

## LETTER OF ENGAGEMENT

### OUR RESPONSIBILITIES

Our work, whether consultation, tax return, tax plan, or related product, is based on the data you provide.

- We are not responsible to audit or verify the data that you give to us.
- We may ask for clarification of your data or additional information.
- We are not responsible to discover fraud or other irregularities, should any exist.
- We will work to find all the credits and deductions you are legally entitled to.

### YOUR RESPONSIBILITIES

- To provide all the information required for a complete and accurate finished product.
- To provide this information in a timely manner.
- To retain, with the completed work, all the documents, canceled checks and other data that form the basis of income and deductions since you may later have to provide them to a taxing authority.
- To carefully review all work completed by our office before you sign it. You have the final responsibility for anything submitted to a taxing authority.
- You are responsible not to commit fraud.
- You are responsible to let us know if you received Child Tax Credit Payments in 2023, If you did not receive your stimulus payment 1, 2, and 3 payment, 1099k Form, and Unemployment 1099 Form.

### PENALTIES, EXAMINATIONS AND NOTICES

The IRS and state taxing authorities impose penalties for certain offenses, including understatement of income, filing after the deadline, underpaying estimated taxes, or under withholding taxes (If you would like more information, please contact us). They can also select any return for examination.

### PRIVACY POLICY

Tax preparers are bound by professional standards of confidentiality. Therefore, we have always protected your right to privacy. For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law, and as is necessary to properly provide our services to you.

**Types of Nonpublic Personal Information We Collect.** We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

**Parties to Whom We Disclose Information.** We make available information to our employees and to nonaffiliated third parties who need to know that information to assist us in providing services to you. In all such situations, we require a contractual agreement that includes procedural safeguards that protect the confidential nature of the information being shared.

### Protecting the Confidentiality and Security of Current and Former Client Information.

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

### OUR FEES

We invoice for time spent, depending on schedules and forms completed and out-of-pocket expenses incurred. Our rates vary depending on the nature of the work performed. We may invoice for partially completed work that is placed on extension or remains undone.

### TAX DOCUMENTS

All clients are provided a copy of their tax documents at the conclusion of their tax preparation, if return is e-filed to the IRS. Tax documents are issued via email or in office only. In order to provide you with a copy of your tax documents, tax return must be e-filed and submitted to the IRS. Any additional copies of your e-filed tax documents are \$50 per year.

*\*A retainer will be required when working on ALL tax returns and before undertaking projects for new clients.*

### ARBITRATION

If a dispute arises out of or relates to this contract or engagement letter, or the obligations of the parties therein, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its commercial Mediation Rules before resorting to arbitration, litigation, or some other dispute resolution procedure.

### AGREEMENT

The foregoing is in accordance with my (our) understanding of your engagement to provide tax and financial services and you are hereby advised that each item of revenue or expense can be substantiated by receipts, cancelled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge. Further, it is my (our) understanding that these terms will continue to be in force for the succeeding years of our engagement.

Print Taxpayer Name \_\_\_\_\_ Date: \_\_\_\_\_

Taxpayer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Spouse's Name (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

## Household/Living Expense form for Self Employed

|   |               |
|---|---------------|
| <b>What is the amount of your rent monthly?</b>   |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount of your utility bill monthly?</b>   |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount you spend on expense for you dependents?</b>  |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount of your water bill monthly?</b>   |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount of your car payment monthly or transportation?</b>                                    |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount of your car insurance monthly?</b>  |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount for groceries monthly?</b>  |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount of your cell phone monthly?</b>   |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount for Wi-Fi monthly?</b>  |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount you spend on gas (Car) monthly?</b>   |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount you spend on household supplies monthly? (Laundry, cleaning supplies, etc)</b>        |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount you spend on the up-kept of your home monthly? (Lawn, Garbage, maintenance, etc )</b> |               |
| Monthly total:  | Yearly total: |
| <b>What is the amount you spend on clothing year (Tax Payer &amp; Dependents) ?</b>                         |               |
| Monthly total:  | Yearly total: |
| <b>Monthly Household Expense Total:</b>   |               |
| <b>Yearly Household Expense Total:</b>  |               |

My signature below certifies that the Household/Living Expense information is accurate and true. If audited, I can supply the necessary documentation to substantiate for the information provided above.

