address		Fair Market Value	
Amount			
		OTHER EXPENSES	
TAXES PAID			
Real Estate Tax Paid			
State Income Tax Paid			
Tax Paid on Last Year's Return			
Estimates State Tax Payments			
Personal Property Tax			

Rental Income/Expense Sheet

PROPERTY	DESCRIPTION *(Single-family, Mixed-use, Condo, Townhouse, Etc.*	ADDRESS
A		
B		
C		
D		

	PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
INCOME				
Rents				
Other				
EXPENSES				
Advertising				
Auto				
Travel				
Cleaning/Maintenance				
Commissions				
Insurance				
Legal & Professional				
Management Fees				
Mortgage Interest				
Repairs				
Supplies				
Real Estate Tax				
Water				
Gas				
Electric				
Other Utilities				
Association Fees				
Lawn Care				
Pest Removal				
Snow Removal				
Other				

CAPITAL IMPROVEMENTS *(Equipment, furniture or property improvements)*

		PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D
Description	**Date**	**Cost**	**Cost**	**Cost**	**Cost**

RENTAL PROPERTY PURCHASED/SOLD

Description	Date Purchased	Original Cost	Date Sold	Sold Amount

Terms & Conditions

Initial	Initial	
		PROMISE TO PAY. You promise to pay our office any and all amounts billed for services rendered or credit extended under this Agreement, plus any finance charges or other amounts due. You agree to pay on or before any due date shown on your invoice or statement.
		FINANCE CHARGE. You may be assessed a monthly "Finance Charge" as disclosed on this agreement. The finance charge will be assessed based on the existing balance remaining unpaid after 30 days from the date of service. No additional finance charge will be assessed if your account balance is paid in full prior to the next billing statement. If you elect to pay your account in monthly installments, or do not pay in full by the due date shown on your monthly statement, you may be assessed a minimum finance charge of $5.00 per month or 5%, whichever is greater. Additional finance charges may apply for additional service options and such fees will be discussed with you by your tax preparer.
		ENTIRE BALANCE DUE. If you miss a payment, violate any other terms of this Agreement, make any misrepresentations to us in applying for credit, or if we have reason to believe that you may be unable or unwilling to pay the amounts billed pursuant to this Agreement, we may declare your entire balance due and payable without notice on demand.
		COLLATERAL. In an effort to reduce risk, you agree to provide a debit/credit card or account information to be kept on file. If you become unwilling or lack communication with our office and give us reason to believe you will not pay the account balance owed, you understand we will exercise our right to charge the account on file, and you authorize such a charge. (Signed ACH enclosed).
		ATTORNEY'S FEES AND COLLECTION EXPENSES. If this account is assigned to an outside agency for collections, you agree to pay all associated fees including but not limited to attorney's fees, filing fees, late charges, and finance charges-including charges of commissions of up to 50% that may be assessed to us by a collection agency retained to pursue this matter, with or without suit.
		RETURN CHECK FEES. A return check charge of $38.00 will be assessed against your account for each dishonored check. In the event your check is returned to our bank, you must satisfy the payment and additional charges by certified funds or cash within 3 business days.
		CREDIT REPORTING. Poor credit performance as it relates to payment on your account may be reported to all the credit bureaus.

I/We permit DiSalvo & Associates, PLLC (hereafter referred to as "tax preparer"), to review and analyze taxpayer personal and/or business records and documentation. I understand all information will remain strictly confidential and under no circumstances will any of the provided information be released to a third party, unless written consent has been provided. I/we agree to furnish all documentation requested in a timely manner and hereby release the tax preparer from all legal obligations for any false or incorrect information supplied by myself/us or any representative authorized by me/us on my/our behalf. I understand that the tax preparer can decide not to prepare taxes at any time if they believe information is fraudulent in any manner. I/we understand and agree to furnish true, accurate, and complete records and documentation for the purpose of preparing taxes. It is understood that the tax preparer will not be held responsible or liable for any tax penalties or fees as a result of my/our actions.

By signing below, the tax preparer has been released from any legal obligation or representation resulting from untrue or inaccurate information. The information provided is true and correct to the best of my knowledge, and I have adequate records of the information provided. I acknowledge and agree to these terms and conditions. I also acknowledge that my electronic signature validates and executes the acceptance of the terms, as my physical signature also would.

Primary Taxpayer's Signature	Date Signed	Spouse's Signature	Date Signed

AUTOMATIC PAYMENT AUTHORIZATION

Client:		Today's Date:	
I/We hereby authorize DiSalvo & Associates and its subsidiaries to initiate debit entries to my (our) account in the entity named below ("institution"), and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account.			
Card Number		Expiration Date	CVC Code
Cardholder's Name (Agreement Executor):			
Billing Address	Billing City	Billing State	Billing Zip
Payment Date (if reoccurring, this is the first date of your payment):			

Payment Amount: $

This authorization is to remain in full force and effect until all amounts payable are paid in full or until I revoke the Agreement as hereinafter provided. Any revocation shall not be effective until DiSalvo & Associates PLLC and its' subsidiaries has received written notification from me of my desire to terminate this Agreement in such time and in such manner as to give them a reasonable opportunity to act on it. I understand that I will be notified of any payment changes debited to my account and I am responsible for notifying DiSalvo & Associates of any changes to my account. I further understand returned or declined payments will result in additional charges and agree to communicate openly with Efficient Solutions in the event of any financial hardship that may interfere with this Agreement. In the event of financial hardship, I understand if I become unresponsive to communication efforts by DiSalvo & Associates they may process my full account balance without any further notice to me.

By entering your last 4 digits of your social security number, you are signing this Agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this Agreement. By entering your last 4 digits of your social security number, you consent to be legally bound by this Agreement's terms and conditions.

*****This Agreement must be signed by the card holder*****

Last 4 SSN	Signature	Date Signed