

2025 Client Intake Form

We must see a Photo ID

Primary Name (as shown on SS Card)				Spouse Name (as shown on SS Card)			
Social Security Number:				Social Security Nu	Date of B	Date of Birth:	
Email Address: Occupation:				Email Address: Occupation:			
Can anyone claim you as a dependent? YES or NO Were you married as if Dec. 31, 2024? YES or NO				If you were married, did you live together? YES or NO If you didn't live together, date separated? (MM/DD/YY)			
Address: City:			City:		State: Zip Code:		:
Phone (Primary)				Phone (Secondary) SS Card: Months in			
Dependents: Name: (as shown on SS Card)	DOB		Sc	ocial Security #	SS Card: Y or N		
1.							
3.							
4.							
·		•		listed above? (Circle			
Did you, one of your dependents, or anyone on your behalf purchase HEALTH INSURANCE FROM THE MARKETPLACE? (circle one) YES or NO							
Do you or your spouse owe the IRS or have Student Loan debt? Who Owes the debt?							
Have you received an Identity Protection Pi	nt (IP PIN) fron	n the IRS?					
Verify Tax Documents Collected W-2(s): 1099(s): 1095-A(s): Other forms:							
Tax Refund Advance: January The Tax Refund Advance is a no f available at participating Jackson H 2025. Loan amounts range from \$25	ee, 0% APR l lewitt location	loan secu ns when y	red by ou file	your tax refund and taxes at Jackson Hewi	tt from Janu	ary 2, 2025 throug	
ALL W-2s and other re final submission to the IRS and to					must be pre	esented to Jackso	on Hewitt for
I understand that I am	only eligible	to apply	for on	e promotion in conn	ection to m	y 2024 income to	ax return.
Icomplete and accurate, my enproviding not match what is shown			(print e held	name) I understar up for processing I	nd the info by the IRS	ormation provid should the infor	ed must be mation I am
Incorrect information will delay yo tax return. If filing your 2025 incornot file this return. If you choose tax return at a cost of \$100 in additional tax owed to the IRS or second	me tax returr to file and lat itional tax pr	and you er find yo eparation	canno ou have n fees. <i>I</i>	t provide all your ince additional information	ome and exp on you will r	penses at this time need to AMEND yo	e, you should our original
By signing below, I certify that all information provided is true, accurate and complete.							
Signature:				Date:			