

Information below the same as last year? Check this box and just fill out your name and billing info.

Taxpayer

Spouse

Full Name _____

Full Name _____

Occupation _____

Occupation _____

SSN _____

SSN _____

Date of Birth _____

Date of Birth _____

Daytime No. _____

Daytime No. _____

Mobile No. _____

Mobile No. _____

Email _____

Email _____

Current Address _____ APT# _____

Have you moved since filing
your last return? _____

City _____ State _____

Zip _____

Date of Move _____

County _____

Dependents

Legal Name	Birthdate	SSN#

Payment Information

We must have your valid payment information on file prior to starting on your return.

Checking account:

Routing Number _____ Account Number _____

Credit Card Number _____

Expiration Date _____ Billing Zip Code _____

Best Practices

There are a number of “Best Practices” we ask our clients to follow to facilitate the preparation of complete and accurate tax returns. Your adherence to these practices will enhance our productivity which will help us control our costs and, in turn, your fees.

• ***Use our latest Worksheets***

- Our Worksheets and Forms have been updated to reflect changes in the tax law and emphasis applied by the IRS
- For Schedule C filers, you have two basic sets of business expense report options. Please use the appropriate worksheets for your business.
 - Real Estate Sales Deductions for real estate agents
 - Business Professional Deductions for all other businesses
- Our worksheets are available in Excel and fillable-pdf formats. If you choose to handwrite the expense entries, please use a pen.
- If you prefer to provide your income and expenses in the form of a P&L from applications, such as Quick Books, please provide an Excel version in cash basis accounting. In addition to your P&L, you must also complete both the Home Office and Vehicle Worksheets.

▪ ***Do not send us original tax documents***

- You need to retain the originals for reference when we have questions on the documents you sent.

▪ ***Reproduction, Scanning, and Transmission of your documents***

- The best way to transmit your documents to us is using our secure Dropbox.
- Please make sure you set your scanners to “scan to pdf”. Do not send .tiff or .jpeg files or send us documents generated using your cell phone or tablet. We will request that they be resent in .pdf format.
- Please review your scans to make sure they are completely legible before you send them to us.

▪ ***Provide copies of all tax reporting forms***

- To prepare your return, we are required to obtain copies of all of your W-2’s, 1099’s from retirement, interest, dividends and brokers, Forms 1095 for health insurance, bank Forms 1098 and any other official IRS documents.
- Statements – if they are double sided, please remember to scan and provide both sides.

▪ ***Complete the Client Information Package***

- There are two pages which **require signatures**:
 - Page 4 (Engagement Letter)
 - Page 6 (Certification Statement at the bottom of the Client Questionnaire)
- Please include payment information on the Client Profile (Page 1). This will allow us to initiate work on your returns.

▪ ***Encrypted Documents***

- If your documents or files are encrypted, you must provide the access password. If the password is not provided at the time we start working on your returns, your file will be moved to the end of the work queue.

Tax-Masters, Inc.

Name: _____ Date: _____

Dear Client:

Thank you for selecting Tax-Masters, Inc. for your tax preparation needs and related work. This letter is to confirm and specify the terms of our engagement with you, which shall also apply to any additional services we provide to you. We may, from time to time, modify our terms of engagement for future services and will provide a copy of the modified terms of engagement to you at such time.

Services to be Provided

You are engaging us to prepare the tax returns for the calendar year _____ (Please enter) as indicated below. (Please place a checkmark in the box besides the returns you would like us to prepare, specifically listing ALL state and local returns.)

- | | | |
|--------------------------|--------------------------------------------------------|-------|
| <input type="checkbox"/> | Federal Income Tax Return -- Form 1040 | |
| <input type="checkbox"/> | State Income Tax Return(s) (please list states) | _____ |
| <input type="checkbox"/> | City Income Tax Return(s) (please list cities) | _____ |
| <input type="checkbox"/> | Other Tax Returns (Personal Property, etc.) | _____ |

We are not responsible for returns not on the list. We are under no duty to review the information you provide to determine whether you may have a filing obligation with another state, city or other locality. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request as separate engagement.

This engagement letter does not cover the preparation of any financial statements, or any other accounting or advisory services which, if we are to provide, will be covered under a separate engagement.

