



TAX INTAKE FORM

TAX YEAR

SECURE DOCUMENT NOTICE

Do not email Social Security numbers or banking information. Upload sensitive documents through your secure portal.

RETURN TYPE

☐ Original

☐ Amended

PREFERRED CONTACT

☐ Email

☐ Phone

☐ Text

1. CLIENT INFORMATION

Legal names as shown on Social Security cards

TAXPAYER

Full legal name

SSN

Date of birth

Email

Mobile

Occupation

SPOUSE (IF FILING JOINTLY)

Full legal name

SSN

Date of birth

Email

Mobile

Occupation

CURRENT MAILING ADDRESS

Street

City

State

ZIP

2. FILING STATUS & RESIDENCY

Select the option that applies for this tax year

Filing status

☐ Single

☐ Married filing jointly

☐ Married filing separately

☐ Head of household

☐ Qualifying surviving spouse

☐ Can be claimed by someone else

☐ Taxpayer/spouse served in U.S. military

States lived/worked in

☐ Taxpayer legally blind

☐ Spouse legally blind

3. DEPENDENTS

Include children and other qualifying dependents

Full legal name	SSN	DOB	Relationship	Months	Student	Disabled
					☐	☐
					☐	☐
					☐	☐
					☐	☐

4. REFUND & PAYMENT PREFERENCE

Complete only if you expect a refund or want direct deposit

☐ Direct deposit

☐ Apply refund to next year

☐ Paper check by mail

Bank name

Routing #

Account #

☐ Checking

☐ Savings

Please verify bank information carefully before signing your return.



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5. WHAT APPLIES THIS YEAR?

Check every item that applies to either taxpayer or spouse

- | | |
|---|--|
| ☐ Moved or changed mailing address | ☐ Paid college tuition or student loan interest |
| ☐ Marital status changed or spouse died | ☐ Paid childcare / dependent care expenses |
| ☐ Added/removed a dependent or custody changed | ☐ Had foreign income, accounts, or financial assets |
| ☐ Bought, sold, or refinanced a home or other real estate | ☐ Owned or operated a business / side gig |
| ☐ Received an IRS or state tax notice | ☐ Owned rental property or received royalty income |
| ☐ Had Marketplace health insurance (Form 1095-A) | ☐ Claiming business mileage or a home office |
| ☐ Bought, sold, exchanged, or received digital assets / cryptocurrency | ☐ Made federal or state estimated tax payments |
| ☐ Sold stocks, bonds, mutual funds, or other investments | ☐ Have mortgage interest, property tax, charitable gifts, or large medical expenses |
| ☐ Took a retirement distribution, rollover, or Roth conversion | ☐ Received an inheritance, trust distribution, or large gift |
| ☐ Contributed to or used an HSA | ☐ Received income not reported on a tax form |

If any item is checked, upload the related documents. We may request a short supplemental worksheet.

6. DOCUMENT CHECKLIST

Upload only documents that apply to you

- | | |
|---|---|
| ☐ Government-issued photo ID (taxpayer & spouse) | ☐ 1098-T / 1098-E / education records |
| ☐ W-2 wage statements | ☐ Childcare provider name, address, EIN/SSN & amount paid |
| ☐ 1099-NEC / 1099-MISC / 1099-K | ☐ Business P&L, balance sheet (if applicable), mileage & asset purchases |
| ☐ 1099-INT / 1099-DIV / brokerage 1099-B | ☐ Rental income/expense summary and new asset purchases |
| ☐ 1099-R / SSA-1099 / pension statements | ☐ Proof of federal/state estimated tax payments |
| ☐ Schedule K-1s | ☐ Charitable contribution receipts / itemized deduction support |
| ☐ Form 1095-A (Marketplace insurance) | ☐ IRS IP PIN notice or other IRS/state correspondence |
| ☐ Form 1098 mortgage interest / closing statements | ☐ Prior-year return if McCloud & Associates did not prepare it |

7. BUSINESS / RENTAL QUICK SUMMARY

Skip if not applicable

Business name		EIN		Entity	☐ Sch C	☐ S Corp	☐ Part.
Rentals (#)		Federal estimates paid		State estimates paid		State	

8. NOTES FOR YOUR PREPARER

9. CLIENT CERTIFICATION

I certify that the information and documents I provided are complete and accurate to the best of my knowledge. I understand that McCloud & Associates, Inc. relies on the information I provide, that I am responsible for reviewing my return before filing, and that filing an extension does not extend the time to pay tax due.

Taxpayer signature / typed name	Date	Spouse signature / typed name	Date