



PLEASE ATTACH COPY OF DRIVERS LICSE OR STATE ID AND ALL THAT APPLES:

W-2, 1099, 1099G, 1099R, 1098, 1098T, 6419, 6475, ETC..

Tax Preparation Intake Form

Tel: 347-619-2621 Fax: 718-504-4602

MLFinanaceservices@gmail.com

MLubin@MLFinegroup.com

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Charge: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse First Name: \_\_\_\_\_ Spouse Last Name: \_\_\_\_\_

Spouse's SS#: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email \_\_\_\_\_

Your Driver License# or Non-Driver ID# \_\_\_\_\_ State: \_\_\_\_\_ Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

\* Doc # on Back of license or Bottom right of License: \_\_\_\_\_

Spouse's Driver License# or Non-Driver ID# \_\_\_\_\_ State: \_\_\_\_\_ Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

\* Doc # on Back of license or Bottom right of License: \_\_\_\_\_

Filing Status: Check or Circle One:

YOU CURRENTLY OWE THE IRS YES OR NO? IF YES HOW MUCH

- Married Joint Tax Return
- Married Filing Separate
- Single
- Head of Household

\$ \_\_\_\_\_

DO YOU CURRENTLY OWE THE STATE YES OR NO? IF YES, HOW MUCH

\$ \_\_\_\_\_

Dependents:

Name	Social Sec	Date of Birth	Relationship

Child Care Provider Name: \_\_\_\_\_

Tax ID# \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

\* ONLY FOR NYS LICENSE AND STATE ID, the 8 or 10-digit number on the lower right corner of your license, permit or non-driver ID, or on the back if it was produced after January 28, 2014



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**VERY IMPORTANT IF YOU HAVE, YOU MUST INCLUDE WITH PAPERWORK:**

*\* IF NOT REPORTED THIS CAN DELAY THE REFUND FROM 16 TO 90 WEEKS*

Did you earn overtime pay during the tax year?  Yes  No  Unsure

- If yes, was your overtime pay itemized separately from regular wages?  Yes  No  Unsure

**College Education Expenses:**

Tuition Amount Paid: \$ \_\_\_\_\_ STUDENTLOAN(S) Amount Paid in Total: \$ \_\_\_\_\_

Will You Purchase a Home within the next 2 years:  Yes  No?

Do you have Health insurance?  Yes  No

Check the following that applies:

1095-A\*  1095-B or 1095-C

**\*If it is a 1095-A, THIS MEANS YOU HAD INSURANCE FROM MARKET PLACE; PLEASE ATTACH**

To Receive Your Refund through Direct Deposit Please Complete the Following (attach voided check):

Bank Name: \_\_\_\_\_

Routing# \_\_\_\_\_ Account# \_\_\_\_\_  Checking  Savings

To Receive Your Refund on a Debit Card or Bank Check Please Check Which One you prefer below:

Pre-Paid Debit Card

Bank Check

To Receive Your Refund as an ADVANCE PAYMENT, check Yes or No:

YES  NO

**\*\* Please read next section for details on Advance Loan.**

I hereby certify that the above statements are true and correct to the best of my knowledge

Signature \_\_\_\_\_

Date \_\_\_\_\_



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Please note that our service fee is independent of any garnishments imposed on the individual or business by federal or state governments due to past due obligations. The fee for our services remains constant and is not influenced by any deductions or withholdings mandated by government authorities. Our fee structure is solely based on the services provided and is not adjusted in response to any external financial obligations or garnishments that the client may incur.

