



Filing Status: _____ Date: _____

Primary SSN: _____ Spouse SSN: _____
***Will someone claim you as a dependent? Yes No**

Primary DOB: _____ Spouse DOB: _____

First Name: _____ MI: _____ Spouse First Name: _____ MI: _____

Last Name: _____ Spouse Last Name: _____
(as filed with Social Security Administration) *(as filed with Social Security Administration)*

Address: _____ City: _____ State: _____ ZIP: _____

Apt No: _____

Daytime Phone Number: _____ Additional Phone Number: _____
(Required) **(Required)**

Occupation: _____ Spouse Occupation: _____

DL# _____ State _____ Issue _____ Exp. _____ E-Mail: _____
(Taxpayer)

DL# _____ State _____ Issue _____ Exp. _____ E-Mail: _____
(Spouse)
(Required)

DEPENDENT INFORMATION

NAME (Name as printed on SS Card) DOB SS# (copy of SS Card(s) required) RELATIONSHIP

<u>NAME (Name as printed on SS Card)</u>	<u>DOB</u>	<u>SS# (copy of SS Card(s) required)</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____

***If you receive EITC for dependents claimed, additional proof of residency is required i.e. birth certificate, Social Security card, Medical Records, School/Daycare Records, Placement Agency Documents (if adopted or foster child), SSI Eligibility**

If any claimed dependent(s) is/are 18 years of age, is he/she a full-time student or disabled?

Are there any Child Care Expenses? (Daycare) _____ Do you contribute to a College Savings Account? _____, Amount _____

Do you have rental income? _____ Di Do you withdraw from your retirement account (ex. 401K)/stock account? _____

Did you contribute to a ROTH, SEP or regular IRA Plan? _____ Total Contribution Amount? _____

**If yes, please provide all income and expenses to be recorded... You MUST also include property purchase date and cost – land for depreciation*

Did you receive Unemployment? _____ Did you or Spouse (if filing a joint return) receive SSA/Disability? _____

Are you required to file a Schedule C (self-employed/independent contractor)? _____ For **ALL** "Yes": Provide documents to Team

Do you have pre-existing debt with the IRS or State? _____ Total Amount Due? _____

New Clients: Copies of prior 2 years Federal and State returns and depreciation schedules if applicable. Provide Legal Divorce Decrees Federal/State Audit services provided at an additional fee (not included in tax prep fees) unless error is on behalf of tax preparer **Initial** _____ All State returns will be filed electronically for current tax year. If you owe state taxes, please remit payment by April 15th to avoid penalties.

How do you want to hear from us? _____ Post Mail _____ E-Mail How did you hear about us? _____

Healthcare:

Do you have health insurance? If yes, please select type:

If you pay individual health insurance through the Marketplace (Affordable Healthcare), what is the monthly amount? _____

If you are receiving a Health Insurance Monthly Credit, what is the amount of the credit? _____ **Attach Form 1095-A**

Previous year's annual income? _____ Are your health insurance payments current?

*If NO, what month did you cancel your service? _____

*Please Note: If you do NOT have health insurance, you may be subject to a penalty per the IRS guidelines. Please note that this penalty will be assessed at the time of transmission of your current year's tax return.

Higher Education Expenses:

Student Name _____ College/University Name _____

Address _____ Institution EIN _____

Fees Paid by Taxpayer *i.e. Out of Pocket Tuition, Books and Supply Fees* _____

**Provide Form 1098T or other school expense documentation *DO NOT include room & board*

Student Loan Interest Amount _____ Loan Company Name _____

**Provide Loan Interest Form from financial institution*

**Please NOTE: Interest may only be deducted if you are making current payments NOT for deferred loans. Must meet income requirements*

Child Care Expenses:

Child Name _____

Name, Address and Phone # of Care Facility _____

EIN/SS# of Childcare Provider _____

Amount Paid per child _____

**Proof of payment/statement must be provided by each childcare provider*

**If you have more than one child in childcare with multiple providers, please attach all documentation and make a note at the bottom of this form to include additional information*

Income Documents Include: W-2s, W-2Gs, Unemployment, 1099s, SS-A, Retirement, Interest Income, Cancellation of Debt, K-1s, Rental Income, Dividend Income/Distributions, Other Income, and Settlement Distributions...Submit ALL docs that may possibly relate to your income.

Engagement Letter for Tax Return Preparation

Dear Client:

Thank you for choosing our office to assist you with the preparation of your tax returns of those years that are required per IRS income documents submitted. We look forward to working with you this year and want to confirm our understanding of the arrangements of this service. Please read the letter carefully because it is important that we establish expectations for both of us as we work together. If you have any additional questions or concerns regarding this Engagement Letter, please discuss before signing it.

Please know a Personal Income Tax Return is due **by April 15th**. Please submit your information by **March 31st** to ensure your Income Taxes can be completed by the deadline. An additional extension of time to file may be requested before the due date, allowing you to extend your tax return due date until **October 15th**. If an extension is filed, please submit your information by **August 15th** to ensure your Income Taxes can be completed by the extended deadline. The extension is an extension of time to file your tax return and not an extension to pay any tax liability due. If any tax is due or you think it may be due, you must pay that amount to the IRS and any applicable state taxing agency by **April 15th**. If payment for estimated taxes is not made timely, there will be penalties and interest due.

