Intake/Interview & Quality Review Sheet

ProAcct Financial Advantage LLC

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	(i)	(h)	(g)	(f)	(e)	(b)	(c)	(b)	(a)
Social Security Number	Totally and Permanently Disabled (<i>yesho</i>)	Full-time Student last year (yes/no)	Single or Married as of Mexico	Resident of US, Canada, 12/31/21 o (S/M) last year	US Citizen (yes/no)	Number of months lived in your home last year	Relationship to you? son, daughter, parent,	Date of Birth (mm/dd/yy)	Name (first, last) Do not enter your name or spouse's name below
					9	urspous	other than yo	u last year (List the names below of: • everyone who lived with you last year (other than your spouse)
		decree	Date of final decree Date of separate maintenance decree Year of spouse's death	Date of final decree Date of separate maint Year of spouse's death	ate of fin ate of se ear of sp		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 2021? ☐ Yes ☐ No	ersnips, civi	istic partn 2021? during ar	(This includes registered domestic pala. If Yes, Did you get married in 2021?b. Did you live with your spouse during	des registe I you get re e with you	Yes, Did	o b	Married		T. As of December 31, 2021, what was your marital status?
						on	Information	Household	Part II - Marital Status and Household Information
ection PIN?	Identity Prote	e sued an	☐ Unsure or been iss	ntity theft	☐ Yes lated ide	of tax re	s a depender been a victim	dependents t	10. Can anyone claim you or your spouse as a dependent? Yes No Unsure Unsu
a. Full-time student ☐ Yes ☐ No Yes ☐ No c. Legally blind ☐ Yes ☐ No		spouse: ently disate	Last year, was your spouse: Totally and permanently disable	_ast year, 「otally an	b. 1		Your spouse's job title	8. Your spo	7. Your spouse's Date of Birth
a. Full-time student	oled Yes	ntly disat	b. Totally and permanently disable	_ast year, 「otally an	p 6		title	5. Your Job title	4. Your Date of Birth
ZIP code		ity	Apt # City						3. Mailing address
Daytime telephone number	*	Social Security			ame	Last name	M		2. Your spouse's first name
Daytime telephone number Are you a U.S. citizen? ☐ Yes ☐ No		Social Security#	60		ame	Last name	M.:-		Your first name
last year's return)		me order	s in the sa	our name	, enter y	int return	are filing a jo	ation (If you	Part I - Your Personal Information (If you are filing a joint return, enter your names in the same order as
									Email Address :
You are responsible for the information on your return. Please provide complete and accurate information.	sible for the curate info	You are responsibl complete and accu	You are complet		ur tax re	1095. ns on you and you	1099, 1098, or all personnse) for you	Forms W-2, TIN letters t driver's lice	 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.