**CHECK LIST:**

Single/Married/Registered Domestic Partner/H.H	<b>YES</b>	<b>N/A</b>	Children	<b>YES</b>	<b>N/A</b>
W-2	<b>YES</b>	<b>N/A</b>	1099	<b>YES</b>	<b>N/A</b>
Other Income	<b>YES</b>	<b>N/A</b>	Stock Sales	<b>YES</b>	<b>N/A</b>
Interest Dividend Income	<b>YES</b>	<b>N/A</b>	Pension, Social Security Income	<b>YES</b>	<b>N/A</b>
Unemployment	<b>YES</b>	<b>N/A</b>	Student/Teacher	<b>YES</b>	<b>N/A</b>
Business Checking	<b>YES</b>	<b>N/A</b>	Record of all Income	<b>YES</b>	<b>N/A</b>
Payroll Forms 940,940 &DE3	<b>YES</b>	<b>N/A</b>	Receipts for Expenses	<b>YES</b>	<b>N/A</b>
Invoices	<b>YES</b>	<b>N/A</b>	Payment by Cash/Cash Journal	<b>YES</b>	<b>N/A</b>
Payment by Check/Cash/Credit Card	<b>YES</b>	<b>N/A</b>	Income Deposited/Bank Statements	<b>YES</b>	<b>N/A</b>
Cash Expense	<b>YES</b>	<b>N/A</b>	Business Expense	<b>YES</b>	<b>N/A</b>
Bookkeeping QuickBooks/Excel	<b>YES</b>	<b>N/A</b>	Mortgage Interest	<b>YES</b>	<b>N/A</b>
Property Taxes/Residential Energy Credits	<b>YES</b>	<b>N/A</b>	Auto Registration Renewal	<b>YES</b>	<b>N/A</b>
New Car/Boat Purchase	<b>YES</b>	<b>N/A</b>	IRA Retirement Contributions	<b>YES</b>	<b>N/A</b>
Health Savings Account	<b>YES</b>	<b>N/A</b>	Moving Expenses	<b>YES</b>	<b>N/A</b>
Earned Income Credit	<b>YES</b>	<b>N/A</b>	Work related expenses	<b>YES</b>	<b>N/A</b>
Business Equipment	<b>YES</b>	<b>N/A</b>	Automobile Mileage Log	<b>YES</b>	<b>N/A</b>
Charitable Donations	<b>YES</b>	<b>N/A</b>	Medical Expenses	<b>YES</b>	<b>N/A</b>
Rental Property	<b>YES</b>	<b>N/A</b>		<b>YES</b>	<b>N/A</b>



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**OFFICE PRIVACY POLICY**

We know that the privacy of your personal and tax return information is important to you. We are committed to safeguarding the privacy of your information and want you to know the protective measures we take.

**Non-Public Information We Collect**

To prepare and process your tax return we collect certain non-public information from you. We collect the following kinds of information. Personal information you submit to us such as your name, address, social security number, phone number, and information about your family and dependents. Financial information we receive from you or a third party such as your earnings, employment, tax withholding, interest income, and potential deductible expenses such as mortgage interest paid. In the event that you pay with a credit card we collect your card number, card type and expiration date, and the name, address, and phone number of the credit card holder.

**Information Security**

We maintain physical, electronic, and procedural security measures that comply with applicable legal and regulatory standards to safeguard your non-public personal information. Access to such information is restricted to those employees who are trained in proper handling of client information and have a legitimate business need to access the information.

**Information We Disclose**

Affiliated and non-affiliated third parties may be given access to your information such as permitted by law or upon your expense authorization to process the transactions which you have engaged us to perform. For example, we send tax return information to the Internal Revenue Service and, as appropriate, state, and local taxing authorities. We may submit your information to a data processing company under contract with us to electronically process and transmit your information to the Internal Revenue Service or other taxing authority. If you pay by credit card, your credit information will be shared with the credit card processing company and subject to their privacy policy. And, if you have given us written consent at the time, we prepare your tax return, we solicit you for other services which we may offer.

**Our Commitment**

Because Privacy is important, we pledge to work with you to protect and safeguard the security of your personal customer information.

## Expense Report

DBA or Name & Address: \_\_\_\_\_

Year of Expenses: \_\_\_\_\_

EIN#: \_\_\_\_\_

Advertising	
Amortization	
Bad Debts	
Bank Charges	
Charitable Contributions	
Commissions	
Contract Labor	
Depreciation	
Dues and Subscriptions	
Employee Benefit Programs	
Insurance	
Interest	
Legal and Professional Fees	
Licenses and Fees	
Miscellaneous	
Office Expense	
Payroll Taxes	
Postage	
Rent	
Repairs and Maintenance	
Supplies	
Telephone	
Travel	
Utilities	
Total Millage	
Vehicle Expenses	
Wages	

Taxpayers Name: \_\_\_\_\_

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

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