Richard Sherrin and Associates Client Intake Form

| 1. Your Name | | | | | | |
|--|---|-----------|---|-----------|-------|------|
| 2. Spouse's Name | | | | | | |
| 3. Mailing Address | | | | | | |
| City | | | _State | ZIP code | | |
| Phone Number | | | _Email | | | |
| Did you move in 2023? | 🗌 Yes | 🗌 No | Do you need to pay a | city tax? | 🗌 Yes | 🗌 No |
| 4. Direct deposit informatio are due one | n for refun | ds if you | Routing number Account number Bank Name | | | |
| 5. Your Date of Birth | | | 6. Your Job Title | | | |
| 7. Spouse's Date of Birth | | | 8. Your Job Title | | | |
| 9. As of Dec 31, 2023 what was your marital status | Never N Married Divorce | | Did you get married i Date of Final decree | n 2023 | ☐ Yes | 🗌 No |
| was your maritar status | | Seperated | Date of seprate main Date of spouse's deat | | cree | |

10. Did you make any estimated payments for this tax year? If so list them below

| | Q1 | Q2 | Q3 | Q4 |
|---------|----|----|----|----|
| Federal | | | | |
| State | | | | |

11. List the dependants you are claiming. If any do not live with you please indicate that.

Do not include youself or spouse

| | Do not menuae yousen of spouse | | | | | | | | |
|---|--------------------------------|---------------|-----|--------------|----------|--|--|--|--|
| | Name (First and last) | Date of Birth | SSN | Relationship | Student? | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

*If you have more than 4 dependents please include the others information

12. If you pay for post tax health insurance and live in ohio please include the amount

13. If you have any business or rental property please have all items totaled and organized. Failure to do so will delay your tax return

14. Did you make any energy efficient improvements to your house (roof, door, window, isulation etc.)

*Please be sure to include a copy of any taxpaper's driver's license.