



# Client Intake Form - 2022 Tax Year

To be prepared by: Bob \_\_\_ Jason \_\_\_ Joshua \_\_\_ Not Sure \_\_\_ Date: \_\_\_\_\_

**New Client**-In order to protect your information please return this completed form to a member of the MA Team, upload it to SmartVault, our secure online client portal, or mail to: Management Accounting, 18 Middle St Brunswick, ME 04011  
How did you hear about Management Accounting? \_\_\_\_\_

**Returning Client** -SSN fields can be left blank. Completed form without SSNs can be returned to a member of the MA Team, uploaded to our secure online client portal, emailed to office@mainebecounters.com or mailed to the address listed above. \*Please be sure to add DOB and SS# for any dependent born during the current tax year.

<b>Tax payer name: (First, MI, Last)</b>		<b>Social Security Number:</b>		<b>Date of Birth:</b>	
Home Phone:			Cell:		
Address:			City:	State:	Zip:
Taxpayer's Email:			Occupation:		

Filing Status:     Single                                     Married, Filing Jointly                                     Married, Filing Separately  
                                   Head of Household                                     Qualifying Widow                                     UNSURE

<b>Spouse's name:(First, MI, Last)</b>		<b>Spouse's Social Security Number:</b>		<b>Spouse's Date of Birth:</b>	
Home Phone:			Cell:		
Spouse's Email:			Spouse's Occupation:		

Were you divorced or separated in 2022?     Yes     No    \_\_\_\_\_

**TOTAL DEPENDENT CHILDREN:** \_\_\_\_\_

For 4 or more Dependants please use notes field to provide their information.

Child's Full Name (First, Initial, Last)	Date of Birth	Social Security Number	# of Months Lived in home in 2022	Relationship to Tax Payer	Unearned Income of more than \$1,150? (Y/N)

\*\*If a Dependant filed a return in 2022, please provide a copy of the return\*

-Do any of your children have a disability?                                    Yes    No    \_\_\_\_\_  
 -Were there any deaths in the family?                                    Yes    No    \_\_\_\_\_  
 -Is it anticipated that a different taxpayer will seek to claim a child listed above as a Dependant for tax year 2022?                                     Yes    No    \_\_\_\_\_

-Did you pay for child/dependent care in Tax Year 2022?                                    Yes    No    If, yes please provide details below

Provider's Name	Tax ID	ADDRESS	Total Amount Paid in 2022

**OTHER DEPENDENTS WHO LIVE WITH YOU:**

Full Name (First, Initial, Last)	Date of Birth	Social Security Number	# of Months Lived in home in 2022	Relationship to Tax Payer	Income

**BANKING INFORMATION: Used for Direct Deposit of Refund**

Bank Name:	Routing Number	Account Number	Please specify, Checking or Savings

-Did you, or do you plan to, contribute to IRA before 4/18/2023?    **NO**    **YES**, provide total amount: \$ \_\_\_\_\_

-Did you receive the \$850 Relief Payment from the State of Maine in 2022?     **Yes**    **No**     **Unsure**

-Did your Spouse receive the \$850 Relief Payment from the State of Maine in 2022?    **Yes**    **No**    **Unsure**

-Did you receive, sell, send, exchange or acquire any any virtual currency in 2022?    **Yes**    **No**    **Unsure**

-Have you made any estimated payments for the tax year being discussed?    **Yes**    **No**

Estimated Tax Payments — Tax Year 2022				
Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2021 overpayment?		\$		\$
Total		\$		\$

-Did you or your spouse own a business in the tax year being discussed?    **NO**    **YES**    **BOTH**

*Provide details below, for additional businesses add details to the Additional Notes section of this document*

**Business Name:** \_\_\_\_\_

**Owned by:**    **Primary Tax Payer, ownership %** \_\_\_\_\_    **Spouse, ownership %** \_\_\_\_\_

**Who is responsible for bookkeeping for this business?**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**What type of return does the business file? 1040 (Schedule C, Single Member LLC)**     **1065**     **1120S**     **1120**     **Unsure**

**Has a return been filed for the business for the Tax Year 2022?**     **YES**     **NO**    *Please provide K-1s from completed 2022 Tax Return*

**Who is the preparer for the business tax return?**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

-If you own a Schedule C, Single Member LLC, or Farm Business please request our Schedule C Template. If you own Rental Properties, please request our Schedule E Template to provide financial details for 2022, or provide your access to your Quickbooks reports.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Signatures typed or written indicate that all information provided is accurate and Client has agreed to Management Accounting's Engagement Policies. \*Engagement Letter is available on the SmartVault client portal or can be provided upon request.*

