

COLACINO TAX

INCOME TAX RETURN SPECIALISTS

NEW CLIENT INDIVIDUAL INTAKE FORM

Filing status: Single Married filing joint Married filing separate Head of household

Main contact: Taxpayer Spouse

Taxpayer

Spouse (if applicable)

SS#		
First name		
Last name		
Occupation		
Date of birth		
Daytime phone #		
Cell phone #		
Email address		

If filing status is married filing joint, and taxpayer and spouse mailing addresses are different, both addresses are required.

Taxpayer address Apt#

City County State ZIP

Spouse address Apt#

City County State ZIP

Bank information Checking Savings

Bank name

Routing # Account #

Please provide SS# for each dependent.

First name	Last name	DOB	SS#	Relationship

529 contribution total amount \$ State issued