

LFG Tax Services, Ltd
Individual Income Tax Client
In-take Form

Date Received: _____ Received by: _____

Client Name: _____ Client ID: _____

New Client?: Yes No Referred By: _____

Client Phone: (____) _____ - _____ Email: _____

Taxpayer Ohio Driver's Lic # _____ Issue Date: _____ Expires: _____

Spouse Ohio Driver's Lic # _____ Issue Date: _____ Expires: _____

File my returns electronically: Yes No

When returns are completed: Pick Up Mail Client Portal Deliver

Client Copy preferred: Paper Client Portal

Requested date for special circumstance: _____

Does client want tax due withdrawn from bank account? Yes No

Does client want refund direct deposited to bank account? Yes No

If yes to either question: Bank Name: _____

Routing #: _____ Account #: _____

To the best of your knowledge, is all information needed to prepare your tax returns accurately Included?

Yes No

If No, what is missing? _____

Is there anything that changed during the past year that would impact your tax return?

(sale of home, retirement, new job, changes in dependents) Yes No

If yes, please detail:

