

# Tax Preparation Worksheet and Engagement Letter

Full Legal Name: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Mobile \_\_\_\_\_ Email \_\_\_\_\_

Job/Occupation: \_\_\_\_\_

## SPOUSE

Legal Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Months during the year lived in taxpayer's home: \_\_\_\_\_

## DEPENDENT

Legal Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship to Taxpayer: \_\_\_\_\_

Months during year lived in taxpayer's home: \_\_\_\_\_

Percentage of Support Provided: \_\_\_\_\_

## DEPENDENT

Legal Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship to Taxpayer: \_\_\_\_\_

Months during year lived in taxpayer's home: \_\_\_\_\_

Percentage of Support Provided: \_\_\_\_\_

## DEPENDENT

Legal Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship to Taxpayer: \_\_\_\_\_

Months during year lived in taxpayer's home: \_\_\_\_\_

Percentage of Support Provided: \_\_\_\_\_

(PLEASE CIRCLE ONE)  
**Single**      **Married Filing Joint**      **Married Filing Separate**      **Head of Household**      **Qualifying Widower**

Yes      No      I have been disallowed the Earned Income Credit in a previous year.

Yes      No      I would like my return electronically filed.

Yes      No      I would like my refund direct deposited. **A voided check is required. (No deposit slips)**

Dear Client:

We will prepare your individual Federal and State Income tax returns for the year ended 12/31/12 and previous, if desired. We will not audit or verify the data you submit to us, however, we may ask you to clarify some of the data. We will be available to assist and guide you in gathering the necessary information, by furnishing you with questionnaires and/or worksheets, and by answering your questions.

It is your responsibility to provide all the information necessary to complete your tax returns. You should retain all the documents, receipts, and canceled checks and other records to substantiate the items of income and deductible expenditures, which are claimed on your return. You have the final responsibility for the information on the income tax returns. Please review the tax returns carefully before signing and filing them.

Fees for our services will be at our standard form rates unless additional time is needed to compile the information provided. In this situation fees for services will be at our standard form rates plus the additional time billed at \$100 per hour. Our invoices are due and payable upon presentation.

If the foregoing is in accordance with your understanding of the terms and conditions of our engagement, please sign and date below.

Read and Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

**(Continued On Next Page)**

**Privacy Policy:**

It has always been the policy of the firm to keep all information that we collect from you confidential from all sources. We restrict access to all nonpublic personal information about you to members of our firm who need to know that information to provide services to you. We do collect nonpublic personal information about you from the following sources:

- \* Information we receive from you on tax preparation organizers, worksheets, Federal and State tax reporting forms, and from other documents we use in tax preparation or other financial and related services.
- \* Information about your transactions with us, our affiliates, and others, and
- \* Information we may receive from outside agencies such as banks and brokerage houses.

We do not disclose any nonpublic personal information about our clients or former clients, except as permitted, required or approved by you in writing as listed below:

- \* Requirements to comply with federal, state or local law,
- \* Requirements to comply with National, State or local licensing rules,
- \* Requirements to disclose information in response to legal subpoenas,
- \* Items you permit or request us to disclose, as authorized by you in writing,
- \* Information, which you authorize us to disclose by signing this engagement letter, to electronically file your tax return, when applicable, and
- \* Information, which you authorize us to disclose by signing this engagement letter, that discloses that you are our client, without disclosure of financial or other personal information.

I have read, understand and accept the conditions of the engagement letter and the privacy policies discussed above.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**How did you hear about the firm?**

( ) Returning Client

( ) Referred by \_\_\_\_\_

( ) Other \_\_\_\_\_

As part of our commitment to providing our clients with the best and most comprehensive services possible, we would like to get your input to the client profile survey below.

**Personal Finances**

- Retirement Income:** I am concerned about the amount of money I'll need for retirement, and whether or not my current investments will allow for a comfortable retirement.
- Education Funding:** I would like to be well-prepared to pay for my children's education, and to take advantage of all tax and investment strategies available.
- Investments:** I would like to maximize the return on my current savings and investments.
- Family:** I would like to help ensure that my family is financially secure in the event that I am unable to provide for them due to an untimely death or disability.
- Estate Planning:** I am interested in learning more about possible tax advantages through estate planning.
- Disability Income**             **Long Term Care**
- Updating Annuities**         **Insurance coverage, beneficiary information, dividends, ect.**