

Primary Tax Filer's Information

Name as Shown on your Social Security Card:

Social Security #: _____

Occupation: _____

Date of Birth: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Can anyone else claim you as a dependent?

Yes _____ No _____

Spouse Information – If legally Married

Spouse's name as shown on their SS Card:

Social Security #: _____

Occupation: _____

Date of Birth: _____

Work Phone: _____

Cell Phone: _____

What was your marital status on Dec 31st?

Single _____ Married _____

Divorced/Separated _____ Widowed _____

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 _____

Current Mailing Address:

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

Bank Name: _____

Routing Number: _____

Account Number: _____

Were you or any of the dependents College Students for the tax year? Yes _____ No _____

Did you receive a 1098T? Yes _____ No _____

Did you earn income outside of WA? Yes _____ No _____

Were you a resident of WA all year? Yes _____ No _____

Have you received any notices from the IRS or State Tax/Revenue office? Yes _____ No _____

Did you have any Crypto Currency transactions? Yes _____ No _____

Did you buy or sell a house? 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 draw on an IRA / Pension? Yes _____ No _____

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

Do you have a Health Savings Plan? Yes _____ No _____

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

Did you have any gambling winnings? Yes _____ No _____

Did you collect unemployment? Yes _____ No _____

Did you receive a State refund? Yes _____ No _____

Did you sell any stock? Yes _____ No _____

Were you self-employed? Yes _____ No _____

Did you pay / receive any Alimony? Yes _____ No _____

Date of Divorce _____

Did you contribute to an IRA/Roth? Yes _____ No _____

Did you pay on any student loans? Yes _____ No _____

Did you receive an ID Protection Pin? Yes _____ No _____

Did you receive the 1st time home buyers credit of \$7500 with a \$500 Repayment plan? Yes _____ No _____

Dependent Information Sheet.

If you alternate years with another parent of a child and it is **your year to claim** the child PLEASE add their name on the list provided.

If you are the **NON-Custodial Parent** – do you have a signed **8332 Form** that released the exemption(s) to you? **Yes**____ **No**____

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Number of Months Living With You: _____

*Can you provide proof that you are entitled to Claim this dependent this year? **Yes**____ **No**____

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Number of Months Living With You: _____

*Can you provide proof that you are entitled to Claim this dependent this year? **Yes**____ **No**____

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Number of Months Living With You: _____

*Can you provide proof that you are entitled to Claim this dependent this year? **Yes**____ **No**____

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Number of Months Living With You: _____

*Can you provide proof that you are entitled to Claim this dependent this year? **Yes**____ **No**____

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Number of Months Living With You: _____

*Can you provide proof that you are entitled to Claim this dependent 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*

Did you have any daycare expenses?

Yes____ **No**____

Did your employer provide dependent care benefits? **Yes**____ **No**____

Name of Daycare Provider

Address: _____

EIN / SS# _____

Amount Paid: \$ _____

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 **2024** 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, 2025**. 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 **\$175** 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 \$175 due at the time of service. If you later change your mind and wish to have us complete your return, the \$175 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 **\$35 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