Taxpayer Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Client Tax Organizer

### Please provide for your appointment

- Last year's tax return (new clients only) All statements (W2s, 1098s, 1099s, Business Income Statements)
- Name and address label (from government booklet or card)

### Tax Payer Verification for Filing Status (Must have)

☐ State Issue ID ☐ Passport ☐ Marriage license ☐ Other \_\_\_\_\_

### Tax Payer Address Verification Address Verification (Must have)

☐ Utility Bill ☐ Lease ☐ Rent Statement ☐ Bank Statement ☐ Other: \_\_\_\_\_

### Tax Payer Dependency Relationship Verification (Must have)

☐ Birth Certificate (must have) ☐ Social Security Card (must have) Other: \_\_\_\_\_

### Tax Payer Dependent Residency Verification (Must have one)

☐ School Records ☐ Medical Record ☐ Shot Record ☐ Government Statement Other: \_\_\_\_\_

How do you hear about us? \_\_\_\_\_

**Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.**

## 1. Personal Information

|                                |      |                        |                     |                         |            |
|--------------------------------|------|------------------------|---------------------|-------------------------|------------|
|                                | Name | Soc. Sec. No.          | Date of Birth       | Occupation              | Cell phone |
| Taxpayer                       |      |                        |                     |                         |            |
| Spouse                         |      |                        |                     |                         |            |
| Street Address                 |      | Apartment #            | City                | State                   | ZIP        |
| New Client or Returning client |      | Work Phone             | Cell phone provider | Identity Protection PIN |            |
| Taxpayer Email:                |      | Taxpayer Spouse Email: |                     |                         |            |

|  |   |   |
|--|---|---|
| <p><b><u>Taxpayer</u></b></p> <p>Blind <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b><u>Spouse</u></b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b><u>Filing Status</u></b></p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Married, Filing Jointly</p> <p><input type="checkbox"/> Married Filing Separately</p> <p><input type="checkbox"/> Qualified Widower date of Spouse's death: _____</p> |
|--|---|---|

## 2. Dependents (Children & Others)

| # | Name<br>(First, Last) | Relationship | Date of Birth | Social Security<br>Number | Months<br>Lived<br>With<br>You | Disabled | Full Time<br>Student | Dependent's<br>Gross Income | ID<br>Protection<br>PIN |
|---|-----------------------|--------------|---------------|---------------------------|--------------------------------|----------|----------------------|-----------------------------|-------------------------|
| 1 |                       |              |               |                           |                                |          |                      |                             |                         |
| 2 |                       |              |               |                           |                                |          |                      |                             |                         |
| 3 |                       |              |               |                           |                                |          |                      |                             |                         |
| 4 |                       |              |               |                           |                                |          |                      |                             |                         |
| 5 |                       |              |               |                           |                                |          |                      |                             |                         |

### EITC Dependent Section (Relationship/Support/Residency):

#### Dependent 1:

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

1. Is the dependent being claimed on your 2023, tax return your biological son or daughter? ☐ Yes ☐ No

If no, explain relationship: \_\_\_\_\_

2. Is the dependent adopted? ☐ Yes ☐ No.

If yes, what proof can you provide? \_\_\_\_\_

3. Did you claim the dependent on your 2023 tax return? ☐ Yes ☐ No

If no, Explain: \_\_\_\_\_

4. Did the dependent live with you more than 6 months in 2023? ☐ Yes ☐ No  
If yes, what months in 2023 did the dependent live with you? \_\_\_\_\_
5. Did the dependent live with anyone else for part of the year of 2023? ☐ Yes ☐ No  
If yes, what months? \_\_\_\_\_  
And with who? \_\_\_\_\_
6. Did you receive any support from the other biological parent in 2023? ☐ Yes ☐ No If yes, how much, and what type? \_\_\_\_\_
7. What is the biological parent's first and last name? \_\_\_\_\_
8. What city/state is the biological parent located? \_\_\_\_\_
9. For which months did you receive support from the biological parent in 2023? \_\_\_\_\_
10. Why is the other biological parent not claiming the dependent in 2023? Explain: \_\_\_\_\_
11. Check the records you can provide for your dependent in 2023:  
☐ school records ☐ medical records ☐ birth certificate ☐ shot record ☐ other \_\_\_\_\_
12. Did you receive any additional income support in 2023 for the dependent?  
Gifts, Loans, Family Assistance, Credit Cards, etc. ☐ Yes ☐ No  
If yes, what was the amount you receive \$ \_\_\_\_\_
13. If your dependent is under 13 and did not attend daycare/childcare who took care of the dependent after school while your at work?  
Name: (First/Last) \_\_\_\_\_ Relationship to Tax Payer: \_\_\_\_\_ Location: \_\_\_\_\_

