

AGREEMENT FOR ENGAGEMENT OF INCOME TAX SERVICES

TAXPAYER(S) NAME: _____

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. To ensure an understanding of our mutual responsibilities, we are asking you to confirm the following arrangements.

We will prepare your tax Form 1040 US Individual Income Tax Return and State Tax Returns from information which you will furnish to us. (Please initial)

We will make no audit of or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets as appropriate to guide you in gathering the necessary information. We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions.

This engagement pertains only to the tax year identified above. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. In the event information is requested by any of the parties signing this return, that information will be furnished without obtaining the additional consent of any other party. You have final responsibility for your tax returns. We will provide you with a copy of your tax returns and accompanying schedules and statements for review prior to filing with the IRS and state and local tax authorities, as applicable. You agree to review and examine them carefully for accuracy and completeness.

You will be required to verify and sign a completed Form 8879, *IRS e-file Signature Authorization*, and any similar state and local equivalent authorization form and return this to our office before your returns can be filed electronically. In the event that you do not wish to have your tax returns filed electronically, please contact our firm. Additional procedures will apply. You will be responsible for reviewing the paper returns for accuracy, signing them, and filing them timely with the tax authorities.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover fraud, embezzlements, or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. We will retain our work papers and a copy of your tax return for your engagement for six years. All of your original records will be returned to you with your tax return. If you should need additional copies of your tax return, we will provide that directly to you for an additional fee.

Your returns may be selected for review by the taxing authorities. If your tax return is selected for examination or audit, you may request that we assist you in responding to such inquiry. In that event, we would be pleased to discuss providing assistance to you under the terms of a separate engagement for that specific purpose.

Fees for our services are based on our normal firm rates; you may request an estimate of that fee upon submission of your information. Prepared returns may not be released or electronically filed without full payment. If you fail to pay for our services in full on or before the due date set forth on our invoices, statements or fees, we reserve the right to assess you with a monthly service charge equal to 1% of all fees and

disbursements which are past due. This monthly service charge will be billed to you at the beginning of each month in which a late payment occurs. In no event will the service charge be greater than permitted by any applicable law.

Our maximum liability to you arising for any reason relating to services rendered under this letter shall be limited to the amount of fees you paid for these services. In the event of a claim by a third party relating to services under this letter, you will indemnify us from all such claims, liabilities, costs and expenses, except to the extent determined to have resulted from our intentional or deliberate misconduct. If any dispute arises (between/among) the parties hereto, the parties agree first to try in good faith to settle the dispute through non-binding mediation. The costs of mediation shall be shared equally by the parties.

The parties agree that, if any dispute cannot be settled through mediation, the dispute may then be brought before a court of competent jurisdiction, but the matter will ultimately be decided by the court, sitting without a jury. **The parties recognize they have knowingly and voluntarily agreed to waive all rights to have any such dispute determined by a jury**, but otherwise retain all rights afforded under the applicable civil justice system.

This agreement also informs you of our privacy policy (our full privacy policy is available on our web page). We value your trust and confidence and want to assure you that we keep information about you secure and confidential. We adhere to the highest level of professional ethical standards and obligations to protect the confidentiality of all client information. We do not disclose any non-public personal information about our clients or former clients to anyone. We restrict access to non-public personal information to those professionals necessary to prepare your income tax return, and maintain physical, electronic and procedural safeguards to protect your non-public information.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so on page 2 of this agreement. If we do not receive the executed copy of this agreement from you, receipt of your tax return data, (and/or organizers for Individuals), will acknowledge your acceptance of the terms of this agreement.

Both taxpayer and spouse must sign this agreement. If for any unforeseen reason, a spouse is not able to sign, please read and fill in the area below the signature box.

Accepted by: _____ Taxpayer- PRINT NAME	_____ Taxpayer- SIGNATURE
_____ Spouse (If Applicable)- PRINT NAME	_____ Spouse (If Applicable)- SIGNATURE
Date: _____	

“This engagement letter is signed by _____ on behalf of her/himself and for and on behalf of _____, wife and husband and their marital (both taxpayer and spouse first and last names) community with full authority to sign on his/her and their behalf.”

