



New Client Intake Form

Thank you for choosing Money Management Associates to complete your income tax return this year. We are confident that you will be completely satisfied with our services and we look forward to having you as a valued client now and into the future. Please complete the information below and return it with your tax documents (w-2's, 1099 retirement statements, interest/dividend statements, social security statements, etc.) Please know that we are required by law to keep a copy of your identifying documents in our files. These documents along with a copy of your tax return are securely locked up and are available only to the individual who is preparing your return and other office personnel on a need to access/see basis. A copy of our privacy statement is included with your final tax return packet. Feel free to discuss this or any other tax preparation matter with one of the staff.

How did you hear about us? Homeowner Mailer Website Street Sign Newspaper Ad

Referred by: _____ Other: _____

Taxpayer Name (Must provide picture ID) _____

Social Security Number (Must have copy of card) _____

Birthday (mm/dd/yy): _____

Home Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Employer _____ Occupation _____

Employer's Address _____

Employers Phone Number _____

Spouse's Name (Must provide picture ID) _____

Social Security Number (Must have copy of card) _____

Birthday (mm/dd/yy): _____

Home Address: (If different from Taxpayer) _____

Home Phone (if different from Taxpayer) _____ Cell _____ Work _____

Email _____

Employer _____ Occupation _____

Employer's Address _____

Employers Phone Number _____

Information on Dependent(s)

1. Name: _____

SSN (must provide copy of the card): _____

Birthday (mm/dd/yy) _____

2. Name: _____

SSN (must provide copy of the card): _____

Birthday (mm/dd/yy) _____

3. Name: _____

SSN (must provide copy of the card): _____

Birthday (mm/dd/yy) _____

Do you Own/Rent/Other where you lived during the tax year: _____

Additional sources of income besides regular employment (i.e. own a business, rental property, stocks, alimony, partnership, other). If so, please list each item separately

Did you maintain health insurance for the entire year? _____

If not, how many months were you without health insurance coverage? _____

Signature and Disclaimer

The information and documents that I have provided with this intake form to MMA to complete my tax return is true, accurate, and complete to the best of my knowledge. I recognize that it is my/our responsibility and I/we agree to maintain all back up records, documentation, statements. etc. to justify any item that is entered on my tax return and will hold MMA harmless should I fail to do so or that it is later determined that I did not report a required item.

Signature: _____ Date: _____

Spouse: _____ Date: _____