

2023 CLIENT INTAKE FORM

This form is intended to help you gather all relevant tax documents needed to accurately complete your tax return and ensure that you are capturing all income and available tax deductions. We update these *forms* every year to follow the *IRS* rules and regulations

Name: _____ Phone: _____ DOB: _____ Occupation: _____

Spouse: _____ Phone: _____ DOB: _____ Occupation: _____

Email: _____ Spouse email: _____

Westen, Graff prepared my taxes last year and my ADDRESS has NOT changed – skip to next section

Address: _____ City: _____ State: _____ Zip: _____

County: _____ School District: _____

****If new client(s):** SSN: _____ Spouse SSN: _____

****NOTE: If we did not prepare your tax return last year, include a copy of last year's tax return**

FILING STATUS – Filing status (select status below)

- Single** – Unmarried as of 12/31/2023
 - I can be claimed as a dependent by a parent or another person (I am not claiming myself)
- MFJ** – Married as of 12/31/2023 and filing a joint tax return with my spouse
- HOH** – Unmarried individual as of 12/31/2023 that maintains a house with a qualifying child residing with me for more than ½ of the year (fill in child information below)
- MFS** – Married as of 12/31/2023 but opting to file a separate tax return from my spouse
- QW** – Unmarried individual with dependent children whose spouse passed away in 2021, 2022 or 2023

DEPENDENTS – List dependents, qualifying children and/or relatives who lived with you for MORE than half the year.

Full Name: _____ DOB: _____ SSN: _____ Relationship to me: _____

Lived with me **over** half the year: Yes No / I am claiming: Yes No / Is a: Fulltime student Disabled

Full Name: _____ DOB: _____ SSN: _____ Relationship to me: _____

Lived with me **over** half the year: Yes No / I am claiming: Yes No / Is a: Fulltime student Disabled

Full Name: _____ DOB: _____ SSN: _____ Relationship to me: _____

Lived with me **over** half the year: Yes No / I am claiming: Yes No / Is a: Fulltime student Disabled

HEALTH INSURANCE – Check all that apply

- No** health insurance coverage in 2023
- Marketplace/Obamacare (MUST provide 1095-A)**
- Health Insurance through an **Employer**
- Medicare or Badger Care** (amount paid out of pocket) \$ _____
- OTHER insurance paid for out of pocket** (include statement or amount paid) \$ _____

DIRECT DEPOSIT / REFUND CHECK MAILED / AUTO-WITHDRAWAL OF INCOME TAX BALANCE DUE

Tax Refund: Directly deposited to our account: **Yes** **No** (provide bank info below)

Tax Balance Due tax due directly withdrawn: **Yes** **No** (provide bank info below and preferred date of payment – due 4/15/2024)

Date of auto-withdrawal for income taxes due: _____

Please note, this is an autopayment of income TAX due, **not** for tax preparation fees.

Bank Name: _____ Account Type: Checking Account Savings Account

Account Number: _____ Routing Number (always 9 digits): _____

Note: If you are receiving a refund and you do not select one of the above options or the routing number and/or account number are invalid, a check will be mailed to you. If payment is due, you must send payment on or before April 15, 2024.

INCOME AND EXPENSE INFORMATION CHECKLIST – Check all that apply to you and provide documentation

INCOME

- Received **WAGES** from an employer (**provide W-2s**)
- Received more than \$10 of **INTEREST** income from a bank or individual (**provide 1099-INT**)
- Received more than \$10 of **DIVIDENDS** income from stocks or mutual funds (**provide 1099-DIV**)
- Received distribution(s) from a **Pension, 401k, IRA or other RETIREMENT account (provide 1099-R for each account)**
- Received **SOCIAL SECURITY** benefits (**provide SSA-1099**)
- Sold **STOCKS** in a non-qualified account (e.g. excludes 401ks, IRA sales) (**provide 1099-B**)
- Received a **1099-K for Personal Items Sold (provide 1099-K and original purchase price):** \$ _____
- Received **UNEMPLOYMENT** benefits (**MUST provide 1099-G**)
- Income from a **BUSINESS or SELF-EMPLOYMENT** activity (**provide details: income, expenses, mileage, etc**)
- Received income from **RENTAL** property (**provide details: income, expenses, mileage, etc**)
- Received income from **FARMING** activities (**provide details: income, expenses, mileage, etc**)
- Received income from **TRUST ESTATE/PARTNERSHIP (provide K-1)**
- Received **GAMBLING** income (**provide W2-G**) Total Amount **LOST** \$ _____
- Received **ALIMONY** Total amount: \$ _____ Date of Divorce: _____

ADJUSTMENTS

- Contributed** to an **HSA** account that was **NOT THROUGH** an employer pre-tax or cafeteria plan
Taxpayer amount \$ _____ Spouse amount: \$ _____
- Used funds** from my **HSA** account to pay for **medical expenses (provide 1099-SA)**
- Paid **student loan interest (include 1098-E)**
- Contributed to a **TRADITIONAL IRA (Do NOT include contributions to employer sponsored plans)**
Taxpayer amount \$ _____ Spouse amount: \$ _____
- Contributed to a **ROTH IRA (Do NOT include contributions to employer sponsored plans)**
Taxpayer amount \$ _____ Spouse amount: \$ _____
- Paid **alimony** to an ex-spouse Recipient Name: _____ SSN: _____
Date of Divorce: _____ Total Amount Paid: \$ _____

CREDITS / DEDUCTIONS

- Incurred significant **out of pocket medical bills NOT covered by insurance or HSA (list total amount paid or categorize)**
TOTAL: _____ OR: Medical: \$ _____ Dental: \$ _____ Vision: \$ _____ Rx: \$ _____
- Paid **PROPERTY TAXES** (attach property tax bill / receipt or list amount paid in 2023) \$ _____
- Paid **MORTGAGE INTEREST** on a home loan (**MUST provide FORM 1098**)
- Made **CHARITABLE contributions** (list amount or provide receipts) \$ _____
- I or my dependents paid for **COLLEGE TUITION / books – YEARS 1-4 (MUST provide 1098-T from school)**
- I or my dependents paid for **COLLEGE TUITION / books – YEARS 5 & up (MUST provide 1098-T from school)**
- Paid for **private school tuition** (include statement from school listing EIN, amount paid, student name & grade)
- Contributed to **Coverdell, EdVest or 529 college savings plan** Student: _____ Amount contributed: _____
- Paid for **CHILDCARE** (provide daycare provider statement or list amount paid, EIN & address of daycare provider and which dependents were in daycare)
- Used a **dependent care plan** or **flexible payment benefits** to cover the cost of **daycare** (provide daycare provider statement or list amount paid, EIN & address of daycare provider and which dependents were in daycare)
- Paid **RENT: Total ANNUAL** Amount \$ _____ Was heat included: Yes No
- Installed **energy efficient** improvements on **primary residence** (describe and list amount paid or provide receipts)
- Purchased a **new electric vehicle** (provide a copy of the title and list amount paid or provide receipts)

Notes: _____

Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

The information provided is complete and accurate to the best of my knowledge and may be used in accordance with Westen, Graff & Company's Client Engagement Letter terms and conditions available at www.westengraff.com.