

SPENCER'S TAX SERVICE INTAKE FORM 2026

FILING STATUS

Check only one:

- Single Married Filing Jointly Married Filing Separately
 Head of Household Qualifying Surviving Spouse (Widower)

ADDRESS INFORMATION

Current Address: _____

City/State/Zip: _____

County: _____ Township: _____ School District: _____

Did your address change in 2025? Yes No

If Address Changed, Previous Address: _____

Date of Move: _____

TAXPAYER INFORMATION

Full Name: _____

SSN: _____ Date of Birth: _____ Occupation: _____

Phone #: _____ Email: _____

Driver's License/ID #: _____ State: _____

Issue Date: _____ Expiration Date: _____

Were you issued an IRS Identity Protection PIN? Yes No

If yes, provide 6-digit PIN: _____

SPOUSE INFORMATION

Full Name: _____

SSN: _____ Date of Birth: _____ Occupation: _____

Phone #: _____ Email: _____

Driver's License/ID #: _____ State: _____

Issue Date: _____ Expiration Date: _____

Were you issued an IRS Identity Protection PIN? Yes No

If yes, provide 6-digit PIN: _____

DEPENDENT INFORMATION

Name (First & Last)	D.O.B	Social Security #	Relationship	Months at Home	Student?	
_____	_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	_____	YES	NO

Dependent permanently & totally disabled

SECTION 1: CHILD & DEPENDENT CARE EXPENSES

1. Did you pay for childcare or dependent care in 2025? Yes No
2. Provider Details (Required for Tax Credit):
Provider Name: _____ Provider EIN or SSN# _____
Provider Full: _____
Address: _____ Total Paid: _____
3. Which child(ren) from Page 1 attended the care listed above?
Dependent #1 Dependent #2 Dependent #3 Other: _____

SECTION 2: 2025 COMPLIANCE & LIFE EVENTS

1. Did your marital status change during 2025? Yes No
2. Did you receive health insurance through the Marketplace (Exchange)? Yes No
If yes, **provide Form 1095-A.** (Mandatory for filing)
3. At any time during 2025, did you receive, sell, or exchange any digital asset (crypto)?
(If yes, please **provide Form 1099-DA / 1099-B**) Yes No
4. Did you purchase a new, U.S.-assembled vehicle in 2025? Yes No
If yes, provide VIN #: _____
5. Did you pay for any Adoption Expenses in 2025? Yes No
6. Did you provide over half the support for someone not claimed as a dependent on your tax return? Yes No
7. Will you be claimed as a dependent on someone else's return? Yes No
8. Have you been notified by the IRS or State regarding changes made on a prior year return? Yes No
9. Did you gift any individual more than \$19,000 in 2025? Yes No
10. Did you have a financial interest in a foreign bank account? Yes No

SECTION 3: EMPLOYMENT & INCOME

1. Were you or your spouse employed in 2025? (**Provide ALL W-2s**) Yes No
2. Did you receive Overtime Pay in 2025? Yes No
If yes, **provide Final 2025 Pay Stub or Employer Statement.**
3. Did you receive Tips in 2025? Yes No
Cash/unreported tips. Total Amount: \$ _____
4. Did you receive Interest Income? (**Provide 1099-INT**) Yes No
5. Did you receive Dividend Income? (**Provide 1099-DIV**) Yes No
6. Did you receive Unemployment Compensation? (**Provide 1099-G**) Yes No
7. Did you receive Social Security or RR Retirement? (**Provide SSA-1099 Form**) Yes No
8. Did you have any Gambling Winnings (**Provide W2G Form**) Yes No
Losses? (Provide amount of losses \$ _____)
9. Did you receive Jury Duty Pay? Yes No
Please provide any Form 1099-G or statement received for jury duty.

SECTION 4: BUSINESS & SUPPLEMENTAL INCOME CHECKLIST

1. Did you have Self-Employment, Gig, or Freelance income? (Schedule C) Yes No
(e.g., Uber/Lyft, Etsy, Consulting, 1099-NEC)
2. Did you have Rental Property income or expenses? (Schedule E) Yes No
3. Did you have any Farming or Agricultural income? (Schedule F) Yes No
4. Did you receive any income from a Partnership, S-Corp, or Trust? Yes No
If yes, provide Schedule K-1.

[] I have attached a detailed breakdown of all business/rental/farm income and expenses for the 2025 tax year.

SECTION 5: ADJUSTMENTS TO INCOME

1. Did you contribute to a Traditional IRA (not through work)? Yes No
> If yes, amount: \$_____
2. Did you contribute to a Health Savings Account (HSA)? Yes No
> If yes, amount contributed **OUTSIDE** of payroll: \$_____
3. Did you withdraw money from your HSA? (**Provide 1099-SA Form**) Yes No
4. Did you pay Student Loan Interest? (**Provide 1098-E Form**) Yes No
> If yes, amount: \$_____
5. Teachers: Did you pay for unreimbursed classroom supplies? Yes No
> If yes, amount: \$_____

SECTION 6: DEDUCTIONS & EXPENSES

1. Did you have substantial unreimbursed medical or dental expenses? Yes No
If yes, amount: \$_____
- Note: Only expenses exceeding 7.5% of your income are deductible.
2. Did you make any charitable contributions (cash or non-cash)? Yes No
If yes, amount: \$_____
3. Did you pay mortgage interest or property taxes on your home? Yes No
If yes, provide Form 1098

SECTION 7: HOME ENERGY CREDITS

1. Did you install Energy Efficient Improvements? Yes No
If yes, please check all that apply and provide the COST of MATERIALS:
 Windows (\$_____) Exterior Doors (\$_____) Insulation (\$_____)
2. Did you install a Heat Pump, Heat Pump Water Heater, or Central A/C? Yes No
> If yes, please check all that apply and provide total cost (Materials + Labor):
 Heat Pump (\$_____) Heat Pump Water Heater (\$_____) Central A/C (\$_____)
3. Did you install Solar Panels or Battery Storage? Yes No - If yes, total cost of system: \$_____ > Note: For all energy items, please Provide the Contract/Receipt and the 17-character Product Identification Number (PIN).

SECTION 8: REFUND & BANKING INFORMATION

Direct Deposit is the fastest and most secure way to receive your refund. Paper checks are being phased out by the IRS.

1. How would you like to receive your 2025 federal and state refund?
 Direct Deposit (Fastest - Usually less than 21 days)
 Please use the SAME banking information as last year.
(Only check this if your bank and account numbers have NOT changed)
 My banking information **HAS CHANGED**. Please use the new info below:
Name of Bank: _____
Account Type: Checking Savings
Routing Number (9 digits): _____
Account Number: _____ OR
 Prepaid Debit Card (Expect delays of 6+ weeks)

CLIENT SIGNATURE(S)

By signing below, I/we declare that the information provided in this intake form is true, correct, and complete to the best of my/our knowledge.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

CLIENT NOTES: Is there anything else you want your tax preparer to know? Use this space to provide details on complex life events, new business ventures, specific questions, or items you are unsure about.