You understand that you are responsible for making all financial records and related information available to us so that we may perform these services and that you are responsible for the accuracy and completeness of the information you supply. This responsibility includes the maintenance of adequate records and related internal controls over financial reporting. Additionally, upon our request, you are responsible for providing us all the documents, receipts, cancelled checks and other records required to substantiate the financial records. We will return to you all of your original records. The work papers and files prepared by us in connection with the performance of this engagement are the property of this firm. You should retain all of these records that form the basis of income and deductions for a minimum of 7 years. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns; therefore, you should review them carefully before you sign them.

Completion of our Worksheets, Client Questionnaire, and other forms requiring specific information in their entirety will assist us in preparing accurate and complete tax returns. In providing this information to us, you represent that the information you are supplying is truthful,

accurate and complete to the best of your knowledge and that you have truthfully disclosed to us all income and other relevant facts affecting the returns. You further represent that you have provided us true, correct and complete information regarding amounts you claimed as tax deductions and have maintained written documentation supporting all amounts, including log books and receipts. We will not audit, and normally we will not verify, any information that you provide.

If a question arises regarding the interpretation of tax law and a conflict exists between the tax authorities' interpretation of the law and other supportable positions, you understand that we will use our professional judgment in resolving the issue. In addition, our staff works as team and information may be shared with other Tax-Masters, Inc.'s consultants to provide you with the best possible service. Your personal information will not be given to any outside individual without your express written permission.

We are not responsible for disallowed deductions or credits or for the inclusion of additional unreported income including any resulting taxes, penalties or interest. Further, we are not responsible for the payment of any penalties imposed on returns that are late, underpaid, or incorrect. You agree to be responsible for all amount owed to the IRS or to any state revenue department.

Due to new tax regulations requiring preparation of additional forms, your fees may increase from prior years. We will make every effort to advise you of these changes as we evaluate your tax situation.

Our standard tax preparation fee does not include responding to inquires or examination by taxing authorities or third parties. These are a separate engagement from the preparation of the tax returns. You understand that you will be charged an additional fee if we are asked to assist or represent you in a tax examination or inquiry. You agree to immediately notify us upon the receipt of any correspondence from any agency covered by this letter.

Assisting you with your compliance with the Corporate Transparency Act ("CTA"), including beneficial ownership information ("BOI") reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA. Information regarding the BOI reporting requirements can be found at: <http://www.fincen.gov/boi>. Consider consulting with legal counsel if you have questions regarding requirements and issues surrounding the collection of relevant ownership information.

Our fees for services will be based on the amount of time required at our standard hourly rates, plus the cost of any ancillary services and actual out-of-pocket expenses. Certain cases may require up-front payment to begin work. Our invoices for these fees will be rendered periodically as work progresses and are payable on presentation. In accordance with our firm policy, work may be suspended if your account is more than ten (10) days outstanding and will not be resumed until your account is paid in full. If we elect to terminate our services for non-payment you will be obligated to compensate us for all time expended and costs incurred through the date of termination. In the event we pursue collection of your account, you agree to be responsible for all costs that we incur including attorneys' fees and associated expenses.

We are pleased that you are entrusting your work to us, and we will do our best to provide you with prompt, high quality and cost-effective services. To memorialize our engagement agreement, please countersign the enclosed copy of this letter and return the same to our office.

Sincerely,
Tax-Masters, Inc.

By: Linda deMarlor
Linda de Marlor, President

READ, UNDERSTOOD AND AGREED: The terms and conditions of your engagement are accepted.

I/we agree to retain Tax-Masters, Inc. and agree to be jointly and severally responsible for the payment of your fees and other charges as set forth in this engagement agreement. I/we agree to review all documents prepared by Tax-Masters Inc. on my behalf to ensure accuracy prior to submittal to any government agency. Tax-Masters Inc. is not responsible for providing any of the deductions taken on my tax return(s). I/we have provided this information from my own tax records and I have proof of my deductions and income.

