



**Individual New Client Intake Form**

Taxpayer: \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Cell No.: \_\_\_\_\_ Text: Y / N  
Occupation: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Cell No.: \_\_\_\_\_ Text: Y / N  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Driver's License No.: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Banking Information for E-file: Account Type: Checking / Savings (**attach VOIDED check**)

Bank Name: \_\_\_\_\_ Routing No. \_\_\_\_\_ Acct. No. \_\_\_\_\_

**CHILDREN AND OTHER DEPENDENTS**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Dependent       Lives with You       Child of Divorce       Full Time Student  
 Education Credit       Multiple Support       Files Own Return       Disabled

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Dependent       Lives with You       Child of Divorce       Full Time Student  
 Education Credit       Multiple Support       Files Own Return       Disabled

**Credit Card Authorization Form**

Name on the Card: \_\_\_\_\_  
Type of Card: \_\_\_ Visa \_\_\_ MC \_\_\_ AmEx \_\_\_ Discover  
Account Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Security Code \_\_\_\_\_

**By signing this form, you authorize Merki & Associates PC to charge your card for invoiced tax services**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_