Date:	Client Intake Tax Form			1	Tax Year: 2024				
		Heintz Tax Sei				☐ New Client			
					☐ Returning Client				
Thank you for allowing us to prepare your tax return. It is very important for you to provide the information on this form to help our staff in completing your return. If you have any questions, please ask.									
Part 1: Your Information									
Your Name	Date of I	Birth	SSN/ITIN L			Lice	icense info		
					License #				
							Date:		
						Exp.	p. Date:		
Spouse's Name	Date of I	Birth					ense info		
						License #			
			Iss			Issue	ue Date:		
			Ex		Exp.	p. Date:			
Best Phone #			Email						
Mailing Address			Sch			ool District/Township			
Did you Move in 2024? ☐ Yes ☐ No			New Address:						
Date of Move:			School District:						
Filing Status: ☐ Single ☐ Married ☐ Married filing separate ☐ Head of household									
☐ Qualifying w	ent child					ent Return			
Part 2: Dependent Information									
Are there any changes to your Dependents? \square Yes \square No If Yes, which Dependent:									
Remove Dependent:									
Name (first, last)	DOB	So	cial Security #	Relati	onship to	you	Full-time Student	Daycare Expenses	
							YES/NO	YES/NO	
Part 3: Bank Information					SAME as Pr	evious Year			
Bank Name	9-Digit Routing#		Bank Account #				Account Type		
							☐ Checking	g □ Savings	
Part 4: NOTES									