Taxpayer Signature Date

Taxpayer's Printed Name

Spouse Signature Date

Spouse's Printed Name

Company: _____

By: _____
Individual Name, individually and on behalf of Company Name

Title: _____

Client Questionnaire

Name:	2023	
The following items may affect your tax return. Please answer <u>all questions</u> carefully. Questions pertain to calendar year 2023 unless otherwise noted. If married filing jointly, questions apply to you and your spouse.	Y	N
1) Are you a new Tax-Masters client, newly married or adding dependents? If so, please provide copies of the Social Security Cards for all individuals not previously listed on your tax returns.		
2) Did you pay or receive alimony? (Do not include child support). Please provide: Name and SSN of individual to/from whom you paid or received payment, amount paid or received, and effective date of divorce. If date is Jan 1, 2019 or later, no information is needed.		
3) Did you pay child care costs for a dependent child under 13, or costs of caring for a disabled dependent or spouse, so you could work, attend school or look for a job? If yes, provide the amounts paid for each individual and the names, address and taxpayer ID numbers of the care providers. Use the Tax-Masters Itemized Deduction Worksheet to provide this information.		
4) Did you pay an individual \$2,600 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook or gardener? (You are required to issue a W-2 to the provider) Please provide a copy of the W-2 and the amount of State Unemployment Taxes (SUTA) paid.		
5) Did you receive any Earned Income not reported on a W-2 or 1099? (i.e., household employment wages, tips, Medicare waiver payments, etc.) If "YES", please provide information as to the nature and amount(s) of such income.		
6) Did all members of your household (you, your spouse and your dependents) have health care coverage for the entire year?		
7) Did you receive an advance premium for health insurance purchased through a Health Insurance Marketplace (Exchange)? If yes, attach Form 1095-A.		
8) Did you (or do you plan to before April 15, 2024) contribute to a <u>health savings account (HSA)</u> for 2023? Please provide a copy of Form 5498-SA which shows the amount contributed.		
9) Did you receive any distributions from your <u>health savings account (HSA)</u> in 2023? Please provide a copy of Form 1099-SA which shows how much was distributed. Was a 100% of the amount distributed used to pay for qualified medical expenses?		
10) At any time during 2023, did you receive (as a reward, or payment for property or services) or sell, exchange, gift, or otherwise dispose of a Digital Asset/Virtual Currency? . If you engaged in such transactions answer "YES" and provide related documentation including sales proceeds and basis. If the only transactions in 2023 were purchases, answer "NO."		
11) Were you granted stock options by your employer and/or exercised employer stock options? Did you sell any stocks that were obtained through employer stock options? If YES, please provide documentation related to those transactions.		
12) Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account) located in a foreign country at any time during 2023? A financial account is located in a foreign country if it is physically located outside the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S. If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a military installation) exceed \$10,000 at any time during the year?		
13) Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?		
14) Do you have financial accounts maintained by a foreign (non-US) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing jointly)?		
15) Did you own any foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?		
16) Did you have any debts cancelled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy? Please provide a copy of Form 1099-C.		

Client Questionnaire

(continued)

