CLIENT INTAKE FORM

DROP OFF DATE: ____________________

STAFF: ____________________

Office use only

FULL NAME ____________________

SSN ____________________ **DOB** ____________________

SPOUSE'S NAME ____________________

If not applicable, write N/A

SSN ____________________ **DOB** ____________________

ADDRESS ____________________

CITY ____________________ **STATE** ____________________ **ZIP** ____________________

PHONE # ____________________

EMAIL ____________________

*** Email will be our main form of contact. Please make sure your information is correct & current.*

NUMBER OF DEPENDENTS ____________________

CHANGES FROM LAST YEAR? ____________________

***Possible changes to mention: martial status, moved, children changes/adoption, checking account, changed jobs, retired, etc.*

Completing the information below helps prevent delays and allows us to process your tax return as efficiently as possible. (See pg 3)

1. **DID YOU HAVE ANY OVERTIME?** ____________________
2. **DID YOU PURCHASE AN AMERICAN MADE VEHICLE THIS YEAR?** ____________________
3. **DO YOU HAVE A IRS IP PIN?** ____________________
4. **DID YOU RECEIVE HEALTH INSURANCE VIA THE MARKETPLACE?** ____________________

FOR DIRECT DEPOSIT INFORMATION, PLEASE CONFIRM WE HAVE YOUR ACCURATE BANK ROUTING & ACCOUNT #:

ROUTING # ____________________ **ACCOUNT #** ____________________

OTHER ____________________

____

QUESTIONS? ____________________

____

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Lockshield Partners Accounting Services
501 W Main Street, Suite A
Glasgow, KY 42141
270.651.3013
ACCOUNTING@LOCKSHIELDPARTNERS.COM

***Continue to page 2*

The following is a list of possible documents to include when gathering information for drop-off/appointment:

GENERAL TAXABLE INCOME

__________ W-2 Form(s) for wages, salaries and tips

__________ 1099 Income Statement(s)

BUSINESS INCOME

__________ Business Income and expenses

__________ Rental income and expenses

__________ Farm income and expenses

__________ Form K-1 income from partnerships, trusts and S-Corporations

TAX ESTIMATE PAYMENTS CHECKLIST

__________ Estimated tax payments made with ES Vouchers

	Federal Payments	***Date Paid***	***State Payments***	***Date Paid***
Q1				
Q2				
Q3				
Q4				

ITEMIZED DEDUCTIONS

__________ Medical Expenses

__________ Property and/or vehicle taxes

__________ Home Mortgage interest (Form 1098)

__________ Charitable donations (Cash & Non-Cash)

Cash Amount: ____________________ Non Cash Amount: ____________________

OTHER

__________ IRA Contributions

__________ Student loan interest paid

__________ Child care expenses

__________ Education expenses for you, spouse and/or dependent(s)

__________ Copy of last year's tax return (for new clients only)

__________ Other: ____

***This list is not all-inclusive. If you have questions regarding a particular expense or document, feel free to include said items & we will incorporate if needed.*

CLIENT INTAKE FORM INSTRUCTIONS FOR 1-4

______	1	If you have overtime income for the year, please provide your last pay stub of the year. In addition, if you received any raises during the year, we will also need a pay stub from *before* each raise to ensure your wages and withholding are reported accurately. *The One Big Beautiful Bill is a tax and labor reform package aimed at increasing take-home pay. Overtime earnings could be excluded from federal income tax, limits apply.* https://www.irs.gov/newsroom/one-big-beautiful-bill-act-tax-deductions-for-working-americans-and-seniors
______	2	If you purchased or placed into service a **new American-made vehicle** during the tax year, please provide the following with your client intake documents: • Purchase agreement or bill of sale • Vehicle Identification Number (VIN) • Date the vehicle was placed in service • Confirmation that the vehicle qualifies as **U.S.-manufactured**, final assembly in the USA • Interest paid for vehicle loan https://www.irs.gov/newsroom/one-big-beautiful-bill-act-tax-deductions-for-working-americans-and-seniors
______	3	If you receive an IRS Identity Protection PIN (IP PIN), please provide it with your tax return documents. An IP PIN is a six-digit number issued by the IRS to help prevent identity theft by verifying that you are the authorized filer of your tax return. If an IP PIN has been issued to you, the IRS will reject your return if it is not included at the time of filing. *https://www.irs.gov/identity-theft-fraud-scams/retrieve-your-ip-pin*
______	4	If you receive **Form 1095-A (Health Insurance Marketplace Statement)**, please be sure to include it with your tax return documents when submitting your information. This form is required to accurately prepare your tax return and reconcile any premium tax credits. Missing this document may delay filing or processing. Login to your Marketplace portal to retrieve this tax document. *https://www.irs.gov/forms-pubs/about-form-1095-a*