

RETURNING CLIENT

Taxpayer Name _____

Email: _____

Work Phone: _____

Cell Phone: _____

Mailing Address or Same as Last Year _____

Spouse Information – If applicable

Spouse Name _____

Cell Phone: _____

What was your marital status as of Dec 31st?

Single _____ **Married** _____

If legally married but you were separated, did you live with your spouse during any part of the last 6 months of the year? **Yes** _____ **No** _____

If you are due a refund, would you like it directly deposited into your bank account? **Yes** ___ **No** ___

Same as last year: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Did you have any Crypto Currency transactions?
Yes ___ **No** ___

Did you purchase health insurance through the Exchange / Health Plan Finder? **Yes** ___ **No** ___

Did you buy or sell a home? **Yes** ___ **No** ___

Did you receive any rental income? **Yes** ___ **No** ___

Did you receive any W2's? **Yes** ___ **No** ___

Did you receive Social Security? **Yes** ___ **No** ___

Did you cash out an IRA/401K? **Yes** ___ **No** ___

Did you draw on an IRA / Pension? **Yes** ___ **No** ___

Did you have any gambling winnings? **Yes** ___ **No** ___

Did you collect unemployment? **Yes** ___ **No** ___

Did you sell any stock? **Yes** ___ **No** ___

Did you receive or pay Alimony? **Yes** ___ **No** ___

Did you contribute to an IRA/Roth? **Yes** ___ **No** ___

Did you pay on any student loans? **Yes** ___ **No** ___

Did you earn money out of state? **Yes** ___ **No** ___

Did you have a Health Savings Acct? **Yes** ___ **No** ___

Were you self-employed? **Yes** ___ **No** ___

Did you receive an ID Protection Pin? **Yes** ___ **No** ___

Did you pay for daycare / child care? **Yes** ___ **No** ___

Dependent Information

Name of Dependent: _____

Did you claim this dependent last year? **Yes** ___ **No** ___

Number of Months Living With You: _____

Name of Dependent: _____

Did you claim this dependent last year? **Yes** ___ **No** ___

Number of Months Living With You: _____

Name of Dependent: _____

Did you claim this dependent last year? **Yes** ___ **No** ___

Number of Months Living With You: _____

New Dependent Claiming This Year

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

*Can you provide proof that you are entitled to Claim these dependents this year? **Yes** ___ **No** ___

**Examples of accepted documents to show eligibility to Claim the Dependent for EIC / CTC*

School Records, Medical Records, Birth Certificate

Placement agency statement, Child care provider records, Landlord / property management statement

General Engagement Letter for Individual Tax Return Preparation

This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your **2023** tax return.

Tax Return Preparation

- We will prepare your federal and any applicable state tax returns based on the information you provide. Services for preparation of your return(s) do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns and multiple year returns.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance and consultation during the year.
- The engagement to prepare your tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting document and copies of your tax returns in a secure place for at least **seven** years. We will retain copies of records you supplied to us along with our work papers for your engagement for a period of **five** years. After **five** years, our work papers and engagement files will be destroyed.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that your claimed expenses for meals, entertainment, travel, business, gifts, charitable contributions, dues and memberships, and vehicle expenses etc. are supported by records as required by law. We will not verify the information you give us. However, we may ask you for clarification of information that is inconsistent or incomplete.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.

Statement of Understanding

- You have chosen the professionals of TAX IT EZ to prepare and file your tax return prior to **April 15th, 2024**. In doing so, you are personally telling us that you have received all your tax information (W-2s, 1099s, etc.) and that your tax return is ready to be filed. In the event that you receive additional information after we file your return, this document is your official notification that should you request our services in filing the required amended return; we will be charging you an additional minimum **\$150** for services rendered.
- **Time & Service Fee: Please note if we prepare your taxes and you decide to not complete them with our office for any reason, there will be a minimum Time & Service Fee Charged of \$150 due at the time of service. If you later change your mind and wish to have us complete your return, the \$150 will be applied to your final invoice.**
- All clients will be given one copy of their tax return. Should you need additional copies now or at a later date, we will happily provide them to you; however, there will be a **\$25 minimum** charge per copy per return.

We appreciate your confidence in us. Please call should you have any questions.

Sincerely,

Mike Murua

TAX IT EZ

Please note that we can no longer fax any tax documentation without having prior written consent on file in this office. This written consent must be given in person in our office.

Privacy Policy. The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations, responsibilities, and provision in our client billing; that you understand our responsibilities in preparing your tax returns as explained above. By signing, you also acknowledge receipt of our Privacy Policy. For a joint return, both taxpayers must sign.

Taxpayer's Signature

Spouse's Signature

Date