

TAXIOM SOLUTIONS

admin@taxiomreturns.com | www.taxion-solutions.com

Thank you for choosing Taxiom Solutions. We appreciate the opportunity to serve you.

Client Intake Form

YOUR INFORMATION

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

SPOUSE (If Filing Jointly)

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Phone Number: _____

FILING STATUS (Circle One)

Single | Married Filing Jointly | Married Filing Separately | Head of Household | Qualifying Surviving Spouse

DEPENDENTS (Up to 3)

Dependent 1 Name: _____

Date of Birth: _____ SSN: _____

Dependent 2 Name: _____
Date of Birth: _____ SSN: _____

Dependent 3 Name: _____
Date of Birth: _____ SSN: _____

Marketplace Insurance (1095-A): YES / NO

IP PIN (if issued): _____

Refund Advance (up to \$7,500, if approved): YES / NO

Client Signature: _____

Date: _____

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Consent to Use and Disclose Tax Return Information (IRC §7216)

Federal law requires your written permission before a tax preparer may use or share your tax return information for certain purposes.

By signing below, you authorize Taxiom Solutions to use your tax return information to prepare and electronically file your federal and, if applicable, state income tax returns.

I authorize Taxiom Solutions to use and disclose my tax return information as necessary to provide tax preparation and filing services in accordance with Internal Revenue Code §7216.

Taxpayer Printed Name: _____

Taxpayer Signature: _____

Date: _____