

**LFG Tax Services, Ltd**

**New Client**

**In-take Form**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

New Client?: Yes No Referred By: \_\_\_\_\_

TP Name: \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

SP Name: \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

TP Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

SP Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

TP Driver's Lic # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_

SP 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: \_\_\_\_\_

Withdraw amounts due from bank account? Yes No Circle One  
Checking Savings  
Direct deposit refunds to bank account? Yes No Checking Savings

If yes, to either question: Bank Name: \_\_\_\_\_  
Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

2023 Estimated Taxes Paid	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment Applied - 2022						
First Quarter						
Second Quarter						
Third Quarter						
Fourth Quarter						
Total						