KULANTIC TAX

TAX PREPARATION INTAKE FORM

Tax Year: _____
Date: _____
Prepared By: _____

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1. TAXPAYER INFORMATION

Legal First Name: _____

Middle Name: _____

Last Name: _____

Preferred Name: _____

Social Security Number / ITIN: _____

Date of Birth: _____

Occupation: _____

Marital Status:
☐ Single
☐ Married Filing Jointly
☐ Married Filing Separately
☐ Head of Household
☐ Qualifying Surviving Spouse

Phone: _____

Email: _____

Current Address:

_____

_____

City: _____ State: _____ ZIP: _____

_____

2. SPOUSE INFORMATION

Legal First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number / ITIN: _____

Date of Birth: _____

Occupation: _____

Phone: _____

Email: _____

_____

3. DEPENDENTS

Dependent Name	SSN/ITIN	Date of Birth	Relationship	Months in Home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did anyone else claim or attempt to claim any of your dependents?
☐ Yes ☐ No

Did you pay for childcare so you could work or look for work?
☐ Yes ☐ No

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4. INCOME

Please check all sources of income received during the tax year.

☐ W-2 wages
☐ Unemployment compensation
☐ Social Security / Railroad Retirement
☐ Pension / Retirement income
☐ IRA distributions
☐ 1099-NEC / Contract income
☐ 1099-MISC income
☐ 1099-K / Payment platform income
☐ Interest income
☐ Dividend income
☐ Stock / investment sales
☐ Cryptocurrency / digital asset activity
☐ Rental income
☐ Business income

☐ Alimony received
☐ Gambling / gaming winnings
☐ Foreign income
☐ Other: _____

EMPLOYMENT

Employer: _____

W-2 Received: ☐ Yes ☐ No

Employer: _____

W-2 Received: ☐ Yes ☐ No

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5. SELF-EMPLOYMENT / BUSINESS

Did you own or operate a business?
☐ Yes ☐ No

Business Name: _____

Business Type: _____

Business Address: _____

Federal EIN: _____

Description of Business: _____

BUSINESS EXPENSES

☐ Advertising
☐ Vehicle / Mileage
☐ Contract Labor
☐ Insurance
☐ Legal / Professional Fees
☐ Office Expenses
☐ Rent / Lease
☐ Supplies
☐ Telephone / Internet
☐ Travel
☐ Utilities
☐ Equipment / Assets
☐ Other: _____

Approximate Gross Business Income: $_____

Approximate Business Expenses: $_____

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6. HOME, RENTAL & REAL ESTATE

Did you own a home during the tax year?
☐ Yes ☐ No

Did you buy or sell a home?
☐ Yes ☐ No

Did you receive mortgage interest information?
☐ Yes ☐ No

Did you pay real estate taxes?
☐ Yes ☐ No

Did you own or operate a rental property?
☐ Yes ☐ No

Rental Property Address:

_____

_____

7. DEDUCTIONS & EXPENSES

Check all that apply.

☐ Mortgage interest
☐ Property taxes
☐ State/local income taxes
☐ Charitable contributions
☐ Medical expenses
☐ Student loan interest
☐ Educator expenses
☐ Retirement contributions
☐ Health Savings Account (HSA)
☐ Self-employed health insurance
☐ Business expenses
☐ Other deductible expenses: _____

_____

8. TAX CREDITS

Check any that may apply.

☐ Child Tax Credit
☐ Credit for Other Dependents
☐ Earned Income Tax Credit
☐ Child & Dependent Care Credit
☐ Education Credits
☐ Retirement Savings Contributions Credit
☐ Residential Energy / Clean Energy Credits
☐ Electric Vehicle / Clean Vehicle Credit
☐ Adoption Credit
☐ Foreign Tax Credit
☐ Other: _____

9. EDUCATION

Did you, your spouse, or a dependent attend college or another eligible educational institution?

☐ Yes ☐ No

Student Name: _____

Institution: _____

Tuition statement received? ☐ Yes ☐ No

Scholarships / grants received? ☐ Yes ☐ No

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10. HEALTH INSURANCE

Did anyone on the return have health insurance through the Marketplace?

☐ Yes ☐ No

Form 1095-A received?
☐ Yes ☐ No ☐ Not Applicable

Did you contribute to an HSA?
☐ Yes ☐ No

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11. RETIREMENT

Check all that apply.

☐ Traditional IRA contribution
☐ Roth IRA contribution
☐ 401(k) / 403(b)
☐ Pension
☐ Social Security
☐ IRA distribution
☐ 401(k) / retirement distribution
☐ Required minimum distribution
☐ Other: _____

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12. BANKING / DIRECT DEPOSIT

Would you like your refund directly deposited?
☐ Yes ☐ No

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

Account Holder Name: _____

Please verify all banking information carefully before submitting this form.

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13. PRIOR-YEAR TAX INFORMATION

Did you file a federal tax return last year?
☐ Yes ☐ No

Did you file a state tax return last year?
☐ Yes ☐ No

Prior-Year Adjusted Gross Income: $_____

Did you receive a refund last year?
☐ Yes ☐ No

Did you owe taxes last year?
☐ Yes ☐ No

Do you have a copy of your prior-year tax return?
☐ Yes ☐ No

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14. IRS / STATE NOTICES

Did you receive any letters or notices from the IRS or state tax agency?

☐ Yes ☐ No

If yes, please provide copies of all notices.

Notice Type / Description:

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15. DOCUMENT CHECKLIST

Please provide applicable documents.

☐ Government-issued identification
☐ Social Security cards / ITIN documentation
☐ Prior-year tax return
☐ W-2 forms
☐ 1099-NEC
☐ 1099-MISC
☐ 1099-K
☐ 1099-INT
☐ 1099-DIV
☐ 1099-B
☐ 1099-R
☐ SSA-1099
☐ Unemployment statement
☐ Mortgage interest statement
☐ Property tax information
☐ Tuition / education forms
☐ Childcare provider information
☐ 1095-A
☐ HSA documentation
☐ Business income & expense records
☐ Rental property records
☐ Charitable contribution records
☐ IRS/state notices
☐ Other: _____

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16. ADDITIONAL INFORMATION

Please provide any information that may affect your tax return. (Any financial products, IP Pin, Etc.)

17. TAXPAYER CERTIFICATION

I certify that the information I have provided on this intake form is true, correct, and complete to the best of my knowledge. I understand that I am responsible for providing accurate and complete information and supporting documentation for the preparation of my tax return.

I understand that this intake form is used to collect information for tax preparation and does not by itself constitute a completed tax return.

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

KULANTIC USE ONLY

Client ID: _____

Return Type: ☐ Federal ☐ State ☐ Both

Documents Received: ☐ Complete ☐ Incomplete

Missing Documents:

Preparer Notes:

Preparer Signature: _____

Date: _____

Reviewer: _____

Date Completed: _____