

**KELLY TAX AND ACCOUNTING
CLIENT INTAKE SHEET FOR TAX YEAR _____**

FILING STATUS:

SINGLE HEAD OF HOUSEHOLD MARRIED FILING SEPARATE MARRIED
(NOT MARRIED W/DEPENDENTS)

Did you have health insurance for the entire 2018 year? YES NO
 Did you obtain your health insurance through the Market Place Employer Self paid insured
 Do you have your 1095 A B C

TAXPAYER FULL NAME AS IT APPEARS ON YOUR SS CARD:	SPOUSE NAME AS IT APPEARS ON SS CARD:
ADDRESS: _____ CITY _____ STATE _____ ZIP _____	ADDRESS: _____ CITY _____ STATE _____ ZIP _____
TELEPHONE NUMBERS: HOME _____ CELLULAR _____ WORK _____	TELEPHONE NUMBERS: HOME _____ CELLULAR _____ WORK _____
SOCIAL SECURITY NUMBER:	SOCIAL SECURITY NUMBER:
DATE OF BIRTH:	DATE OF BIRTH:
OCCUPATION:	OCCUPATION:
EMAIL ADDRESS:	EMAIL ADDRESS:
NOTES:	NOTES:

DEPENDENTS

DEPENDENT NAME	SSN#	DOB	RELATIONSHIP

Check box if you would like your fees deducted from your refund. By doing this, you are allowing Kelly Tax and Accounting to check the Financial Management System (FMS) on your behalf for any outstanding debt that may be deducted from the refund due to you.

I choose not to have my fees deducted from my return. I choose to pay my fees at the time of service, for completion of my tax return. I understand that Kelly Tax and Accounting REQUIRES ALL FEES PAID AT THE TIME OF SERVICE.

CLIENT SIGNATURE: _____

REFERRED BY: _____

**KELLY TAX AND ACCOUNTING
INFORMATION FOR YOUR TAX PREPARER**

Please Answer Each Question That Applies To You, Additional Space Provided If Needed

Please answer Y (Yes) and N (No)

INCOME INFO	DEDUCTIONS	PAY OUT OF POCKET
How many W2's do you have?	Do you have Mortgage interest? yes	Did you owe the state last year? no
Did you receive Unemployment? no	Did you pay Real Estate tax? no	Did you pay the State? no
Did you receive any bank interest? no	Did you pay vehicle tax? no	Did you pay Alimony? no
Did you receive any Misc. 1099 income? no	Did you pay Tithes? no	Did you file taxes last year? no
Do you have rental property? no		Did you receive a Federal Refund last year? no
Do you receive social security? no		Do you owe the IRS? no If so, how much do you owe?
Did you take money from your 401k? no		Have you received any letters from the IRS? no
Do you have self-employment income? no		Did you pay or borrow funds for college tuition? no
Did you sell any stock? no		How much paid for self?
NOTES		How much paid for child?

Are you a victim of Identity Theft? Yes No

CHILD CARE EXPENSES	
Do you have Child Care expenses?	
Name of Child care Provider?	
Address:	
Federal ID Number:	
Amount:	
Misc info.	
Are you a Armed Forces Reservist?	
Are you part of a business Partnership or Corporation?	

Signature: _____



ACKNOWLEDGEMENT

Please read the following statements and sign below.

I or we acknowledge that the information submitted to Kelly Tax and Accounting to prepare my or our tax return can be substantiated by receipts, canceled checks and other documentations.

This information provided to Kelly Tax and Accounting is true, accurate and complete to the best of my or our knowledge.

I or we also, understand that in the event of an audit, that I or we are responsible for gathering all necessary information for the audit. I or we also, understand that I or we may request the assistance of Kelly Tax and Accounting in helping to put such information together for the IRS or your state Department of Revenue.

I or we also, understand, that as a taxpayer, I or we are responsible for my or our own tax return and that I or we can't hold Kelly Tax and Accounting harmless for any misrepresentation of information. I or we may have provided to the preparer.

I/we have received and read this statement of the company's private policy and understand that I/we tax return information is kept confidential between Kelly Tax and Accounting and my or we and that I must submit written authorization to Kelly Tax and Accounting before any copy or fax of my return(s) information will be released to any outside party. (Example: mortgage company, financial institutions, educational institutions, etc.)

***PRIVACY ACT:** We reserve the right to use your contact information to email, text, call or mail you with advertisement or promotional materials.

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____