



INDIVIDUAL TAX CLIENT INTAKE FORM

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (Home / Cell / Work)

Email: _____

Date of Birth: _____ Social Security Number: _____

- Filing Status: Single or Married filing separately
 Married filing jointly or Qualifying widow(er)
 Head of household

❖ If filing jointly, please complete below info for spouse:

Spouse Legal Name: _____

Spouse Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (Home / Cell / Work)

Email: _____

Date of Birth: _____ Social Security Number: _____

❖ Do you have dependents? (Yes / No) If yes, please list dependents you are claiming:

Legal Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Legal Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Legal Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

If you need additional lines for dependents, please list all info for them on a separate sheet.

❖ Please upload the last tax return filed in order for ARCC to create an estimate.