

CSL Tax Advisors LLC

New Client Intake Form

Name _____ Spouse Name _____

SSN _____ Spouse SSN _____

Birthdate _____ Spouse Birthdate _____

Occupation _____ Spouse Occupation _____

Address _____

Dependents

First & Last Name	SSN	Relationship	Birth Date	Months in Home	Fulltime Student	Disabled	Childcare Expenses
					Y N	Y N	
					Y N	Y N	
					Y N	Y N	
					Y N	Y N	

Child & Other Dependent Care Expenses

Provider's Name	Address	SSN or EIN	Childcare Expenses

How did you hear about us? _____

Do you have any capital loss carryovers? YES NO NOT SURE

Did you choose to report a 2020 retirement distribution over 3 years? YES NO

Please provide a copy of your Picture Id (ex. Front of Driver's License)

Please provide a copy of last year's return.

Please include this form with your drop off documents or to your appointment.

Questions/Comments:
