



Elder Tax Services

Application for Services

Section 1: Contact Information

Full Name

Email Address

Phone Number

City, State

Preferred Contact

☐ Email ☐ Phone

Your relationship to the person needing help:

- | | |
|--|--|
| ☐ Helping my parent(s) with their taxes | ☐ Trustee of a family trust |
| ☐ Managing an estate after passing | ☐ Planning for my own aging situation |
| ☐ Other: <input type="text"/> | |

Section 2: Your Situation

Which of the following apply? (Check all that apply)

- | | |
|---|--|
| ☐ Trust(s) requiring Form 1041 | ☐ Estate requiring administration |
| ☐ Multi-state filing requirements | ☐ Rental properties / real estate |
| ☐ Inherited assets / step-up basis | ☐ Required Minimum Distributions |
| ☐ Significant investment activity | ☐ Business / self-employment income |
| ☐ Recent or pending property sale | ☐ Long-term care expenses |
| ☐ Medicaid / government benefits | ☐ Complex family dynamics |

Estimated total assets involved:

- | | |
|--|--|
| ☐ Under \$250,000 | ☐ \$250,000 - \$500,000 |
| ☐ \$500,000 - \$1 million | ☐ \$1 million - \$5 million |
| ☐ Over \$5 million | ☐ Prefer not to say |

How many tax returns need to be filed?

- | | |
|---|--|
| ☐ 1 return (individual) | ☐ 2 returns (individual + trust/couple) |
| ☐ 3+ returns (multiple entities) | ☐ Not sure yet |

Brief description of your situation:

Section 3: What You Need

What prompted you to look for help now?

- | | |
|---|---|
| ☐ Just became responsible for finances | ☐ Previous CPA retired / unavailable |
| ☐ Unhappy with current preparer | ☐ Need trust/estate expertise |
| ☐ Tax deadline approaching | ☐ Parent recently passed away |
| ☐ Other: <input type="text"/> | |

How did you find us?

- | | |
|--|--|
| ☐ Attorney / financial advisor referral | ☐ Friend or family referral |
| ☐ Web search | ☐ Elder Care Tax Guide |
| ☐ Other: <input type="text"/> | |

What's most important to you in a CPA? (Select up to 3)

- | | |
|---|--|
| ☐ Trust and estate expertise | ☐ Clear communication |
| ☐ Explains things simply | ☐ Proactive guidance |
| ☐ Long-term relationship | ☐ Competitive pricing |

Do you currently work with other advisors?

- | | |
|---|--|
| ☐ Estate planning attorney | ☐ Financial advisor |
| ☐ Other CPA (personal taxes) | ☐ None currently |

What is your timeline?

- | | |
|---|--|
| ☐ Immediate (within 2 weeks) | ☐ Tax deadline (1-2 months) |
| ☐ Planning ahead | ☐ For next tax year |

Anything else you'd like us to know?

Section 4: Acknowledgment

Please read and check each box:

- ☐ I understand this is a pre-qualification application, not a guarantee of service or establishment of a client relationship.
- ☐ I confirm I have not included Social Security numbers, account numbers, or other sensitive data in this form.

Signature

Date

Do not include Social Security numbers, account numbers, or passwords.

Submit completed form via our secure portal at adscpa.com/portal/

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