

# SAUNDERS ACCOUNTING SERVICES INTAKE FORM

3571 CARTHAGE RD. WEST END, NC 27376 Phone: (910) 400-5134 | office@saundersaccounting.org

| Personal Information   |                         |   |  |   |   |   |
|--|-------------------------|---|--|---|---|---|
| Your Name  | Date of Birth           | SSN   | Occupation   | US Citizen  | Legally Blind   | Totally/Permanently Disabled                                |
|  |                         |   |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Spouse's Name  | Date of Birth           | SSN   | Occupation   | US Citizen  | Legally Blind   | Totally/Permanently Disabled                                |
|  |                         |   |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Mailing Address  |                         |   | Apt #  | City  | State   | Zip Code  |
|  |                         |   |  |   |   |   |
| Home/Primary Phone   |                         | Cell Phone  |  | E-mail  |   |   |
|  |                         |   |  |   |   |   |
| Filing Status  |                         | Return Copy Option  |  | Notification of Tax Return Status   |   |   |
| <input type="checkbox"/> Single<br><input type="checkbox"/> Married- <input type="checkbox"/> Jointly <input type="checkbox"/> Separate<br><input type="checkbox"/> Head of Household<br><input type="checkbox"/> Qualifying Widow |                         | <input type="checkbox"/> E-mail<br><input type="checkbox"/> Pick-up |  | <input type="checkbox"/> Phone<br><input type="checkbox"/> E-mail<br>If by phone, is it okay to leave a voicemail with details of your file? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| Dependent Information  |                         |   |  |   |   |   |
| <i>List the name of everyone below who lived in your home and outside your home during the last tax year.</i>  |                         |   |  |   |   |   |
| Name (first, last)   | Date of Birth           | SSN   | Relationship to you  | Full-time student   | Daycare Expenses  |   |
|  |                         |   |  |   |   |   |
|  |                         |   |  |   |   |   |
|  |                         |   |  |   |   |   |
|  |                         |   |  |   |   |   |
|  |                         |   |  |   |   |   |
| In the event of a refund would you like a paper check or direct deposit?   |                         |   |  |   |   |   |
| <input type="checkbox"/> Receive refund by check   |                         |   | <input type="checkbox"/> Receive refund by direct deposit    |   |   |   |
| Bank Information   |                         |   |  |   |   |   |
| Bank Name  | 9- Digit Routing Number |   | Bank Account Number  |   | Account Type  |   |
|  |                         |   |  |   | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings |   |
| In the event of tax owed would you like to mail a check or to pay through direct deposit?  |                         |   |  |   |   |   |
| <input type="checkbox"/> Paper mail  |                         |   | <input type="checkbox"/> Make payment through direct deposit |   |   |   |
| Bank Information   |                         |   |  |   |   |   |
| Bank Name  | 9- Digit Routing Number |   | Bank Account Number  |   | Account Type  |   |
|  |                         |   |  |   | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings |   |

| Questionnaire  |   |
|--|---|
| How did you hear about us? If you were referred, by who? |   |
| How will you pay for tax preparation fees?               | <input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check   |
| Are you interested in any of the other service we offer? |   |
| <input type="checkbox"/> Bookkeeping                     | <input type="checkbox"/> Payroll <input type="checkbox"/> Sales Tax <input type="checkbox"/> Tax Planning |