

Heintz Tax Service - 2025 Client Intake Form

Date:

New Client
 Returning Client

FILING STATUS

Single Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widower **Student Return**

ADDRESS

Str _____
City _____ ST _____ Zip _____
County _____ School District _____

TAXPAYER IRS PIN# (if applicable) _____

Social Security Number _____

First _____ MI _____ Last _____

Date of Birth _____

Email _____

Phone _____

Preferred Method of Contact Email Phone

Occupation _____

License # _____ Issue: _____ Exp: _____

SPOUSE IRS PIN# (if applicable) _____

Social Security Number _____

First _____ MI _____ Last _____

Date of Birth _____

Email _____

Phone _____

Preferred Method of Contact Email Phone

Occupation _____

License # _____ Issue: _____ Exp: _____

DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)

| <u>First, Middle Initial, Last Name</u> | <u>College Student?</u> | <u>D.O.B.</u> | <u>Social Security #</u> | <u>Daycare expense</u> | <u>Relationship</u> | <u>Months</u> |
|---|--|---------------|--------------------------|--|---------------------|---------------|
| _____ | <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 | _____ | _____ |

CLIENT QUESTIONNAIRE

- Yes No - Did you or your spouse receive **tips** in 2025?
- Yes No - Did you or your spouse receive **overtime**? Please provide **last pay-stub** from 2025
- Yes No - Did you **move** in 2025? If so when? _____
- Yes No - Did you have marketplace (**Pennie**) medical insurance? If yes, please provide **1095-A**
- Yes No - Did you receive or sell any **digital assets** in 2025?
- Yes No - Did you **make any estimated payments** in 2025? If yes, please provide receipts/amounts

E-FILE / FILING INFO

Direct Deposit Routing #: _____ Acct #: _____

Name of Bank: _____ Checking Savings

Paper check by mail

NOTES: