## **CLIENT INTAKE FORM**

DROP OFF DATE:	
APPT DATE:	
STAFF:	
	Office use only

FULL NAME			
SSN		DOB	
SPOUSE'S NAME			
		If not applicable, write N/A	
SSN		DOB	
ADDRESS			
CITY	STATE_	ZIP	
PHONE #			
EMAIL			
	** Email will be our main form of	f contact. Please make sure your information is correct & current.	
NUMBER OF DEPE	NDENTS		
CHANGES FROM LA	AST YEAR?		
	**Possible changes to mention: martial statu	ıs, moved, children changes/adoption, checking account, changed job	s, retired, etc.
DO YOU CURRENTI	Y HAVE A FINANCIAL ADVISOR?	IF SO, WHO?	
FOR DIRECT DEPOS	IT INFORMATION, PLEASE CONFIRM WE	HAVE YOUR ACCURATE BANK ROUTING & ACCOUNT #	:
ROUTING #		ACCOUNT #	
OTHER			
QUESTIONS?			



ACCOUNTING SERVICES 501 W MAIN ST, SUITE A GLASGOW, KY 42141

270.651.3013

FINANCIAL SERVICES 301 S BROADWAY ST GLASGOW, KY 42141

270.629.2046

The following is a list of possible documents to include when gathering information for drop-off/appointment:						
GENERAL TA	XABLE	INCOME				
	W-2 Fo	rm(s) for wages, salaı	ries a	and tips		
	1099 In	come Statement(s)				
BUSINESS IN	ICOME					
	Busines	ss Income and expens	ses			
	Rental	income and expenses	5			
	Farm in	come and expenses				
	Form K	-1 income from partn	ersh	nips, trusts and S-Corporati	ions	
TAX ESTIMA	TE PAYI	MENTS CHECKLIST				
	Estimat	ed tax payments mad	de w	rith ES Vouchers		

	Federal Payments	Date Paid	State Payments	Date Paid
Q1				
Q2				
Q3				
Q4				

ITEMIZED I	DEDUCTIONS		
	_ Medical Expenses		
	Property and/or vehicle taxes		
	Home Mortgage interest (Form 1098)		
	_ Charitable donations (Cash & Non-Cash)		
	Cash Amount	Non Cash Amount	
OTHER			
	_IRA Contributions		
	_Student loan interest paid		
	Child care expenses		
	_ Education expenses for you, spouse and/or dependent(s)		
	Copy of last year's tax return (for new clients only)		

<sup>\*\*</sup>This list is not all-inclusive. If you have questions regarding a particular expense or document, feel free to include said items & we will incorporate if needed.