

# Income Tax Preparation Intake Form

Please bring W-2s, unemployment papers, health insurance paper, Form 1099s, student information, mortgage information if any, social security cards for everyone, business or self-employed information if any, last tax return, moving expense if any, and any related tax documents. This form can be faxed to 978-560-1244. For more information, please visit [www.heankheng.com](http://www.heankheng.com).

**Name**

First

Last

**Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Phone****Email****Date of Birth****Social Security Number****Sex**☒ Male ☐ Female**Disabled?**☐ Yes ☒ No**Full Time Student?**☐ Yes ☒ No**Marital Status**☒ Single ☐ Married ☐ Divorced ☐ Widow(er)**Filing Status**☒ Single ☐ Married Filing Joint ☐ Married Filing Separate ☐ Head of Household ☐ Widow(er)**Occupation****Name of Spouse**

First

Last

**Phone****Email****Date of Birth****Social Security Number****Sex****Disabled?**☐ Yes ☒ No

Male

**Full Time Student?**

☐ Yes ☒ No

**Occupation**

**1. Name of Dependent**

First

Last

**Date of Birth**

**Social Security Number**

**Relationship to You**

**Disabled?**

☐ Yes ☒ No

**If 19 or Older, Student?**

☐ Yes ☒ No

**Months Lived with You**

**2. Name of Dependent**

First

Last

**Date of Birth**

**Social Security Number**

**Relationship to You**

**Disabled**

☐ Yes ☒ No

**If 19 or Older, Student?**

☐ Yes ☒ No

**Months Lived with You**

**3. Name of Dependent**

First

Last

**Date of Birth**

**Social Security Number**

**Relationship to You**

**Disabled**

☐ Yes ☒ No

**If 19 or Older, Student?**

☐ Yes ☒ No

**Months Lived with You**

**4. Name of Dependent**

First

Last

**Date of Birth**

**Social Security Number**

**Relationship to You**

**Disabled**

☐ Yes ☐ No

**If 19 or Older, Student?**

☐ Yes ☐ No

**Months Lived with You**

**Name of Daycare (If any)**

First

Last

**Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Federal ID or Social Security Number**

**Phone**

**Amount Paid**

*Enter a total payment for the entire year.*

**Dependent in Daycare**

☐ Dependent 1 ☐ Dependent 2 ☐ Dependent 3 ☐ Dependent 4

**Health Insurance**

☐ Yes ☐ No

**Name of Insurance**

**Federal ID Number**

**Subscriber Number**

**12 Months Coverage?**

☐ Yes ☐ No

**If not 12 months, then how many months coverage?**

**Do you rent or own a home?**

**How much is the rent or mortgage a month?**

**If you don't pay rent or mortgage, please explain.**

**Other information**

*Use this space to add any comments.*

**Signature (sign after it is printed out)**

**Date**

**Signature (sign after it is printed out)**

**Date**