



# Individual Tax Return Intake Form

Please complete all applicable fields.

## Section 1: Personal Information

Full Legal Name (First, Middle, Last) \_\_\_\_\_

SSN / ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Filing Status (check one)  Single  Married Filing Jointly  Married Filing Separately  
 Head of Household  Qualifying Widow(er)

Did your marital status change in the past year?  Yes  No

If yes, explain \_\_\_\_\_

Were you a U.S. citizen or resident all year?  Yes  No Driver's License # \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Section 2: Spouse Information (if applicable)

Full Legal Name (First, Middle, Last) \_\_\_\_\_

SSN / ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Spouse a U.S. citizen or resident all year?  Yes  No Driver's License # \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Section 3: Dependents

Full Legal Name (First, Middle, Last) \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Lived with you all year?  Yes  No Full-time student?  Yes  No Disabled?  Yes  No

Full Legal Name (First, Middle, Last) \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Lived with you all year?  Yes  No Full-time student?  Yes  No Disabled?  Yes  No

Full Legal Name (First, Middle, Last) \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Lived with you all year?  Yes  No Full-time student?  Yes  No Disabled?  Yes  No

## Section 10: Acknowledgement

I certify that the information provided and any supporting documents is true, correct, and complete to the best of my knowledge. I understand that my tax return will be prepared based solely on the information I provide and that Movement CPA or Hensley Bookkeeping and Tax will not audit or verify the data supplied.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