**Dependent 2:**

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

1. Is the dependent being claimed on your 2023, tax return your biological son or daughter? ☐ Yes ☐ No If no, explain relationship: \_\_\_\_\_
2. Is the dependent adopted? ☐ Yes ☐ No. If yes, what proof can you provide? \_\_\_\_\_
3. Did you claim the dependent on your 2023 tax return? ☐ Yes ☐ No If no, Explain: \_\_\_\_\_
4. Did the dependent live with you more than 6 months in 2023? ☐ Yes ☐ No If yes, what months in 2023 did the dependent live with you? \_\_\_\_\_
5. Did the dependent live with anyone else for part of the year of 2023? ☐ Yes ☐ No  
If yes, what months? \_\_\_\_\_  
And with who? \_\_\_\_\_
6. Did you receive any support from the other biological parent in 2023? ☐ Yes ☐ No If yes, how much, and what type? \_\_\_\_\_
7. What is the biological parent's first and last name? \_\_\_\_\_
8. What city/state is the biological parent located? \_\_\_\_\_
9. For which months did you receive support from the biological parent in 2023? \_\_\_\_\_
10. Why is the other biological parent not claiming the dependent in 2023? Explain: \_\_\_\_\_
11. Check the records you can provide for your dependent in 2023:  
☐ school records ☐ medical records ☐ birth certificate ☐ shot record ☐ other \_\_\_\_\_
12. Did you receive any additional income support in 2023 for the dependent?  
Gifts, Loans, Family Assistance, Credit Cards, etc. ☐ Yes ☐ No  
If yes, what was the amount you receive \$ \_\_\_\_\_
13. If your dependent is under 13 and did not attend daycare/childcare who took care of the dependent after school while your at work?  
Name: (First/Last) \_\_\_\_\_ Relationship to Tax Payer: \_\_\_\_\_ Location: \_\_\_\_\_

**Dependent 3:**

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

1. Is the dependent being claimed on your 2023, tax return your biological son or daughter? ☐ Yes ☐ No If no, explain relationship: \_\_\_\_\_
2. Is the dependent adopted? ☐ Yes ☐ No. If yes, what proof can you provide? \_\_\_\_\_
3. Did you claim the dependent on your 2022 tax return? ☐ Yes ☐ No If no, Explain: \_\_\_\_\_
4. Did the dependent live with you more than 6 months in 2023? ☐ Yes ☐ No  
If yes, what months in 2023 did the dependent live with you? \_\_\_\_\_

5. Did the dependent live with anyone else for part of the year of 2023? ☐ Yes ☐ No  
 If yes, what months? \_\_\_\_\_  
 And with who? \_\_\_\_\_
6. Did you receive any support from the other biological parent in 2023? ☐ Yes ☐ No If yes, how much, and what type?  
 \_\_\_\_\_
7. What is the biological parent's first and last name? \_\_\_\_\_
8. What city/state is the biological parent located? \_\_\_\_\_
9. For which months did you receive support from the biological parent in 2023? \_\_\_\_\_
10. Why is the other biological parent not claiming the dependent in 2023? Explain: \_\_\_\_\_
11. Check the records you can provide for your dependent in 2023:  
☐ school records ☐ medical records ☐ birth certificate ☐ shot record ☐ other \_\_\_\_\_
12. Did you receive any additional income support in 2023 for the dependent?  
 Gifts, Loans, Family Assistance, Credit Cards, etc. ☐ Yes ☐ No  
 If yes, what was the amount you receive \$ \_\_\_\_\_
13. If your dependent is under 13 and did not attend daycare/childcare who took care of the dependent after school while your at work?  
 Name: (First/Last) \_\_\_\_\_ Relationship to Tax Payer: \_\_\_\_\_ Location: \_\_\_\_\_

#### Additional Household Support Verification:

1. Did anyone else live in your home in 2023? ☐ Yes ☐ No  
 If yes, please fill out the information below.
2. What is their relationship to the tax payer? \_\_\_\_\_
3. How many months did they stay in your home in 2023? \_\_\_\_\_
4. What is the amount they paid in rent or household support monthly 2023? \_\_\_\_\_

#### EITC Government Assistance Verification:

1. Did you receive any government assistance in 2023? ☐ Yes ☐ No
2. Did you receive Food Stamps in 2023? ☐ Yes ☐ No Amount Receive: \$ \_\_\_\_\_  
 For what month(s) did you receive assistance: \_\_\_\_\_
3. Did you receive Medicaid in 2023: ☐ Yes ☐ No  
 For what month(s) did you receive assistance: \_\_\_\_\_
4. Did you receive Housing Assistance in 2023: ☐ Yes ☐ No Amount Receive: \$ \_\_\_\_\_  
 For what month(s) did you receive assistance: \_\_\_\_\_
5. What address did you use in 2023 to claim housing assistance?  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Did you receive Dependent Care Assistance in 2023: ☐ Yes ☐ No Amount Receive: \$ \_\_\_\_\_  
 For what month(s) did you receive assistance: \_\_\_\_\_

#### Child & Other Dependent Care Expenses:

| Name of Care Provider | Address | Soc. Sec. No. or Employer ID | Amount Paid |
|-----------------------|---------|------------------------------|-------------|
|                       | /       |                              |             |
|                       | /       |                              |             |
|                       | /       |                              |             |
|                       | /       |                              |             |

Also complete this section if you receive dependent care benefits from your employer.

#### Education Expenses:

| Student's Name | Type of Expense |       |
|----------------|-----------------|-------|
| _____          | _____           | _____ |
| _____          | _____           | _____ |
| _____          | _____           | _____ |
| _____          | _____           | _____ |

**Please answer the following questions to determine maximum deductions**

- |     |  |  |     |  |  |
|-----|--|--|-----|--|--|
| 1.  | Are you self-employed or do you receive hobby income?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. | Were there any births, deaths, marriages, divorces or adoptions in your immediate family?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.  | Did you receive income from raising animals or crops?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. | Did you give a gift of more than \$15,000 to one or more people?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.  | Did you receive rent from real estate or other property?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. | Did you have any debts cancelled, forgiven, or refinanced?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.  | Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. | Did you go through bankruptcy proceedings?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.  | Did you withdraw or write checks from a mutual fund?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. | (a) If you paid rent, how much did you pay? _____  |  |
| 6.  | Do you have a foreign bank account, trust, or business?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |     | (b) Was heat included?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.  | Do you provide a home for or help support anyone not listed in Section 2 above?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. | Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.  | Did you receive any correspondence from the IRS or State Department of Taxation?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. | Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9.  | Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. | Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Did you apply for an exemption through the Marketplace/Exchange? If so, provide the exemption certificate number.<br>_____   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. | Did you own \$50,000 or more in foreign financial assets?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Did you have any children under the age of 19 or 19- to 23-year-old students with unearned income of more than \$1100?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 26. | Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six-digit identity protection PIN number.<br>_____ Taxpayer _____ Spouse  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | Did you receive child tax credit monthly payments in 2022?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. | Did you need to set up you LLC and EIN number for your business?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | How much did get back on your last year tax return?<br>_____   |  | 28. | Have your tax refund ever been taken by the IRS for owing a past due debt?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Who did you file with last year? _____   |  | 29. | Do you have any student loans debt?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | Are you interested in building your business credit?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 30. | Do you have any child support debt?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | If you receive payment on Cash App, Venmo, Pay Pal, etc., do you receive your 1099?<br>(* If you did not receive your 1099 please contact your payment processing system to receive your 1099) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 31. | Do you have any IRS debt?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     |  |  | 32. | Do you have any financial debt that would prevent you from getting your tax return?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     |  |  | 33. | Do you need to improve your credit score?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account? ☐ Yes ☐ No

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account ☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ Checking ☐ Traditional Savings ☐ Traditional IRA ☐ Roth IRA ☐ Treasury Direct ☐ Archer MSA Savings ☐ Coverdell Education Savings ☐ HSA Savings ☐ SEP IRA

Name of financial institution \_\_\_\_\_

Financial Institution Routing Transit Number (if known) \_\_\_\_\_

Your account number \_\_\_\_\_

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer \_\_\_\_\_ Date \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_

# BUSINESS INCOME & EXPENSE WORKSHEET

YEAR \_\_\_\_\_

NAME \_\_\_\_\_

Federal ID # \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

BUSINESS ACTIVITY (Check all that apply): sales ☐ manufacturing ☐ service ☐

PRODUCT SOLD OR SERVICE PERFORMED \_\_\_\_\_

How many months was this business in operation during the year? 12 Months ☐ OR From \_\_\_\_\_ To \_\_\_\_\_How many hours during the year did you and/or your spouse devote to this business? FULL TIME ☐ OR # of hours \_\_\_\_\_Is any portion of your investment in this business not subject to payback by you? YES ☐ NO ☐

