

Nuevo Cliente

Nombre como aparece en su tarjeta de Seguro/ITIN:

Seguro/ITIN #: _____

Ocupacion: _____

Fecha de nacimiento: _____

Teléfono del trabajo: _____

Teléfono celular: _____

Correo electronico: _____

¿Alguien más puede reclamarte como dependiente?
(Padre, otro miembro de la familia o pareja?)

Si _____ No _____

Información de su esposa Si están Casado Legalmente

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Si _____ No _____

Cuál era su estado civil el 31 de diciembre?

Solo _____ **Casado** _____

¿Vivió con su esposo/esposa en algún momento en
los últimos 6 meses del año? **Si** _____ **No** _____

Domicilio:

Si se le debe un reembolso, ¿le gustaría que sean
depositados directamente en su cuenta bancaria

Si _____ **No** _____

Nombre del banco: _____

Número de ruta: _____

Número de Cuenta: _____

Usted o alguno de los dependientes fueron
estudiantes universitarios para el año?

Si _____ **No** _____

¿Ha recibido cualquier aviso de la oficina del IRS?

Si _____ **No** _____

Recibió cualquiera de los siguientes formas?

Compraste o vendiste una casa **Si** _____ **No** _____

Recibiste una W2? **Si** _____ **No** _____

Recebistes el desempleo? **Si** _____ **No** _____

Compró un seguro de salud? **Si** _____ **No** _____

Recibiste intereses de tu banco? **Si** _____ **No** _____

Cobro una cuenta IRA? **Si** _____ **No** _____

Trabajastes por tu cuenta solo? **Si** _____ **No** _____

Tienes una cuenta de ahorro de salud? **Si** _____ **No** _____

Recibio beneficios de seguro social? **Si** _____ **No** _____

Ganancia del casino? **Si** _____ **No** _____

Pagó algún préstamo estudiantil? **Si** _____ **No** _____

Recibió algún ingreso por alquiler? **Si** _____ **No** _____

Pagó por la guardería de niños? **Si** _____ **No** _____

Recibió o pagó pensión alimenticia? **Si** _____ **No** _____

Informacion de Dependientes

Nombre de
Dependiente: _____

Seguro / ITIN _____

Relacion: _____

Fecha de Nacimiento: _____

Meses vivio contigo: _____

*Puede proporcionar la prueba de que usted tiene
derecho a reclamar este dependiente de este año?

Si _____ No _____

Nombre de
Dependiente: _____

Seguro / ITIN _____

Relacion _____

Fecha de Nacimiento: _____

Meses vivio contigo: _____

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Si _____ No _____

Nombre de
Dependiente _____

Seguro / ITIN _____

Relacion: _____

Fecha de Nacimiento: _____

Meses vivio contigo: _____

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derecho a reclamar este dependiente de este año?

Si _____ No _____

***Ejemplo:**

Registros de Escuela

Registros Médicos

Acta de nacimiento

Colocación comunicado de la agencia

Propietario / gestión de la propiedad declaración

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