Intake Form	Department of the Treasury - Internal Revenue Service Er									mail Address:			
(Tax Year 2023)	Inta	ntake/Interview and Quality Review Sheet											
You will need: • Tax Information such a • Social Security cards o • Picture ID (such as vali	r ITIN letters f	for all perso	ns on yo			You are	e respor	nsible for t	-4 of this formation.		ur return.	Please pro	vide
Part I – Your Personal Inform	nation (If you a	are filing a jo	oint return,	, enter y	our name	es in the sa	ame orde	er as last ye	ear's return)				
1. Your first name	M.I.		Last name					Best contact number			Are you a U.S. citizen? Yes No		
2. Your spouse's first name	M.I.	Last na	st name Best contact number					umber	Is you ☐ Ye	Is your spouse a U.S. citizen? ☐ Yes ☐ No			
3. Mailing address		-	,			Apt #	City	·			State	ZI	P code
4. Your Date of Birth 5. Your job title					-	were you: d permanently disabled			a. Full-time s			ent Y	-
7. Your spouse's Date of Birth	use's job title	9. Last year, was your spouse:b. Totally and permanently disabled					Yes □ N		l-time stud gally blind	ent			
10. Can anyone claim you or y	our spouse as	a depende	nt?	•					Yes 🔲 N	lo 🔲 Ur	nsure		
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?							es 🔲 No						
12. Provide an email address	(optional) (this	email addre	ss will not	t be use	d for cont	acts from	the Interi	nal Revenu	e Service)				
Part II - Marital Status and	d Household	Information	on										
1. As of December 31, 2023, was your marital status?	ever Married arried	arried (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) a. If Yes, Did you get married in 2023? b. Did you live with your spouse during any part of the last six months of 2023? Yes No											
	□ Di	vorced		-	al decree			, , ,				_	_
☐ Legally Separated Date of separate maintenance decree ☐ Widowed Year of spouse's death													
2. List the names below of:everyone who lived with yanyone you supported but)				If ac		ce is neede			ist on page 3
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	to you (for example: son,	months	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Married as of 12/31/23	Student last year	Totally and Permanently Disabled (yes/no)	Is this	Did this person provide more than 50% of his/	Did this person have less than \$4,700 of income?		Did the taxpayer(s) pay more than half the cost of maintaining a home for this person?
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(903/110)	(yes,no,n/a)		(ycs/110/11/a)	(yes/no)
							1						

Check	Check appropriate box for each question in each section										
Yes	No	Unsure	Part III - Income - Last Year, Did You (or Your Spouse) Receive								
			1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year?								
			2. (A) Tip Income?								
			3. (B) Scholarships? (Forms W-2, 1098-T)								
			4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)								
			5. (B) Refund of state/local income taxes? (Form 1099-G)								
			6. (B) Alimony income or separate maintenance payments?								
			7. (A) Self-Employment income? (Forms 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)								
			8. (A) Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?								
			9. (A) Income (or loss) from the sale or exchange of stocks, bonds, digital assets or real estate? (including your home) (Forms 1099-S, 1099-B)								
			10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)								
			11. (A) Retirement income or payments from pensions, annuities, and or IRA? (Form 1099-R)								
			12. (B) Unemployment Compensation? (Form 1099-G)								
			13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)								
			14. (M) Income (or loss) from rental property?								
			15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.)								
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay								
			1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN?								
			2. Contributions or repayments to a retirement account? IRA (A) Roth IRA (B) 401K (B) Other								
			3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)								
			4. Any of the following? (A) Medical & Dental (including insurance premiums) (B) Mortgage Interest (Form 1098)								
			☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions								
			5. (B) Child or dependent care expenses such as daycare?								
			6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?								
			7. (A) Expenses related to self-employment income or any other income you received?								
			8. (B) Student loan interest? (Form 1098-E)								
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)								
			1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)								
			2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)								
			3. (A) Adopt a child?								
			4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year?								
			5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)								
			6. (A) Receive the First Time Homebuyers Credit in 2008?								
			7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?								
			8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?								
			9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]								

Additional Information and Questions Related to the Preparation	n of Your Ret	urn				
1. Would you like to receive written communications from the IRS in	a language otl	her than En	glish? Yes	☐ No	If yes, which language?	?
Presidential Election Campaign Fund (If you check a box, your tax	or refund will	not change)			
Check here if you, or your spouse if filing jointly, want \$3 to go to t	his fund	☐ You	☐ Spouse			
3. If you are due a refund, would you like: a. Direct deposit				gs Bonds		between different accounts
☐ Yes ☐ No		☐ Yes	□ No		☐ Yes ☐ No	
4. If you have a balance due, would you like to make a payment direction	-			☐ No		
5. Did you live in an area that was declared a Federal disaster area?	_	☐ No	If yes, where?			
Did you, or your spouse if filing jointly, receive a letter from the IRS	5?	☐ Yes	☐ No			
Additional comments						
Contact Information						
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