## PROOF OF SELF EMPLOYMENT/SMALL BUSINESS QUESTIONNAIRE:

1. Do you own a business? ☐ Yes ☐ No
2. Are you self-employed? ☐ Yes ☐ No
3. What year did your business start? \_\_\_\_\_
4. Do you work from home? ☐ Yes ☐ No
5. Do you have a designated place in your home for business use only? ☐ Yes ☐ No
6. How many clients do you service monthly? \_\_\_\_\_
7. What type of payment method do you except? ☐ Cash ☐ Debit ☐ Credit ☐ PayPal ☐ CashApp ☐ Stripe  
☐ Venmo ☐ Square ☐ Zelle ☐ Other: \_\_\_\_\_
8. Do you have an LLC? ☐ Yes ☐ No If yes, what is the business name? \_\_\_\_\_
9. Do you have an EIN number? ☐ Yes ☐ No
10. Do you have business bank account? ☐ Yes ☐ No If yes, Which bank \_\_\_\_\_
11. Do you have a business website? ☐ Yes ☐ No
12. Do you have a social media present for business? ☐ Yes ☐ No
13. Do you have pictures of your business to provide proof that it exists? ☐ Yes ☐ No
14. Do you have any business licenses? ☐ Yes ☐ No
15. Do you have occupational licenses? ☐ Yes ☐ No
16. Can you provide a copy 2023 filed tax return? ☐ Yes ☐ No
17. Do you have any employees? ☐ Yes ☐ No
18. Do your employees receive a Form 1099? ☐ Yes ☐ No If yes, can you provide proof? ☐ Yes ☐ No
19. Have you ever filed Self-Employed before? ☐ Yes ☐ No If Yes, how many years? \_\_\_\_\_
20. Can you provide proof of income? ☐ Yes ☐ No If yes, what type? (Mark X Below)  

|   |  |
|---|--|
| <input type="checkbox"/> Bank Statement           | <input type="checkbox"/> Summary of Income                         |
| <input type="checkbox"/> Reconstruction of Income | <input type="checkbox"/> 1099 Misc. <input type="checkbox"/> 1099k |
| <input type="checkbox"/> Receipt Book             | <input type="checkbox"/> Other: _____                              |
21. Can you provide proof of expenses? ☐ Yes ☐ No If yes, what type? (Mark X Below)  

|   |   |
|---|---|
| <input type="checkbox"/> Bank Statement           | <input type="checkbox"/> Summary of Expenses      |
| <input type="checkbox"/> Reconstruction of Income | <input type="checkbox"/> Record of Gross Receipts |
| <input type="checkbox"/> Receipt Book             | <input type="checkbox"/> Record of Expenses       |
|   | <input type="checkbox"/> Other: _____             |
22. Do you have a home office? ☐ Yes ☐ No If yes, How many square feet is your home office? \_\_\_\_\_
23. Do you have a Duns number? ☐ Yes ☐ No If yes, what's the number? \_\_\_\_\_
24. What month and year was your business established? \_\_\_\_\_
25. Do you have a logo? ☐ Yes ☐ No
26. What's your business email? \_\_\_\_\_



27. Do you have a business vehicle? ☐ Yes ☐ No

28. Business Vehicle Name: \_\_\_\_\_

29. Business Vehicle Year: \_\_\_\_\_

30. Non-Business Mileage 2023: \_\_\_\_\_

31. Business Mileage 2023: \_\_\_\_\_

32. Can you provide documentation of business mileage? ☐ Yes ☐ No

I attest that all information provided on this client info sheet is true and accurate, and is subjected to IRS review.

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

Client Signature: \_\_\_\_\_

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

Business Type: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Income: \_\_\_\_\_ Corrected Income: \_\_\_\_\_

**\*To calculate your corrected income:  $\text{Income} - (\text{Monthly Total} \times 12) = \text{Corrected Income}$**

Taxpayer Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## SUMMARY OF INCOME & EXPENSES

