

COLACINO TAX

INCOME TAX RETURN SPECIALISTS

RETURNING CLIENT INDIVIDUAL INTAKE FORM

Filing status: Single 1 Married filing joint 2 Married filing separate 3 Head of household 4

Main contact: Taxpayer Spouse

	Taxpayer	Spouse (if applicable)
SS# (Last 4 digits only)		
First name		
Last name		
Daytime phone #		
Cell phone #		
Email address		

Taxpayer address: provide only if you moved since last filing

Taxpayer address _____ Apt# _____

City _____ County _____ State _____ ZIP _____

Bank information: if same as last filing, provide account number only

Checking Savings

Bank name _____

Routing # _____ Account # _____

Please provide SS# for **new dependents only**; existing dependents indicate “# on file”

First name	Last name	DOB	SS#	Relationship

529 contribution total amount \$ _____ State issued _____