The following items may affect your tax return. Please answer all questions carefully. Questions pertain to calendar year 2023 unless otherwise noted. If married filing jointly, questions apply to you and your spouse.	Y	N
17) Did you (or do you plan to before April 15, 2024) contribute to a Traditional IRA or Roth IRA for 2023? Note: This question does not pertain to SEP IRAs, SIMPLE Plans or SOLO 401Ks		
18) Did you convert a traditional IRA or rollover a qualified plan distribution to a Roth IRA in 2023? If yes, please provide a copy of Form 1099-R		
19) Did you have a Solo 401K or other qualified pension plan (connected with self-employment) with plan assets equal to or greater than \$250,000 at the end of the tax year? (This question does not pertain to SEP IRAs).		
20) Did you make an contributions to an <u>In-State</u> Qualified Tuition Program (QTP -- 529 Plan) for 2023? If so, please provide the Annual Account Statements showing amounts contributed, name of the beneficiary(ies), and account numbers associated with each contract held.		
21) Did you have any children under age 19 (or age 19-23 and full-time students) who had unearned income (dividends, interest, capital gains, etc.) over \$1,250 for 2023? Please provide appropriate Forms 1099-INT, 1099-DIV or 1099-B.		
22) Did you make gifts totaling more than \$17,000 to any individual or a trust during the year? If so, please provide recipient's name, tax id, address, relationship to you and the amount of the gift.		
23) In 2023, did you purchase an Electric Vehicle (EV) or plug-in electric vehicle? If YES, please provide a copy of the Purchase Order and the Clean Vehicle Tax Credit Seller Report.		
24) Did you purchase any NEW residential energy efficient home improvements beginning January 1, 2023? e.g. A/C, water heater, exterior doors/windows, insulation systems, or solar electric systems, etc. Did you conduct an energy audit for your main home in 2023? If "yes", provide a written report prepared by a home energy auditor.		
25) Are you a grade K-12 Teacher? If yes, enter amount of out-of-pocket classroom expenses you paid or incurred: \$ _____		
26) Did you refinance or draw on an Equity Line this year (2023)? If yes, When & How Much? Date: _____ Additional Loan Amount: _____ (See next line). Please attach explanation of what the additional loan was used for. Provide a copy of the closing disclosure document(s) and Forms 1098 showing amount of interest paid.		
27) Were you or your spouse Issued an Identity Protection PIN by the IRS? Taxpayer PIN: _____ Spouse PIN: _____ Please note that a new PIN is required for each calendar year. Please provide a copy of the IRS letter assigning the PIN.		
28) Did you receive any notices from the IRS or a state taxing authority? (Attach a copy for any adjustment notices or unresolved issues.)		
29) To assist us in End-of-Year Tax planning for 2024, do you expect any significant changes in your income or expenses for 2024? If so, please provide your best quantitative estimate of those changes. Also, please provide any anticipated changes in marital status, adding or deleting dependents, etc. in 2024.		
30) If you are due a refund, do you wish to have the refund directly deposited in your savings/checking account? If "yes" please provide the following account information: Name of Bank _____ Type of Account: Checking _____ Savings _____ Bank Routing Number _____ Account Number _____ Do you wish to apply some or all of your refund to next year's estimated taxes?		

CERTIFICATION

To the best of my/our knowledge and understanding the answers provided in this Questionnaire are accurate and complete.

TAXPAYER	SPOUSE
Signature: _____ Date _____	Signature: _____ Date _____

Itemized Deductions and Credits

NAME:		YEAR:		2023	
Medical Expenses	Taxpayer	Spouse	Interest and Taxes	Primary	Secondary
Prescriptions			First Mortgage Interest		
Doctor/Dentist/Nurses			Second Mortgage Interest		
Hospitals and Nursing Homes			Equity Line Interest		
Non-employer Insurance Premiums (Self-Paid)			Equity Line Principal Balance ¹		
Medicare Insurance Premiums (Part B)			Real Estate Taxes		
Medicare Insurance Premiums (Part D)			Personal Property Taxes (Cars, Boats, Other)		
Insurance Premiums (Medicare Supplemental Coverage)			¹ Provide balance as of 12/31/2023. Please attach statement showing amounts applied to home improvements and personal use.		
Insurance Premiums (Pension Plans)			Charitable Contributions		Amount
Dental and Vision Care Insurance Premiums			Cash/Checks/Credit Cards ^{2,3}		
Insurance Premiums Health Ministries (or Other)			Churches/Synagogues ^{2,3}		
Long-Term Care Premiums			Non-Cash ⁴		
Out-of-Pocket Expenses			² Taxpayers must maintain receipts to substantiate donations.		
Medical Mileage			³ Taxpayers are required to obtain a letter of acknowledgement from the qualified nonprofit organization for any single donation of \$250 or more.		
Other Medical			⁴ If the aggregated FMV of all non-cash donations is greater than \$500, complete the Non-Cash Donation Worksheet on the next page. Please follow the instructions shown at the bottom of the worksheet. Please note that, in order to be deductible, the goods donated must be in "Good" condition.		
Gambling Wins/Losses (including online gambling)	Amount				
Gambling Winnings					
Gambling Losses					
Please provide copies of W-2Gs or other tax documentation					
Dependent Care Costs					
Complete if you pay child care costs for a dependent child under 13, or costs of caring for a disabled dependent or spouse, so you can work, attend school, or look for a job. (Care includes attendance at summer camps).					
Child, Dependent or Spouse			Child, Dependent or Spouse		
Amount Paid			Amount Paid		
Care Provider Name			Care Provider Name		
Care Provider Tax ID Number			Care Provider Tax ID Number		
Care Provider Street Address			Care Provider Street Address		
Care Provider City, State, Zip			Care Provider City, State, Zip		
Amount, if any reimbursed by your employer			Amount, if any reimbursed by your employer		