Are you a returning client?
 Yes No

****DO NOT TAKE A PICTURE OF THESE FORMS AND SEND THEM IN: EMAIL PDF'S OR FAX ONLY****

Tax2Go_Client Profile & Tax Prep Info

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

- Please complete pages 1-4 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask or provide info below

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Mailing address			Apt #	City	
				State	ZIP code
4. Your Date of Birth	5. Your job title		6. Last year, were you:		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
				b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse:		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
				b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No					

12. Provide Social Security Number and an email address **(If filing a joint return, please provide an email address for you and your spouse):**

Primary Tax Payer SS: - -

Secondary Tax Payer SS: - -

Primary Tax Payer Email:

Secondary Tax Payer Email:

Part II – Marital Status and Household Information

1. As of **December 31, 2022**, what was your marital status?

<input type="checkbox"/> Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Married	a. If yes , did you get married last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Did you live with your spouse during any part of the last six months last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Divorced		
<input type="checkbox"/> Legally Separated	Date of separate maintenance decree	_____
<input type="checkbox"/> Widowed	Year of spouse's death:	_____

1. List the names and information below of anyone you will be claiming as a dependent

**** PLEASE COMPLETE ALL FIELDS****

Name: (first, middle and last) As it appears on SS Card Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship <i>Ex: son, daughter, parent, other, etc...</i>	Number of months lived in your home last year	Social Security Number	Single or Married as of 12/31/21 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes, no, n/a)	Did this person have less than \$4,300 of income? (yes, no, n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/n/a)	Did this dependent attend daycare (yes/no) <i>(Continue and fill in paid \$ amount below)</i>

Daycare Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: (____) _____ - _____

Tax ID OR SS Number: _____ - _____

Amount Paid: \$ _____

(Please advise how much you paid per dependent)

****NOTE****

**For dependents that you list here...
PLEASE SEND A COPY OF THEIR SS CARDS**

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Did You (or Your Spouse) Receive any of the following? If YES, please send with your tax docs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (Such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post-secondary educational expenses for yourself, spouse or dependents? (Send Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12) (Send Form)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2021?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (B) Receive Advanced Child Tax Credit payments? (PLEASE SEND LETTER FROM IRS)

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive your Tax Return copy in a language other than English? Yes No If yes, which language? _____
2. Presidential Election Campaign Fund *(If you check a box, your tax or refund will not change)*
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse
3. If you are due a refund, would you like: a. Direct deposit Yes No c. To split your refund between different accounts Yes No
4. If you have a balance due, would you like to make a payment directly from your bank account? Yes No
5. Did you live in an area that was declared a Federal disaster area? Yes No If yes, where? _____

6. **Bank Information:** Routing: _____ Account #: _____

Additional Comments/ Questions:

Primary Signature	Date
Secondary taxpayer Signature:	Date

****MULTIPLY DEDUCTIONS BY A 12 MONTH PERIOD. LIST FINAL DOLLAR AMOUNTS ON EACH LINE****

ADDITIONAL TAX DEDUCTIONS	\$ AMOUNT PAID
Previous Year Income Tax Preparation	\$
Safe Deposit Box	\$
Job Education Expenses	\$
Safety Equipment	\$
Small Tools (Estimated life 1 Yr. or less).	\$
Subscriptions /Memberships	\$
Business Phone, Fax Expenses	\$
Uniforms (Not General wear) Cost	\$
Uniforms (Laundry Service)	\$
Union Dues & Professional Dues	\$
IRA Contribution	<i>Provide doc(s)</i>
NON-REIMBURSED EMPLOYEE BUSINESS EXPENSES	
Business Miles	\$
Comuting Miles	\$
Business Meals and Entertainment	\$
Business Travel	\$
Hotel Stay for Business Travel	\$
Auto Expenses	\$
Transponder	\$
Toll Fee	\$

****NOTE: IF YOU ARE SELF-EMPLOYEED****
DO NOT ADD THOSE DEDUCTIONS HERE
DOWNLOAD THE "SELF-EMPLOYEED"
FORM ON MY WEBSITE, COMPLETE AND
SUBMIT!