

## NEW INDIVIDUAL CLIENT - INTAKE FORM

4525 Woodgate Drive Janesville, WI 53546 (608) 754-8525

JANESVILLE, WI

OR EVANSVILLE, WI

1 North Madison Street Evansville, WI 53536 (608) 882-2795

APPOINTMENT DATE & TIME:	With:
FILING STATUS: SINGLE MARRIED – JOINTLY MARRIED – SEPARATELY	
PRIMARY TAXPAYER INFORMATION:	<b>SPOUSE INFORMATION:</b>
NAME (LAST, FIRST):	NAME (LAST, FIRST):
PHONE NUMBER:	PHONE NUMBER:
E-MAIL:	E-MAIL:
SSN:	
DOB (MM/DD/YYYY):	
DOD (MM/DD/YYYY):	
OCCUPATION:	OCCUPATION:
Address:	Address:
CITY, STATE, ZIP:	
DRIVER'S LICENSE (SCAN):	DRIVER'S LICENSE (SCAN):
Number:	Number:
ISSUED (MM/DD/YYYY):	ISSUED (MM/DD/YYYY):
EXPIRES (MM/DD/YYYY):	EXPIRES (MM/DD/YYYY):
<b>DEPENDENT INFORMATION:</b>	<b>ADDITIONAL INFORMATION:</b>
NAME (LAST, FIRST):	_ COMPLETED CHECKLIST? YES NO
SSN:	OWN A BUSINESS? YES NO
DOB (MM/DD/YYYY):	IF YES:
NAME (LAST, FIRST):	BUSINESS NAME:
SSN:	
DOB (MM/DD/YYYY):	
NAME (Last, First):	
SSN:	
DOB (MM/DD/YYYY):	
Preferred Method To Sign Tax Return:	
E-Sign At JVL Office At EVL Office	REASON FOR APPOINTMENT:
E-SIGN AT JVL OFFICE AT EVL OFFICE	REASON FOR AFFORNIMENT.
COMPLETED TAX RETURN DELIVERY METHOD:	<u>:</u>
MAILED TO YOU PAPER COPY - EVL OFFICE PAPER COPY - IVI, OFFICE PORTAL UPLOAD	

NEW CLIENT INTAKE FORM



FOR OFFICE USE ONLY \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **OFFICE TASKS:** (date & initial each step completed) SETUP IN OFFICETOOLS: SETUP IN DRAKE: SETUP IN PORTALS: Blue Folder: PROJECT STARTED: QUICKBOOKS: Date: \_\_\_\_\_ \*Request that the client send or drop off Prior Year Tax Returns (3 recommended) before their appointment. \*Do not schedule appointments until we have received all the information. \*Allow at least 3 weeks to review and prepare before scheduling. \*Inform the client that they will receive a Tax Organizer via a Secure Portal **NOTES:**