Get Smart Tax

Client Intake Sheet

(734) 437-1888

Name ______________________ Phone ______________________ email ______________________

SSN ______________________ DOB ______________________ Occupation ______________________

Spouse ______________________ Phone ______________________ email ______________________

Spouse SSN ______________________ Spouse DOB ______________________ Spouse Occupation ______________________

Address ______________________________________ ☐ Own ☐ Rent Referred by ______________________

Filing Status: ☐ Single ☐ Married ☐ Someone else is claiming me on their return ☐ New Client ☐ Returning Client

Dependents (additional on back) 1. Name______________ SSN__________ DOB__________ Relationship__________ Months in Home ______

2. Name______________ SSN__________ DOB__________ Relationship__________ Months in Home ______

3. Name______________ SSN__________ DOB__________ Relationship__________ Months in Home ______

☐ Direct Deposit Bank Name______________ Routing #______________ Account #______________ Account Type: ☐ Checking ☐ Savings

Did you receive your 3rd stimulus payment of $1,400 per person? ☐ Yes ☐ No ☐ Did not receive full amount

DO YOU HAVE ANY OF THE FOLLOWING

☐ Health Insurance purchased through the Marketplace ☐ Rental property ☐ Foreign bank account ☐ Day Care Expenses ☐ Small business

☐ Income not reported on the enclosed documents ☐ Farm ☐ Student Loan Interest ☐ Charitable Contributions

TAXPAYER'S STATEMENT

I certify that all the above information is true and correct and should be used in completing my tax return. Also, I state that I am qualified to file this return using the filing status selected above. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government. I am aware that Get Smart Tax LLC may do tax work for ex-spouses, children who are the age of majority, live-ins and other family members. I give informed consent to transparency should any matter of conflict of interest develop. I understand that without my consent Capstone Tax & Financial will not disclose any of the information on my tax return.

Your Signature ***X*** ______________________ Spouse Signature ***X*** ______________________ Date ***X*** ______________ Appointment ________@______

☐ Driver's License DL #______________________ Issued__________Exp__________State________DOB__________

☐ Driver's License DL #______________________ Issued__________Exp__________State________DOB__________

	Total amount received between July 2021 and December 2021 as Advance Child Tax Credit payments? (generally $250-$300 per child per month) $____________

THIS SIGNED FORM CAN BE FAXED TO GET SMART TAX AT 734-632-0899
OR UPLOADED TO OUR SECURE PORTAL AT WWW.GETSMARTTAX.COM

Get Smart Tax

Name ______________________________

Tax Year ____2021__

Tax Checklist

- ☐ Prior year's tax return (new clients)
- ☐ Driver's License
- ☐ Birthdates and social security numbers
- ☐ Records of estimated tax payments made
- ☐ W-2 Statements
- ☐ All 1099 statements
- ☐ K-1 Statements from estates, trusts, etc.
- ☐ Year-end statements for mutual fund and brokerage accounts
- ☐ Last pay stub and last pension statement
- ☐ Foreign bank & retirement statements
- ☐ Contributions to IRA or HSA
- ☐ Property taxes paid, vehicle registration paid
- ☐ Student loan interest paid (Form 1098E)
- ☐ Tuition paid to a college/university (Form 1098T)
- ☐ State and local income taxes paid
- ☐ Mortgage interest paid (Form 1098)
- ☐ Charitable contributions - cash totals & non-cash valuations, totaled
- ☐ Childcare expenses and provider's name, address, and SSN or EIN
- ☐ Alimony received or paid--if paid, need payee's SSN
- ☐ Marketplace medical insurance: 1095 forms
- ☐ Medical expenses and insurance premiums paid
- ☐ Closing statements for home purchase or sale
- ☐ Cost and date of purchase of any business property or investments sold
- ☐ Rental/Business/Farm income & expenses, basis of property and improvements, depreciation info (worksheet on website)
- ☐ Dependent Information: Name, DOB, & SSN

If we see ways to reduce your taxable income going forward, do you wish us to review that with you?

☐ Yes ☐ No

If we can make your Medicare payments lower or decrease the taxation of your Social Security benefits, do you wish us to show you?

☐ Yes ☐ No

If we can decrease the amount of taxes you are paying on your current investments or dividends, do you wish us to point out how to do so?

☐ Yes ☐ No

In the event of your disability, do you have a Power of Attorney document in place so that a loved one may handle your taxes and other financial affairs?

☐ Yes ☐ No

Going forward, what is your greatest concern regarding your tax returns?

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17310 Farmington Rd, Livonia, MI 48152 • (734) 437-1888 • info@GetSmartTax.com • www.GetSmartTax.com

Get Smart Tax

Consent for Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I/We request and authorize Michael J. Park, ATP, and Get Smart Tax LLC to use tax return information contained in my/our federal income tax returns and supporting schedules for 2021 for the purpose of providing to the taxpayer(s):

- Information that may be of interest to the taxpayer.
- Tax advice, including tax planning, discussion of investments, and other aspects of your financial life.
- Newsletters, including email updates, of Get Smart Tax LLC and from our affiliates.
- Press releases and published articles of Get Smart Tax LLC.
- Upcoming seminars, webinars, and webcasts.
- Get Smart Tax LLC announcements.

________________________	________________________
Taxpayer Name	Spouse Name
________________________	________________________
Taxpayer Signature	Spouse Signature
________________________	________________________
Taxpayer Date	Spouse Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Get Smart Tax

Consent for Disclosure of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I/We request and authorize Michael J. Park, ATP, and Get Smart Tax LLC to disclose tax return information contained in my/our federal income tax returns and supporting schedules for 2021 to **Making Investing Personal** and **Avantax Wealth Management**, and their affiliates, for the purpose of providing to the taxpayer(s) an evaluation of the taxpayer's financial situation and to provide the taxpayer with information about various tax planning strategies and financial services products, which may include, but is not limited to: individual and business tax planning, estate and gift tax planning, business consulting, bookkeeping services, retirement planning, investment advice, investment products and services (e.g., stocks, bonds, mutual funds, insurance, and annuities) and long-term care and life insurance.

______________________________	______________________________
Taxpayer Name	Spouse Name
______________________________	______________________________
Taxpayer Signature	Spouse Signature
______________________________	______________________________
Taxpayer Date	Spouse Date

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