2 Year Tax Review & Planning Intake Sheet



Today's Date:	Location:	Washington 732 Broadway, Suite 20 Tacoma, WA 98402 Fax: 253.238.0003
First Name:	Middle Initial:	Nevada 3225 McLeod Drive Las Vegas, NV 8912 Fax: 702.664.0549
Suffix:		800.706.474 www.andersonadvisors.con
ADDRESS		
Street Address:		Apt or Unit:
City:		
State:	ZIP:	
County:		
PERSONAL INFO	PRMATION	
Date of Birth:	Gender: Male Female	
Preferred Phone:	Profession:	
Email:		
MARITAL STATU	8	
Are you Married? If Yes, Name of S		
First Name:		Middle Initial:
Last Name:		
Suffix:	Gender: Male Female	
INVESTING INFO		
	ocus: (Mark all that apply.) States Where You Cu	ırrently Invest:
Rental Rea	al Estate Tax Liens / Deeds	
Fix & Flip	/ Wholesale Private Lender / Notes	
Commerci	Lease Option	

INVESTING INFORMATION (CONTINUED)					
How Many Properties do you currently own:					
Are all these properties protected? Yes No					
GENERAL INFORMATION					
Existing Entities: (Mark all that apply.)					
"C" Corporation "S" Corporation Land Trust					
LLC Living Trust LP					
Do you invest in real estate through a self directed IRA?					
Are you behind on filing any tax returns? Yes No					
If Yes, which year(s):					
Which tax years do you wish us to review?					
When is the best time to schedule your tax review?					

INCLUDE DOCUMENTS

To initiate your 2 Year Tax Review please provide us with your last two filed 1040 personal income tax returns. Upon receipt of your tax returns, one of our assistants will contact you within seven days to schedule your review time with one of our tax professionals. Consultations usually take between 45 to 90 minutes to complete depending on the complexity of your return.

Please save and submit form and tax documents:

Upload to your Online Secure Vault:	Email to:	Fax to:
andersonadvisors.com/ upload-documents/	coordinators@ andersonadvisors.com	702.644.0547



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