

Please fill out the form completely and fax or email to us along with all tax documents, IDs and SSN cards.

FAX- 1-888-501-8550 OR EMAIL US - INFO@ALLDATATAX.COM



ALL DAT TAX & BUSINESS SERVICES
CLIENT INTAKE SHEET FOR TAX YEAR 2023

FILING STATUS:

SINGLE ☐ HEAD OF HOUSEHOLD ☐ MARRIED/JOINTLY ☐ MARRIED/SEPARATELY ☐ WIDOW(ER) ☐

TAXPAYER FULL NAME AS IT APPEARS ON YOUR SS CARD:

SPOUSE NAME AS IT APPEARS ON SS CARD:

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBERS:

TELEPHONE NUMBERS:

HOME _____

HOME _____

CELLULAR _____

CELLULAR _____

WORK _____

WORK _____

SOCIAL SECURITY NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

OCCUPATION: _____

OCCUPATION: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

Bank Routing Number: _____

Bank Routing Number: _____

Bank Account Number: _____

Bank Account Number: _____

DEPENDENTS

DEPENDENT NAME	SSN#	DOB	RELATIONSHIP

☐ Check box if you would like your fees deducted from your refund. By doing this, you are allowing All Dat Tax to check the financial Management System (FMS) on your behalf for any outstanding debt that may be deducted from the refund due to you.

☐ I choose not to have my fees deducted from my return. I choose to pay my fees at the time of service, for completion of my tax return. I understand that All Dat Tax and Business Services REQUIRE ALL FEES PAID AT THE TIME OF SERVICE.

TAXPAYER SIGNATURE _____ SPOUSE SIGNATURE _____



All Dat Tax Business Services

INFORMATION FOR YOUR TAX PREPARER

Please Answer Each Question That Applies to you

NOTE: Additional Space Provided If Needed

Please Answer Y (Yes) or N (No)

INCOME INFORMATION	DEDUCTIONS	PAY OUT OF POCKET
How Many W2's do you have? _____	Do you have Mortgage Interest (1098)? _____	Did you owe the State last Year? _____
Did you receive Unemployment? _____	Did you pay Real Estate Taxes? _____	Did you pay the State? _____
Did you receive all 3 Stimulus? _____	Did you Pay Vehicle Tax? _____	Did you pay Alimony? _____
Did you receive any Misc. 1099? _____	Did you pay Tithes? _____	Did you file taxes last year? _____
Do you have Rental Property? _____	Did you get a 1099 C? _____	Did you receive a Refund last year? _____
Do you receive Social Security? _____	Did you have an Air BNB? _____	Do you Owe the IRS? _____
	Did you attend College (10981)? _____	Have you received any letters from the IRS? _____

CHILDCARE EXPENSES
Do you have Childcare expenses?
Name of Childcare Provider?
Address:
Federal ID Number:
Amount:
MISC. INFO
Are you a Armed Forces Reservist?
Are you part of a business Partnership or Corporation

Taxpayer's
Signature: _____

Spouse
Signature: _____

SCHEDULE C (PROFIT/LOSS FROM BSUINESS) ACKNOWLEDGEMENT

Name of Sole Proprietor/Self-Employed Individual:
Social Security/Employee ID Number:
Define Goods and Services Offered:
Business Name (If none leave blank):
Business Address:
Date you started or acquired this business:

INCOME INFORMATION

Gross Income \$
Do you have evidence to support the income reported?
If yes, is the evidence documented (1099, Receipts, logs)?

EXPENSE INFORMATION

Do you have evidence to support your deductions?		
If yes, is the evidence documented (1099, receipts, logs)?		
ADVERTISING COST: \$		COMMISSIONS/FEES: \$
CAR AND TRUCK EXPENSES:		SUPPLIES: \$
Business Mileage:		OFFICE EXPENSES: \$
	Daily Miles (Round Trip)	PROFESSIONAL FEES: \$
	Days Per Week	TAX/LICENSES: \$
	Weeks Per Year	RENTAL EXPENSES
BUSINESS RELATED T&E EXPENSES: \$		Machinery/Equipment: \$
Total Cost of Contract Labor (You must file form 1099-MIS report contract labor of \$600 or more during the year:		Other Business Property: \$
\$	DESCRIPTION	COST
REPAIRS AND MAINTENANCE: \$		
OVERNIGHT TRAVEL EXPENSES: \$		

I certify that the above information is accurate and true to the best of my knowledge. I acknowledge that Iam responsible for the information provided (income & expenses of my business). I also acknowledge that Iam responsible for any omission made in completion of this form.

TAXPAYER SIGNATURE _____ DATE _____ SPOUSE SIGNATURE _____ DATE _____



ACKNOWLEDGEMENT

Please read the following statements and sign below.

I or we acknowledge that the information submitted to All Dat Tax and Business Services to prepare my or our tax return can be substantiated by receipts, canceled checks and other documentations.

This information provided to All Dat Tax and Business Services is true, accurate and complete to the best of my or our knowledge.

I or we also understand that in the event of an audit, that I or we are responsible for gathering all necessary information for the audit. I or we also, understand that I or we may request the assistance of All Dat Tax and Business Services in helping to put such information together for the IRS or Department of Revenue.

I or we also, understand, that as a taxpayer, I or we are responsible for my or our own tax return and that I or we can't hold All Dat Tax and Business Services harmless for any misrepresentation of information. I or we may have provided to the preparer.

I/we have received and read this statement of the company's private policy and understand that I/we tax return information is kept confidential between All Dat Tax and Business Services and my or we and that I must submit written authorization to All Dat Tax and Business Services before any copy or fax of my return(s) information will be released to any outside party. (Example: mortgage company, financial institutions, educational institutions, etc.)

***PRIVACY ACT:** We reserve the right to use your contact information to email, text, call or mail you with advertisement or promotional materials.

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____