Drop off Date:	**Cashwell Accounting Inc 2021 Tax Return Intake Form**	

You will need:
- **Tax Information such as Forms W-2, 1099, 1098, 1095.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-3 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions please ask at the front desk or call the office 352-242-1001**

Part I – Your Personal Information *(If you are filing a joint return, enter your names in the same order as last year's return)*

1. Your first name	M.I.	Last name	Daytime telephone number	Are you a U.S. citizen? ☐ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? ☐ Yes ☐ No

3. Mailing address	Apt #	City	State	ZIP code

4. Your Date of Birth	5. Your job title	6. Last year, were you:	a. Full-time student ☐ Yes ☐ No
		b. Totally and permanently disabled ☐ Yes ☐ No	c. Legally blind ☐ Yes ☐ No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse:	a. Full-time student ☐ Yes ☐ No
		b. Totally and permanently disabled ☐ Yes ☐ No	c. Legally blind ☐ Yes ☐ No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☐ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☐ No

Part II – Marital Status and Household Information

1. As of December 31, 2021, what was your marital status?
   - ☐ Never Married
   - ☐ Married
   - ☐ Divorced
   - ☐ Legally Separated
   - ☐ Widowed

(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2021? ☐ Yes ☐ No

b. Did you live with your spouse during any part of the last six months of 2020? ☐ Yes ☐ No

Date of final decree _____

Date of separate maintenance decree _____

Year of spouse's death _____

2. List the names below of:
   - **everyone** who lived with you last year *(other than your spouse)*
   - **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/20 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	**To be completed by Preparer** Is this person a qualifying child/relative of any other person? *(yes/no)*	Did this person provide more than 50% of his/her own support? *(yes,no,n/a)*	Did this person have less than $4,300 of income? *(yes,no,n/a)*	Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no/n/a)*	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)*