

# 2024 Tax Intake Form



## FILING STATUS

- Single       Married Filing Joint  
 Married Filing Separately  
 Head of Household  
 Qualifying Widower

## ADDRESS

**St Addr** \_\_\_\_\_  
**City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**County** \_\_\_\_\_ **School Code** \_\_\_\_\_

## TAXPAYER

IRS PIN# (if applicable) \_\_\_\_\_

Social Security Number \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_

Work Ph \_\_\_\_\_ Cell/Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Preferred Method of Contact  Email  Phone  Text

Email \_\_\_\_\_

Yes  No Legally Blind     Yes  No Dependent of Other

## SPOUSE

IRS PIN# (if applicable) \_\_\_\_\_

Social Security Number \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_

Work Ph \_\_\_\_\_ Cell/Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Preferred Method of Contact  Email  Phone  Text

Email \_\_\_\_\_

Yes  No Legally Blind     Yes  No Dependent of Other

## DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS) (\*NOTE: Student refers to tuition paying (college/private school) Use back of page, if necessary

First, Middle Initial, Last Name	Student?*	D.O.B.	Social Security #	Disabled?	Relationship	Months
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

## EMPLOYMENT & RETIREMENT INFORMATION

- Yes  No - Are you employed? Occupation? \_\_\_\_\_
- Yes  No - Are you contributing to a 401(k), 403(b), or other pre-tax account?
- Yes  No - Have you ever opened any form of pre-tax account in the past?
- Yes  No - Have you considered a ROTH conversion of pre-tax accounts?
- Yes  No - Would you like a ROTH conversion tax "WHAT-IF" prepared with your return?

## STATE & OTHER

- Yes  No - Are you requesting state return(s)? If yes, what state(s): \_\_\_\_\_
- Yes  No - Any energy efficient home improvements this year? Please Specify: \_\_\_\_\_

## E-FILE / FILING INFO Check ONE:    Original Return    Amended return

1. How do you want any refund sent to you? **MUST CHECK ONE**

Direct Deposit (few days) Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking  Savings    Name of Bank: \_\_\_\_\_

Applied to next year's return

Paper check by mail (could take several weeks)

Any **taxes due** may be paid by check or online along with voucher provided by tax preparer or with extension form. \*It is the taxpayer's responsibility to make payments before April due date. Filing an extension does NOT extend time to pay.

Please Note: The following worksheets are intended to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. It is very important that the taxpayer provide complete information upon the first submission of these documents. The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation and avoid delays.

**BASIC QUESTIONS**

Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check any that apply to you OR your spouse)

- 01.  Did you change your address from last year?
- 02.  Any change in your dependents from last year?
- 03.  Did you have children under 19 (or 24 if a full-time student) who had more than 500 in total unearned income?
- 04.  Are all your dependents either US residents or citizens?
- 05.  Did you provide over half the support for someone you aren't claiming as a dependent?
- 06.  Did you pay any adoption expenses?
- 07.  Are you being claimed or eligible to be claimed as a dependent on someone else's return?
- 08.  Were either you or your spouse in the military or National Guard?
- 09.  Have you been notified by the IRS of changes to a previously submitted tax return, or received any other IRS or state notices?
- 10.  Did you make any gifts over \$17,000 to any individuals?
- 11.  Did your marital status change from the prior year?
- 12.  Did you purchase, sell or refinance your primary residence? Sale of residence requires:

Purchase date & price: \_\_\_\_\_ Sale date \_\_\_\_\_  
 Include 1099s/Closing statements.

- 13.  Did you have health insurance coverage at any time during the previous year?
- If yes**, check source:  Marketplace (include form 1095-A under Scan Doc Coversheet)  Employer Provided (include 1095 B/C)  
 Other Source (describe: \_\_\_\_\_)

**If no:**  I understand that some states impose penalties for not having health insurance coverage

Other details: \_\_\_\_\_

**INCOME**

Please check any of the following that you and/or your spouse received:

- 01.  W-2 Income
- 02.  Income from loans, grants or pandemic related programs
- 03.  Interest and/or dividends  Tax exempt interest and/or dividends
- 04.  Taxable refunds, credits or offsets (including prior year state refunds)
- 05.  Business income(self-employment Income)
- 06.  Stock sales (capital gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**  
 \*If "yes" please fill out Schedule C worksheet and provide financials

**Amount of any capital loss carryforward from 2022 \$** \_\_\_\_\_

- 07.  Crypto currency activity **IF YES INCLUDE 1099-B)**
  - 08.  Any other assets sold or any other gains or losses
  - 09.  Rental real estate income
- \* If "yes" please fill out Schedule E worksheet

**Amount of any passive activity loss carryforward from 2022 \$** \_\_\_\_\_

- 10.  K-1s (1120S, 1065, 1041)
- 11.  Unemployment
- 12.  Social Security income
- 13.  Foreign income
- 14.  **Alimony received (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony received \$ \_\_\_\_\_ (rcvd from whom?)

Name/SS# \_\_\_\_\_

- 15.  Other income (source and amount): \_\_\_\_\_

**CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION**

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

I/We, \_\_\_\_\_, authorize Integrity Tax Pro Services, to disclose to \_\_\_\_\_ that portion of my tax return information for 2024 (including my entire return) that is necessary. I understand I have the right to limit the consent to specific information, not just authorize disclosure or use of the entire return. Recognizing that right, I consent to the use of my entire tax return.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at **[complaints@tigta.gov/reportcrime-misconduct](mailto:complaints@tigta.gov/reportcrime-misconduct)**.