|                           |                       |                        |                      |
|---------------------------|-----------------------|------------------------|----------------------|
|                           |                       | <b>SUPPLIES</b>        | <b>SUPPLIES COST</b> |
| Tax payer Name:           |                       | Supply 1:              |                      |
| Business Type:            |                       | Supply 2:              |                      |
| Business Name:            |                       | Supply 3:              |                      |
| Average Service Fee:      |                       | Supply 4:              |                      |
| Average Clients per week: |                       | Supply 5:              |                      |
| Mileage/Fuel              |                       | Supply 6:              |                      |
| Office Square Foot        |                       | Supply 7:              |                      |
|                           |                       | Supply 8:              |                      |
|                           |                       | Supply 9:              |                      |
|                           |                       | Supply 10:             |                      |
|                           |                       | Supply Total Cost:     |                      |
| <b>MONTHS OF SERVICE</b>  | <b>MONTHLY INCOME</b> | <b>MONTHLY EXPENSE</b> | <b>INCOME NOTES</b>  |
| January                   |                       |                        |                      |
| February                  |                       |                        |                      |
| March                     |                       |                        |                      |
| April                     |                       |                        |                      |
| May                       |                       |                        |                      |
| June                      |                       |                        |                      |
| July                      |                       |                        |                      |
| August                    |                       |                        |                      |
| September                 |                       |                        |                      |
| October                   |                       |                        |                      |
| November                  |                       |                        |                      |
| December                  |                       |                        |                      |
| <b>2023 Total Income:</b> |                       |                        |                      |
|                           |                       |                        |                      |
| <b>Corrected Income:</b>  |                       |                        |                      |

I attest that all information provided on this client info sheet is true and accurate, and is subjected to IRS review.

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

Client Signature: \_\_\_\_\_

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

## TAXPAYER INCOME AFFIDAVIT

I, \_\_\_\_\_, hereby swear and affirm under penalties of perjury the following:

- I earned the following income during the tax year ending December 31, 2023.

| Category               | Amount | Description |
|------------------------|--------|-------------|
| W2 Wages               |        |             |
| Self-Employment Income |        |             |
| Landscaping            |        |             |
| Babysitting            |        |             |
| Detailing cars         |        |             |
| Handy Man              |        |             |
| Moving                 |        |             |
| Other                  |        |             |

- I acknowledge that My Tax Preparer have informed me that I am required to report all income I received during the tax year from all sources.
- I acknowledge that My Tax Preparer have informed me that it is unlawful to overstate my income to receive a large refund.
- I acknowledge that My Tax Preparer, have explained to me in detail the rules regarding Earned Income Tax Credits and the reporting of self-employment income and based on my understanding of those rules I qualify for the Earned Income Tax Credit
- I understand that I will be signing my income tax return under penalties of perjury and all items included on the return are true and correct.
- I acknowledge that My Tax Preparer have advised me of my duty to keep complete and accurate records supporting the source and amount of my income and the legitimacy of any deduction or credit I claim on my tax return.

\_\_\_\_\_  
Taxpayer Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

## TIPS TO IMPROVE YOUR BUSINESS FOR 2023

1. **Get into a business mindset.** Do whatever it takes to convince yourself that this is not a random thought, a little side gig, or "just a hobby." If you're going to run a successful business, you need to start thinking like a business owner, and that means getting serious about marketing, cash flow, and planning. You may also want to look inward and address any fears—or learning needs—you may have specific to starting the business.
2. **Research the market.** Take a step back and look at the business you want to start. Is there a market for your product or service? Who are your potential customers or clients, and how will they find you? Who is your competition, and what can you do differently or better? Bounce your ideas off some other business owners and see what they say. Listen to feedback and fine-tune your concept—but give yourself a deadline so you don't get stuck in this step.
3. **Run the numbers.** Figure out how much money it will take to get your business up and running, and how much you will need to stay in operation until you make a profit. If you don't have enough cash, explore ways to finance your business, which may include securing a bank loan or SBA (Small Business Administration) loan, attracting one or more investors, or soliciting family and friends, either individually or via crowdfunding.
4. **Write a business plan.** There are plenty of templates available online or at the library. The folks at your local SCORE center also can help. (SCORE is a nonprofit whose volunteer mentors are committed to helping small business owners succeed.) It's tempting to skip this step but writing a business plan will help you identify and solve any weaknesses in your business idea. And it's an essential document if you're looking for a bank loan, grant, or even a contribution from family and friends.
5. **Get legal advice.** Attorneys help you manage the risks of being a business owner. An attorney can advise you on whether your business should be a corporation, an LLC, or something else. An attorney can define your relationship with your co-owners, review leases, and set you up with the right kinds of contracts and forms. And your attorney is someone you can call with additional questions after your business is up and running.
6. **Choose a great name.** This is one of the more creative steps. Your business needs the right name. A good business name is unique, memorable, easy to pronounce, and complies with your state's rules on business names. For example, most states won't let you choose a name that's potentially misleading or is the same as another business's name. Also consider how the name will transfer to online uses, including social media.
7. **Form your business.** Forming a business means filing paperwork with the state and paying a fee. Within a few days to a few weeks, you'll receive confirmation that your business is official. What's required for doing business in the state will vary by state.
8. **Get a tax ID number.** Most businesses are required to have a federal tax ID number, also known as an Employer Identification Number, or EIN. You can apply for one on the Internal Revenue Service website, or you can get your tax ID number as part of a business formation package.
9. **Open a business bank account.** Search banks in your area for business accounts with low fees and/or bonuses for signing up. While you're at it, get a business credit card that offers reward points. Don't use your personal bank account for your business banking. You'll have a mess at tax time, and you could invalidate the liability protection you get from having a corporation or LLC.
10. **Talk to an accountant.** Don't wait until your first tax return is due to talk to an accountant. A good accountant can advise you on the best tax filing status for your business, help you stay on top of deadlines, and answer questions you may have about business deductions, payroll, and state and local taxes.

11. **Check with your state taxation department.** You may need to open an account for sales tax, payroll taxes, and any other taxes your state collects.
12. **Get the necessary business licenses and permits.** There may be local business licenses, permits, or tax accounts that are required for your business. You can contact your city or county to find out what's required in your industry or use an online resource that can do the legwork for you.
13. **Set up payroll, if you have employees.** Many small businesses use payroll services to simplify the process and make sure everything is done right. Owning a small business is an exciting journey. When you start with a good plan and a solid legal and financial foundation, you'll be setting yourself up for success.

#### Business Resources:

- Apply for an Employer Identification Number (EIN) Online

<https://sa.www4.irs.gov/modiein/individual/index.jsp>

- Limited Liability Company

<https://www.tailorbrands.com>

- Business checking

<https://www.found.com>

- Licenses and Permits

Check with your local DMV or Nearest State License location

I acknowledge that My Tax Preparer have advised me of how to keep complete and accurate records for my business income and expense.

\_\_\_\_\_  
Taxpayer Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

## TAX PAYER RETURN DOCUMENT FORM

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

IRS 1-800-829-1040

To check the status of your Refund, please visit **IRS.gov** Check My Refund

Protection Plus Audit Assistance Phone Number: 1 (866) 942-8348

### Identification Verification

- ☐ Tax Payer ID  
☐ Tax Payer Passport  
☐ Social Security Card  
☐ Other: \_\_\_\_\_

### Tax Payer Filing Status Verification (must have)

- ☐ Utility Bill  
☐ Lease  
☐ Rent Statement  
☐ Marriage Certificate  
☐ Other: \_\_\_\_\_

### Tax Payer Income Statement

- ☐ W2  
☐ 1099nec  
☐ 1099  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

### Tax Payer Business/Self-Employed Income Statement

- ☐ Bank statements  
☐ Receipt Log  
☐ Summary for Income and Expenses  
☐ Reconstruction of Income and Expenses  
☐ Business Receipts  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

### Dependent Relationship Verification Form

- ☐ Dependent Social (must have)  
☐ Dependent Birth Certificate (must have)

### Dependent Residency Verification (must have one)

- ☐ School Records  
☐ Medical Records  
☐ Shot Records  
☐ Government statement  
☐ Lease  
☐ Other: \_\_\_\_\_

### Other Forms needed:

- ☐ 7202 Verification  
☐ 1098T-form  
☐ 1099-form  
☐ 1098-int  
☐ Child Care Verification Statement  
☐ Prior Year Tax Return  
☐ 1040x Amendment  
☐ Mileage Verification  
☐ PYEI verification  
☐ Stimulus Verification  
☐ 2106 Verification  
☐ Schedule A Verification  
☐ 1099SSA/SSI Disability Verification  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

By signing this document, you agree that all documents used to prepare your 2023 tax return must be received and in folder to complete your tax return file.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Refund Date: \_\_\_\_\_

Exact Refund Amount: \_\_\_\_\_

Your Check Amount: \_\_\_\_\_

Tax Preparer Name (first and last): \_\_\_\_\_

E-File Date \_\_\_\_\_ E-Filed Time: \_\_\_\_\_

Referred by: \_\_\_\_\_

### CLIENT FEE ACKNOWLEDGEMENT

Today \_\_\_\_\_, My Tax Preparer prepared my 2023 tax return. I understand that my tax return was prepared based on the information and documents that I provided. I understand that my tax refund amount is \_\_\_\_\_ minus Tax Preparation Fee and Bank Product, Transmitting, & Software fee. By signing this document, I agree and accept all terms and conditions stated in the Consent to Refund Policy outlined below.

\_\_\_\_\_ Initials

### Consent to Refund Policy

I, \_\_\_\_\_, (hereinafter referred to as "Tax Payer") acknowledge that there shall be a cancellation fee of \$150.00 if I decide cancel at any point following the signing of this document. I understand that the reason for this cancellation fee is to cover any time spent and services rendered for tax preparation.

