

Date:

## Heintz Tax Service - 2025 Client Intake Form

☐ 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 - select one

Direct Deposit

Paper check by mail

verify same as previous year

Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

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

### NOTES: