AOA PRO SYSTEMS

Client Intake Form

PRIMARY TAXPAYER FULL LEGAL NAME

DATE OF BIRTH

SSN / ITIN

OCCUPATION

PHONE

EMAIL ADDRESS

PREFERRED CONTACT METHOD

CURRENT PHYSICAL ADDRESS

SPOUSE FULL LEGAL NAME (IF APPLICABLE)

SPOUSE DOB

SPOUSE SSN / ITIN

SPOUSE OCCUPATION

Filing Information

- [ ] Single
- [ ] Married filing jointly
- [ ] Married filing separately
- [ ] Head of household
- [ ] Qualifying surviving spouse

Income & Documents Expected

- [ ] W-2 wages
- [ ] 1099-NEC / self-employment
- [ ] 1099-K
- [ ] 1099-R retirement
- [ ] Unemployment
- [ ] Social Security
- [ ] Rental income
- [ ] Stocks / crypto
- [ ] 1095-A Marketplace insurance
- [ ] 1098-T education
- [ ] Childcare expenses
- [ ] Other income

DEPENDENTS - NAMES, DOBS, SSNS, RELATIONSHIP, MONTHS IN HOME

PRIOR-YEAR ISSUES, IRS LETTERS, IDENTITY THEFT, IP PIN, OR OTHER NOTES

Complete all applicable sections. Preparers must independently verify eligibility and retain required due-diligence records.