

INCOME TAX INTAKE FORM

Linette's Tax Service

477 Heilman Circle | Montgomery, PA 17752

**WE WILL NOT START YOUR TAX RETURN UNTIL WE HAVE
ALL OF THE FOLLOWING INFORMATION**

Name _____ Social Security Number _____ Birth Date _____
Spouse Name _____ Social Security Number _____ Birth Date _____
Current Address _____ Phone _____
Occupation For Primary _____ Occupation For Spouse _____

MOVED?

Address _____ Date Resided from _____ to _____ Rent/Own _____
Address _____ Date Resided from _____ to _____ Rent/Own _____

Provide the address and date for other location(s) you lived throughout the year. You may use the back of this form if you have more addresses.

Dependant Name _____ Social Security Number _____ Birth Date _____
Dependant Name _____ Social Security Number _____ Birth Date _____
Dependant Name _____ Social Security Number _____ Birth Date _____
Dependant Name _____ Social Security Number _____ Birth Date _____
Dependant Name _____ Social Security Number _____ Birth Date _____
Dependant Name _____ Social Security Number _____ Birth Date _____

Write additional dependent's information on the back

BANK ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____

Checking
Savings (select one)

Drivers License Number _____ Issue Date _____ Exp Date _____
Drivers License Number _____ Issue Date _____ Exp Date _____

Locality Borough/Township _____ School District _____

Filing Status Change From Previous Year? Status As Of 12/31/22: Single Married Separated Divorced
(select one)

CIRCLE ANY OF THE ITEMS THAT APPLY

- | | | |
|--|--|--|
| <input type="checkbox"/> Interest | <input type="checkbox"/> Marketplace Insurance | <input type="checkbox"/> Royalties |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Stock Sales | <input type="checkbox"/> K-1'S |
| <input type="checkbox"/> College Tuition | <input type="checkbox"/> Rental(s) | <input type="checkbox"/> Property Sale |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Business | |

****ADDITIONAL INFORMATION ON BACK**