



Client Intake Form – Calendar Year 2014

Personal Information (please list names as they appear on your U.S. social security card)					
1. Your First Name	Middle Initial	Last Name		Your SSN - -	
2. Spouse's First Name	Middle Initial	Last Name		Spouse's SSN - -	
3. Mailing Address			City	State	Zip Code
4. Phone Number Home: _____ Cell: _____				5. Email	
6. Your Date of Birth	7. Your Occupation		8. Are you Legally Blind? ^(circle)		Yes No
			9. Totally and Permanently Disabled? ^(circle)		Yes No
10. Spouse's Date of Birth	11. Spouse's Occupation		12. Is Spouse Legally Blind? ^(circle)		Yes No
			13. Totally and Permanently Disabled? ^(circle)		Yes No
14. Can your parents or someone else claim you or your spouse on their tax return? ^(circle)					Yes No

Family and Dependent Information							
15. As of December 31, 2014, your marital status was:							
<input type="radio"/> Single <input type="radio"/> Married: Did you live with your spouse during any part of the last six months of 2014? Yes No <input type="radio"/> Divorced or Legally Separated: Date of final decree or separation maintenance agreement _____ <input type="radio"/> Widowed: Year of spouse's death: _____							
16. Below, list the names of everyone who lived in or outside of your home that you supported during 2014.							
Name (First, Last)	Date of Birth mm/dd/yy	Relationship (i.e. son, daughter)	# of months you provided support	SSN	Single as of 12/31/2014 (yes/no)	Full-time student (yes/no)	Received over \$3650 in income (yes/no)

Income – Did you (or your spouse) have any of the following in 2014?

1. Wages or Salary? Yes ___ No ___ (If yes, please submit form(s) W-2)
2. Tip Income? Yes ___ No ___ (If yes, please write amount _____)
3. Scholarships? Yes ___ No ___ (If yes, please submit form(s) W-2, 1098-T)
4. Interest/Dividends from: checking/savings accounts, bonds, CDs or brokerage? Yes ___ No ___
(If yes, please submit form(s) 1099-INT, 1099-DIV, 1099-OID)
5. Refund of state/local income taxes used as a deduction on a prior 1040 Sch. A? Yes ___ No ___
(If yes, please submit form(s) 1099-G)
6. Alimony Income? Yes ___ No ___ (If yes, please write amount and payee SSN _____)
7. Self-Employment Income/Loss (i.e. owning a small business)? Yes ___ No ___
(If yes, please submit form(s) 1099-MISC and request add'l form from me)
8. Income (gain/loss) from the sale of stocks, bonds or real estate? Yes ___ No ___
(If yes, please submit form(s) 1099-B)
9. Disability Income (such as payments from SSA)? Yes ___ No ___
(If yes, please submit form(s) W-2, 1099-R)
10. Distributions from pensions, annuities and/or IRAs? Yes ___ No ___ (If yes, please submit form(s) 1099-R)
11. Unemployment Compensation? Yes ___ No ___ (If yes, please submit form(s) 1099-G)
12. Social Security or Railroad Retirement Benefits? Yes ___ No ___ (If yes, please submit form(s) SSA-1099)
13. Income (profit/loss) from Rental Property? Yes ___ No ___ (If yes, please request add'l form from me)
14. Other income? (i.e. gambling, awards, prizes) Yes ___ No ___ (If yes, please specify _____)

Expenses - Did you (or your spouse) have any of the following in 2014?

1. Alimony? Yes ___ No ___ (If yes, please provide the recipient's SSN _____ - - -)
2. Contributions to a retirement account? Yes ___ No ___
(If yes, please specify the type of account and amount _____)
3. Educational expenses paid for you, your spouse or dependents? (i.e. tuition, books, fees) Yes ___ No ___
(If yes, please write amount _____)
4. Unreimbursed employee business expenses? (i.e. mileage) Yes ___ No ___
(If yes, please write amount _____)
5. Unreimbursed moving expenses? (i.e. vehicle shipment, pet shipment, storage) Yes ___ No ___
(If yes, please write amount _____)
6. Medical expenses? Yes ___ No ___ (If yes, please write amount _____)
7. Home mortgage interest? Yes ___ No ___ (If yes, please write amount shown on Form 1098 _____)
8. Charitable contributions? Yes ___ No ___ (If yes, please write amount _____)
9. Child/dependent care expenses paid while you and your spouse worked or looked for work? Yes ___ No ___
(If yes, please submit statement from provider)

Other Information – Did you (or your spouse) have any of the following in 2014?

1. Have a Health Savings Account? Yes ___ No ___ (If yes, submit form(s) 5498-SA, 1099-SA)
2. Had mortgage or credit card debt forgiven/cancelled by a commercial lender? Yes ___ No ___
(If yes, please submit form 1099-C)
3. Bought a home? Yes ___ No ___ (If yes, please submit your HUD-1 settlement statement)
4. Have Earned Income Credit disallowed in a prior year? Yes ___ No ___
(If yes, please write the tax year _____)
5. Live in an area that was affected by a natural disaster? Yes ___ No ___
(If yes, please write where _____)
6. Pay any student loan interest? Yes ___ No ___ (If yes, please write amount _____)
7. Did you, and the members of your household, have minimum essential health coverage for the entire year?
Yes ___ No ___ (If not, circle the months you or your family members were NOT covered)
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
8. Make estimated tax payments or apply last year's refund to your 2014 tax? Yes ___ No ___
(If yes, please write amount _____)
9. If you are due a refund, would you like a direct deposit? Yes ___ No ___ (If yes, please provide the following; Bank Name _____
Routing Number _____ Account Number _____)
Circle Account Type: Checking Savings

How did you hear about Ingram Financial Management? _____

*To better serve you, please provide me with a copy of your completed 2013 income tax return.
Thank You!*

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