

**Ernest L Tomkiewicz CPA PLLC
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Concord, NH 03301
603-228-6106**

TAX CLIENT INTAKE FORM

Part 1 - Personal Information

Your First Name	MI	Last Name	Daytime Phone	US Citizen?
Spouse First Name	MI	Last Name (if different)	Daytime Phone	US Citizen?
Mailing Address		City	State	ZIP
Your DOB	Social Security #	Last year were you: Totally and permanently disabled? Full-time student? Legally Blind?		Your Job Title
Spouse's DOB	Social Security #	Last year was your spouse: Totally and permanently disabled? Full-time student? Legally Blind?		Spouse's Job Title

Can anyone claim you or your spouse as a dependent? Y

Have you, your spouse or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? Y

Have you received a new license since last year? Y

Has your bank account information changed for this year? (if using direct deposit or electronic funds withdrawal)

If yes, please provide:

Bank routing number	Bank account number	Bank name	Account type
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Part 2 - Household Information

	Single	Married	Divorced	Widowed	Legally Separated
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As of December 31st 2020, what was your marital status?

If married, did you get married in 2020? Y N

If divorced, date of final decree: Y N

If widowed, year of spouses death: Y N

If separated, date of maintenance decree: Y N

List below:

- everyone who lived with you last year (other than your spouse)
- anyone you supported but did not live with you last year

First name (and last if different)	DOB	Relationship	Months in home	US Citizen?	Single or married	Full-time student last year?	Disabled?
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1

Social Security Number

3

Social Security Number