

Donald W. Coleman, Inc.

INTAKE CHECKLIST:

Client Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**How would you like to receive your return?**

\_\_\_\_\_ **In-Person Drop-Off with Electronic Signatures:** Submit your completed intake sheet and **copies** of your documents to our office. Once your return is ready, you will receive an email notification to review, sign, and pay online. All submitted documents will be securely shredded after use, and a copy of your return will be stored in SmartVault for your access.

\_\_\_\_\_ **Traditional In-Person:** Bring your original documents to the office. Once your return is prepared, you can return to sign, collect your paper copy, and make your payment. As with other methods, we ask that you provide complete information at the time of your visit.

\_\_\_\_\_ **SmartVault:** Clients complete intake sheet and upload all required documents to our secure portal. Once your return is ready, you will receive an email notification to view, sign, and pay your invoice online. Please upload all documents as a single PDF or, if not possible, name each PDF file clearly to identify its contents. **Note that we will not accept pictures of documents.** Ensure all documents are uploaded when your information is complete and that they are clear copies. Your complete return will be saved in SmartVault for you to access at any time.

**Did you or your spouse's DRIVER'S LICENSE expire in 2024?**

|                       |                       |
|-----------------------|-----------------------|
| You:                  | Spouse:               |
| Issue Date _____      | Issue Date _____      |
| Expiration Date _____ | Expiration Date _____ |

**Did you have Marketplace Health Insurance in 2024?** YES  NO  *If yes, please provide FORM 1095-A.*

**Have you moved?** YES  NO

New Address: \_\_\_\_\_  
\_\_\_\_\_

*Please provide a Closing Disclosure statement (HUD) for the sold home and new home if applicable.*

**Did you get legally married in 2024?** YES  NO

If yes Spouse's

Name \_\_\_\_\_

Did you change your name with Social Security Administration? YES  NO

DOB \_\_\_\_\_

Social \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Filing Status \_\_\_\_\_

**If filing together, we require a copy of spouse's 2023 return**

**Did you have a child born in 2024? If yes, please provide:**

Child's Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**In the event you OWE, would you like your payment debited from a checking or savings account?** YES  NO

**In the event you receive a REFUND, would you like direct deposit?** YES  NO

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

We will notify you via email that your returns are ready. Thank you for giving us the opportunity to serve you.

Additional Notes:

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