

# Idaho Tax & Bookkeeping Services, LLC

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## Client Intake Form

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

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

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

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Dependent 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Dependent 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Please give a brief description of why you have sought our services:

Personal Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse Cell Phone: \_\_\_\_\_

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

How did you hear about our services?