

New Tax Client Assessment Thank you for your interest in becoming Brandt & Associates, P.C.'s newest Individual Tax Client. In order to create the most seamless Onboarding Process possible, our Team has devised the following Intake Form. It is designed to gather the most pertinent information required for our Firm to successfully build your New Client File. Please take a few moments to complete the assessment. Keep in mind that any sensitive information you enter is protected by double-end encryption and will be used solely for the purpose of Tax Preparation.

1. Today's Date: _____
2. Please select your Filing Status from the following options:
 Single
 Married filing separately
 Married filing Jointly
 Head of Household
 Qualifying Widow(er)
3. Taxpayers who are assigned a Theft Protection PIN have typically been victims of identity theft. The IRS generally notifies a taxpayer when they have been assigned an additional PIN. Has anyone in your household been assigned an IRS Theft Protection PIN?
 a. YES No PIN: _____
4. Primary Taxpayer Information
 - a. What is your FULL LEGAL NAME? _____
 - b. Enter your Social Security Number: _____
 - c. What is your Occupation? _____
 - d. What is your Date of Birth? _____
 - e. Mobile Phone Number: Please include Area Code _____
 - f. Email Address: _____
 - g. Can anyone claim you as a Dependent? YES NO
5. Spouse Information
 - a. Are you currently Married? YES NO I became a Widow(er) during this Tax Year, I am Divorced, and my divorce was finalized during this Tax Year
 - b. Please enter the date your divorce was finalized: _____
 - c. Please enter the date of your Spouse's death: _____
 - d. What is your Spouse's FULL LEGAL NAME? _____
 - e. Enter your Spouse's Social Security Number: _____
 - f. What is your Spouse's Occupation? _____
 - g. What is your Spouse's Date of Birth? _____
 - h. Spouse Mobile Number (Please include the Area Code) _____
 - i. Spouse Email Address: _____
6. Residency Information
 - a. Do you rent or own your home? RENT OWN
 - b. Street Address: _____
 - c. Apartment Number: _____
 - d. City: _____ County: _____ State: _____ ZIP: _____
 - e. Did you reside in any other states for more than SIX MONTHS during the current Tax Year? YES NO
 - f. In which additional State or States did you reside? _____



g. Please enter the time periods you spent in each State: _____

9. Dependent #1 Information

- a. Do you plan to claim Dependents this Tax Year? YES NO
- b. Did you receive Advanced Child Tax Care Payments in 2020? YES NO
- c. What is your Dependent's FULL LEGAL NAME? _____
- d. Dependent Date of Birth: _____
- e. Enter the Dependent's Social Security Number: _____
- f. What is this Dependent's Relation to you? _____
- g. I am LEGALLY able to claim this Dependent: YES NO
- h. Would you like to add additional Dependents? YES NO

10. Dependent #2 Information

- a. What is Dependent #2's FULL LEGAL NAME? _____
- b. Dependent #2 Date of Birth: _____
- c. Enter Dependent #2's Social Security Number: _____
- d. What is Dependent #2's Relation to you? _____
- e. I am LEGALLY able to claim Dependent #2: YES NO

11. Dependent #3 Information

- a. What is Dependent #3's FULL LEGAL NAME? _____
- b. Dependent #3 Date of Birth: _____
- c. Enter Dependent #3's Social Security: _____
- d. What is Dependent #3's Relation to you? _____
- e. I am LEGALLY able to claim Dependent #3. YES NO

12. Dependent #4 Information

- a. What is Dependent #4's FULL LEGAL NAME? _____
- b. Dependent #4 Date of Birth: _____
- c. Enter Dependent #4's Social Security Number: _____
- d. What is Dependent #4's Relation to you? _____
- e. I am LEGALLY able to claim Dependent #4: YES NO

13. Dependent #5 Information

- a. What is Dependent #5's FULL LEGAL NAME? _____
- b. Dependent #5 Date of Birth: _____
- c. Enter Dependent #5's Social Security: _____
- d. What is Dependent #5's Relation to you? _____
- e. I am LEGALLY able to claim Dependent #5: YES NO

14. Dependent #6 Information

- a. What is Dependent #6's FULL LEGAL NAME? _____
- b. Dependent #6 Date of Birth: _____
- c. Enter Dependent #6's Social Security Number: _____
- d. What is Dependent #6's Relation to you: _____
- e. I am LEGALLY able to claim Dependent #6: YES NO



14. Stocks/Investments

a. YES NO

b. Information on Stocks/Investments:

15. Do you have Market Place Insurance?

a. YES NO

16. 21/22 Banking Information

a. Both State and Federal Taxing Agencies allow for the Direct Deposit of Refunds, as well as the ability to make Automatic Tax Payments, when applicable. In order to facilitate those transactions, it is our policy to collect Banking Information from each Client.

Brandt & Associates, P.C. may also use this information for billing purposes. You are free to opt out of electronic transfers upon completion of your Tax Return, if you choose to do so.

Bank Name: _____

Bank Account Number: _____

Nine-Digit Bank Routing Number: _____

17. Approval & Acknowledgments

Yes, I attest to the accuracy of my submission. I hereby certify that the information I have provided to Brandt & Associates, P.C. is accurate to the best of my ability. I understand that in the event the information I provided was incorrect, Brandt & Associates, P.C. will work with me to find a resolution, but is not responsible for any delays the errors may have caused. I further certify that I have made no false claims with regard to my identity.

SIGNATURE: _____

I grant Brandt & Associates, P.C. my express approval to prepare and file taxes on my behalf. I understand that following my submission of this form, a representative of Brandt & Associates, P.C. will create a digital file containing the information I have provided here today. I also acknowledge that it is my responsibility to provide Brandt & Associates, P.C. with the documentation required to file my taxes in a timely manner.

SIGNATURE: _____