Our fees for preparation of your income tax returns will be based on our current rates. Payment is due when service is rendered in accordance with the company's stated payment policy. We may require a deposit of 50% of the estimated cost prior to starting the work. **The deposit is applied to the final billing.** We accept cash, check and major credit cards for payment. **Please note, we will charge additional fees for bookkeeping services and for the preparation of additional schedules if these services are necessary.** Please be assured that no additional fees will be assessed without your prior notification.

Information Provided and Burden of Proof:

The taxpayer has the burden of proof as it relates to all information provided on this form and input in the income tax return. Please DO NOT include any information on this form that you will not be able to prove in the event of a Federal and/or State audit should information be requested by either/both entities.

You are responsible for the proper recording of financial activities, for the safeguarding of assets, and for the substantial accuracy of your financial records. The law imposes various penalties when taxpayers understate their tax liability. We recommend you retain all documents, canceled checks, bank statements, merchant receipts and statements, and other data that are for the basis of income and deductions for at least 5 years after filing your return. **Please remember, you have the final responsibility for the information on your income tax returns.**

Sending our Office Information – Please do not send originals. Scan in your data and secure email through our portal or send photocopies via mail or drop off. **There will be an additional charge for photocopying original documents and returning the originals back to you.* DO NOT Email any proprietary information to our office. You must use the secure portal only.

There is always a possibility that your returns may be selected for review by taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available, upon request, to assist you in the preparation of your documents. **There may be additional fees for the time and expenses incurred.**

If we conclude that we are obligated to disclose a position on your income tax return to a taxing authority and you refuse to permit disclosure, we reserve the right to withdraw from the engagement. You also have the right to choose another professional to prepare your returns. In either event, you agree to compensate us for our services to the date of the withdrawal.

Tax Preparation Fees:

A deposit may be required before services are rendered if requested by management. We do offer Return Transfer products to clients with a satisfactory payment history and those that are free of any Federal and/or State debts from previous commitments such as audits, student loans, child support, federal debt, state debts. All fees are clearly disclosed on the bank application and the W-2 Summary report. If you need additional invoice documentation, please request at the completion of your service.

Please note the following policies that are in effect:

- No tax return or related information will be released until the invoice has been paid in full. Payment plans are not available.

Amendment:

Amendments for both Federal and State returns that are the result of an error and or omission of information on your behalf will result in additional accounting fees. Amendments start at \$150.00. If an amendment is necessary as result of an error and/or omission on our behalf, we will provide the forms/changes to you at no additional charge granted you do not have any outstanding invoices.

Tax Audits:

Tax audits as result of Federal and/or state letters received are billed separately if you request our services to provide data to the IRS and/or State to fulfill audit requests. You will be billed at the time of service and payments received are in full before any correspondence and supporting documents are provided to the IRS and/or State on behalf of the taxpayer. The taxpayer is responsible for providing all back up that is requested by either or both entities. In the event, the taxpayer does not have required proof of entries on original tax return submitted, then the taxpayer is fully liable for any fees, reduction in refund, penalties or tax liabilities incurred by either entity or both. **Initial** _____

Taxpayer(s) hereby requests Preparer/Filer to prepare and/or electronically file taxpayer’s return with the appropriate Internal Revenue Service Center (IRS) and other services as set forth above. Taxpayer(s) attest that all information given to Preparer is correct and that if a Bank Product has been requested, no claims exist against their Federal Tax Refund, which would cause the IRS to decline the request for direct deposit of refund. If a ERC or ERD has not been issued through the bank due to debts or current audits, the taxpayer(s) agrees to promptly pay ALL fees as set forth AND if fees are not paid within 14 days of the verbal or written request for payment, an additional \$35.00 collection charge and late fee of 5% per month will be assessed to the outstanding balance. All returned payments for nonsufficient funds will be assessed a \$46.00 fee. Failure to cancel appointments within 24 hours of your scheduled appointment may result in a \$50.00 cancellation fee.

The Taxpayer is responsible for a \$75.00 fee for all Estimates which do not result in tax preparation services. The fee MUST be paid to obtain the info/docs required to prepare the Estimate. **Initial** _____ Fee of \$45.00 due for copies of Additional Income Tax Returns if original is misplaced. **Initial** _____

Arbitration – Please read this provision carefully. It provides that any dispute will be resolved by binding arbitration. Arbitration replaces the right to go to court. You will not be able to bring a class action or other representative action in court, nor will you be able to bring any claim in arbitration as a class action or other representative action. You will not be able to be part of any class action or other representative action brought by anyone else, or to be represented in a class action or other representative action. In the absence of this arbitration agreement, you and I might otherwise have had a right or opportunity to bring claims in a court, before a judge or jury, and/or participate or be represented in a case filed in court by others (including class actions).

Initial _____

PLEASE SIGN BELOW...

Relay Accounting Management
DC Finance Management, LLC
Managing Principal:
Darlene L. Wilson

CLIENT ACKNOWLEDGEMENT:

Client Signature: _____

Print Name: _____

Date: _____

****If Direct Deposit, please provide the following information or a copy of your voided check:**

Account Name _____ Authorization Signature _____
Bank Name _____ Routing # _____ Account # _____
Type of Account: Checking / Savings

****NOTE: Below...please list additional information, comments and/or questions regarding the preparation of your tax returns.**

Internal Use Only

For Office Use Only _____ ERC _____ ERD _____ Direct Deposit _____ E-File _____ Paper Return
(previous yrs. ONLY)