\_\_\_\_\_ Initials

Refund Amount Before Preparation Fees:

\_\_\_\_\_

Refund Amount after Preparation fee:

\_\_\_\_\_

Tax Preparation Fee:

\_\_\_\_\_

Bank Product Fee, IRS Transmitting Fee, Service Bureau & Technology Fee:

\_\_\_\_\_

Protection Plus Audit Protection Fee:

\_\_\_\_\_

I Protect Identity Protection:

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Taxpayer Name

\_\_\_\_\_  
Tax Payer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer Spouse Name

\_\_\_\_\_  
Tax Payer Spouse Signature

\_\_\_\_\_  
Date



## INTERNAL AUDIT FORM

Client First and Last Name: \_\_\_\_\_

Client Phone number: \_\_\_\_\_

- ☐ Signed Client Data Organizer (add check line next to the information)
- ☐ Signed Client Engagement
- ☐ Signed Review Client Fee Acknowledgement
- ☐ Signed Client Return Document Form
- ☐ Signed Business Income and Expenses Worksheet
- ☐ Review 7202 Form
- ☐ Signed 8879
- ☐ Signed 1040
- ☐ Amendment Tax Return ☐ Yes ☐ No
- ☐ Signed Tax Return
- ☐ Signed Bank Document

Note: \_\_\_\_\_

### TAXPAYER INFORMATION

- ☐ State Issue ID or Identification
- ☐ Taxpayer Social Security Card
- ☐ Verification of Filing Status

### DEPENDENT PROOF OF RELATIONSHIP

- ☐ 1 Dependent Birth Certificate ☐ 1 Dependent Social Security Card
- ☐ 2 Dependent Birth Certificate ☐ 2 Dependent Social Security Card
- ☐ 3 Dependent birth Certificate ☐ 3 Dependent Social Security Card
- ☐ 4 Dependent Birth Certificate ☐ 4 Dependent Social Security Card

Notes: \_\_\_\_\_

### DEPENDENT OF RESIDENCY

#### Dependent 1

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

- ☐ School Record
- ☐ Medical Records
- ☐ Lease with Dependent Name
- ☐ Shot Records
- ☐ last year 1040

Expected Refund Date: \_\_\_\_\_

Exact Refund Amount: \_\_\_\_\_

Your Check Amount: \_\_\_\_\_

Tax Preparer Name (first and last): \_\_\_\_\_

E-File Date \_\_\_\_\_ E-Filed Time: \_\_\_\_\_

Referred by: \_\_\_\_\_

☐ other \_\_\_\_\_

#### Dependent 2

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

- ☐ School Record-
- ☐ Medical Records
- ☐ Lease with Dependent Name
- ☐ Shot Records-
- ☐ last year 1040
- ☐ other \_\_\_\_\_

#### Dependent 3

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

- ☐ School Record-
- ☐ Medical Records
- ☐ Lease with Dependent Name
- ☐ Shot Records-
- ☐ last year 1040
- ☐ other \_\_\_\_\_

### INCOME VERIFICATION

- ☐ W2
- ☐ 1099 form
- ☐ Business Income Documents
- ☐ Self-Employment Documents
- ☐ Other form \_\_\_\_\_
- ☐ Other Form \_\_\_\_\_
- ☐ Other Form \_\_\_\_\_

### Additional Document Needed

Send Text for Requested Documents Yes ☐ No ☐

Completed File Yes ☐ No ☐

Tax Compliance Auditor Signature: \_\_\_\_\_  
date: \_\_\_\_\_ Time: \_\_\_\_\_

Office Manager Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

|   |
|---|
| <b>CLIENT REFERRAL - PLEASE REFER 10 PEOPLE</b> |
| Date _____                                      |

| Client Name | Client Referred Name | Client Referred Phone # | Appt Time or Not interested |
|-------------|----------------------|-------------------------|-----------------------------|
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SIGN-IN SHEET

Date \_\_\_\_\_

| Client Name | Phone number | Appt time or Walk-in | Filing W2   Self- Employed   Both | How did you hear about us? |
|-------------|--------------|----------------------|-----------------------------------|----------------------------|
|             |              |                      |                                   |                            |
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|                                  |
|----------------------------------|
| <b>CLIENT CHECK PICK UP FORM</b> |
| Date _____                       |

| Client Name (First & Last) | Client Check Number | Date & Time | Client Signature |
|----------------------------|---------------------|-------------|------------------|
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