TOTAL TAX SOLUTIONS TAX INTAKE FORM DATE:________________

TAX PROFESSIONAL : JOHN CODY IVY CALDER

FILING STATUS: Single Married Joint Married Separate Head of Household Qualified Surviving Spouse

CLIENT INFORMATION :

SOCIAL SECURITY # :______________________________ SOCIAL SECURITY #:______________________________
TAX PAYER NAME :______________________________ SPOUSE NAME:______________________________
OCCUPATION :______________________________ OCCUPATION:______________________________
DATE OF BIRTH :______________________________ DATE OF BIRTH:______________________________
PHONE # :______________________________ PHONE #:______________________________
ADDRESS :______________________________ ADDRESS(if different):______________________________
CITY, STATE, ZIP :______________________________ CITY, STATE, ZIP:______________________________
EMAIL :______________________________ EMAIL:______________________________

DEPENDENTS :(people living in your house)****ARE YOU ADDING OR REMOVING DEPENDENTS**: Y N

FULL NAME	RELATION	DOB	SSN	COLLEGE STUDENT

DOCUMENT INFORMATION:

1. Did you sell, receive, exchange, gift or dispose of any digital assets: Virtual currency? Y N
2. Can you be claimed as a dependent by someone else? Y N
3. Did you make quarterly estimated payments? Y N
4. HSA plan- 1099-SA (distribution) Y N
5. Retirement- 1099-R - Y N **5a.** Social Security- 1099-SA - Y N **5b.** 1099 Railroad - Y N
6. Interest OR Dividends- 1099-INT - Y N 1099-DIV - Y N
7. DayCare Expenses- Y N
8. Did you sell any stock- 1099 B - Y N
9. Gambling wins- W2G - Y N
10. Oil Royalties- 1099-MISC - Y N
11. College Save 529 Plan- 1099-Q - Y N
12. Student Loans- 1098-E - Y N **12a**. Qualified Tuition- 1098-T – Y N
13. Overtime in 2025 Y N **13a.** 2025 FINAL PAYSTUB for OT Y N
14. Third Party Billing 1099-K - Y N
15. Did you sell any property – Y N
16. Unemployment- 1099 G- Y N
17. Marketplace Health Insurance- Form 1095 A Y N

DIRECT DEPOSIT INFORMATION: CHECKING SAVINGS
BANK:____________________ ROUTING #:________________ACCOUNT #:________________

NEW CLIENT: Y N **PRIOR YEARS TAX RETURN PROVIDED**(new clients only): Y N
COPY OF DRIVERS LICENSE PROVIDED: **TAXPAYER:** Y N **SPOUSE:** Y N
BUSINESS TAX RETURN REQUIRED: Y N **BUSINESS NAME**:______________________________