

# Spencers Tax Service 2023 Tax Intake Form

**Filing Status:**    Single                                       Married Filing Joint                                       Married Filing Single  
                                  Head of Household                                       Qualifying Widower

## ADDRESS

Street & Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ School District \_\_\_\_\_

## TAXPAYER

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Email \_\_\_\_\_  
Work Ph \_\_\_\_\_ Cell/Other \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_ Occupation \_\_\_\_\_  
Drivers license # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## SPOUSE

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Email \_\_\_\_\_  
Work Ph \_\_\_\_\_ Cell/Other \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_ Occupation \_\_\_\_\_  
Drivers license # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Preferred Method of Contact:      Email      Phone       Text

## DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)

First, Middle Initial, Last Name	Student?	D.O.B	Social Security #	Disabled?	Relationship
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT & RETIREMENT INFORMATION**

#	Yes	No	
1.			Are you employed?
2.			Are you contributing to a 401(k), 403(b), or other pre-tax account?

**CHILD CARE**

Child care expenses paid \$ \_\_\_\_\_

Provider name: \_\_\_\_\_ Provider EIN: \_\_\_\_\_

Address: \_\_\_\_\_

**BASIC QUESTIONS**

Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)

#	Check	
1.		Did your marital status change from the prior year?
2.		Did you change your address from last year?
3.		Any change in your dependents from last year?
4.		Did you have children under 19 (or 24 if a full time student) who had more than \$2,200 in total unearned income?
5.		Did you pay any adoption expenses?
6.		Did you provide over half the support for someone you aren't claiming as a dependent?
7.		Are you being claimed or eligible to be claimed as a dependent on someone else's return?
8.		Did you purchase, sell or refinance your primary residence?
9.		Have you been notified by the IRS of changes to a previously submitted tax return, or received any other IRS or state notices?
10.		Did you make any gifts over \$15,000 to any individuals?
11.		Did you buy and/or sell any virtual currency (i.e. Bitcoin, Ether, Roblox, etc.)? If so, please provide all transaction details to preparer

**Details:**

## INCOME

#	Check	
1.		W-2 Income
2.		Interest and/or Dividends
3.		Tax Exempt Interest and/or Dividends
4.		Taxable refunds, credits or offsets (including prior year state refunds)
5.		Business income (self-employment Income) *If "yes" please fill out Schedule C worksheet and provide financials
6.		Stock sales (capital gains)- <b>(MAKE SURE ALL BASIS INFO IS PROVIDED)</b>
<b>Amount of any capital loss carry forward from 2021 \$ _____</b>		
7.		Any other assets sold or any other gains or losses
8.		Rental real estate income * If "yes" please fill out Schedule E worksheet
<b>Amount of any passive activity loss carry forward from 2021 \$ _____</b>		
9.		K-1's (1120S, 1065, 1041)
10.		Unemployment
11.		Social Security income
12.		Foreign income
13.		Other income: Please list: _____

## ADJUSTMENTS TO INCOME

Please check any of the following that apply to you and/or your spouse:

#	Check	
1.		Educator expenses (teaching expenses)
2.		Health Savings Account deductions
3.		Moving expenses (active military only, service related)
4.		Contributions to SEP, SIMPLE, and other qualified plans
5.		Self-Employed health insurance
6.		IRA contributions
7.		Student loan and/or tuition & fees deduction (you or your dependents)
8.		Alimony (Applies ONLY to divorce decrees effective prior to 1/1/19)
Alimony paid \$ _____ (paid to whom?)		
Name/SS# _____		

## ESTIMATED PAYMENTS MADE FOR 2020 RETURN (or refunds from a prior year applied to current)

\$	Fed	Date	Qtr
\$	Fed	Date	Qtr
\$	Fed	Date	Qtr
\$	Fed	Date	Qtr
\$	State	Date	Qtr
\$	State	Date	Qtr
\$	State	Date	Qtr
\$	State	Date	Qtr

**E-FILE / FILING INFO -- REFUND / PMT INFO**

How do you want any refund send to you? MUST CHECK ONE	
<input type="checkbox"/>	Checking Account
<input type="checkbox"/>	Savings Account
<input type="checkbox"/>	Paper check by mail (could take several weeks)
Routing #	
Account #	

#	Yes	No	
1.			Did you take money from a 401(k), IRA or other pre-tax account 2020?
2.			Did you make charitable contributions in 2022? If yes, how much? \$ _____

**Special Information for the Tax Preparer**

#	Yes	No	
1.			Is there something "Unique" that the preparer should pay special attention to or know?
If yes, describe:			