

ACCUplus Financial Services, Inc. Intake Form

Please print your name and indicate any **new changes** in tax info.

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

If new client, please provide Social Security #'s:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Phone #'s: \_\_\_\_\_ (Home/Cell) Spouse Cell: \_\_\_\_\_

E-mail \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Do you have an Identity Theft #? \_\_\_\_\_ If so, we will need this information.

- 1) Filing Status - Single, Married, Head of Household, Married Filing Separately, QSS (Qualifying Surviving Spouse)
- 2) Own Home \_\_\_\_\_ Rent \_\_\_\_\_ Live with Others \_\_\_\_\_ If rent, we need landlord name, address & amount.
- 3) Did you receive any unemployment? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Same direct deposit account as last year? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) Any energy efficient improvements to your home? If yes, \_\_\_\_\_ \$ \_\_\_\_\_
- 6) Any New Dependents:

Name	Date of Birth	Soc. Sec. Number	Relationship	# Of months lived w/you.
_____	_____	_____	_____	_____

**For Office Use Only-**

Date Received - \_\_\_\_\_ Staff Initials \_\_\_\_\_

Drop Off \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_ Online Portal \_\_\_\_\_

Given to Preparer - \_\_\_\_\_ Staff Initials \_\_\_\_\_