

Questionnaire

Personal Information		Y N		Personal Information cont.		Y N	
Did your marital status change during the year? If yes, explain: _____		<input type="checkbox"/> <input checked="" type="checkbox"/>		Do you hold interest in a foreign entity? _____		<input type="checkbox"/> <input checked="" type="checkbox"/>	
Did you change any <u>bank accounts</u> that have been used to direct deposit (or direct debit)? Act # _____ Rtg # _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/>		Did you make any <u>out-of-state purchases</u> (by telephone, internet, mail, or in person) for which the seller <u>did not collect state sales or use tax</u> ? _____		<input type="checkbox"/> <input checked="" type="checkbox"/>	
Would you like any potential <u>tax refunds</u> to be: <input type="checkbox"/> Direct deposited <input type="checkbox"/> Applied to 2026 Estimated Taxes <input type="checkbox"/> Refunded by check				Dependent Information		Y N	
Did you, your spouse, or any dependents receive an Identity Protection PIN (<u>IP PIN</u>) from the IRS or have you been a victim of identity theft? <u>Attach</u> the IRS letter.				Were there any changes in dependents from the prior year? If yes, explain: _____			
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.		<input type="checkbox"/> <input checked="" type="checkbox"/>		Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,700?		<input type="checkbox"/> <input checked="" type="checkbox"/>	
Did you make any <u>Federal</u> quarterly estimated tax payments or extension payments? If so, list payment dates and amounts: Date _____ Amt _____		<input type="checkbox"/> <input checked="" type="checkbox"/>		Did you provide <u>over half</u> the support for any other person(s) other than your dependent children during the year?		<input type="checkbox"/> <input checked="" type="checkbox"/>	
Did you make any <u>State</u> quarterly estimated tax payments or extension payments? If so, list payment dates and amounts: Date _____ Amt _____		<input type="checkbox"/> <input checked="" type="checkbox"/>		Did you pay for <u>childcare</u> while you worked, looked for work, or while a full-time student? If yes, please list amount paid, provider name, address, and tax ID in the Notes section.		<input type="checkbox"/> <input checked="" type="checkbox"/>	
Did you make <u>gifts</u> of more than \$19,000 to any individual? Are you self-employed and ONLY if you're <u>self-employed</u> , did you utilize an area of your home for business purposes? Did you engage in any <u>bartering</u> transactions? Did you pay any individual as a <u>household employee</u> during the year? Did you make <u>energy-efficient improvements</u> to your main home this year? Did you receive a distribution from, or were you a grantor or transferor for a <u>foreign trust</u> ? Did you receive a gift or <u>inheritance</u> from a <u>foreign person</u> in excess of \$100,000? Did you have a financial interest in or signature authority over a financial account (not related to a US bank account, securities account, or brokerage account) located in a <u>foreign country</u> ?				Health Care Information		Y N	
				Did you have <u>health care coverage</u> for you or your family? If yes, attach any Form(s) <u>1095-B</u> and/or <u>1095-C</u> you received. Did you have insurance with Covered California or healthcare.gov for ANY month of last year? If so, please provide Federal Form(s) <u>1095-A</u> .			
		Did you have a Health Savings Account (HSA) or Archer MSA associated with your health insurance? If yes, please be sure to send your Forms <u>1099-SA</u> and <u>5498-SA</u> . Did you pay <u>long-term care premiums</u> for yourself or your family?				<input type="checkbox"/> <input checked="" type="checkbox"/>	
		If you are a <u>business owner</u> , did you pay health insurance premiums for your employees this year?				<input type="checkbox"/> <input checked="" type="checkbox"/>	
		Income Information		Y N			
		Did you receive any <u>unemployment</u> or <u>disability</u> benefits during the year?				<input type="checkbox"/> <input checked="" type="checkbox"/>	
		Did you receive <u>tip income</u> not reported to your employer this year?				<input type="checkbox"/> <input checked="" type="checkbox"/>	
		Did you receive any awards, prizes, hobby income, gambling or lottery winnings?				<input type="checkbox"/> <input checked="" type="checkbox"/>	
		Did you receive any self-employment income?				<input type="checkbox"/> <input checked="" type="checkbox"/>	

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Income Information cont.	Y	N	Itemized Deduction Information	Y	N
Do you expect a large <u>fluctuation</u> in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out-of-pocket <u>medical expenses</u> (Copays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any Crypto, NFT or other <u>virtual currency</u> transactions during the year (including from an airdrop or a hard fork, or use virtual currencies to pay for goods or services)?	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any cash or non-cash <u>charitable contributions</u> (clothes, furniture, etc.)? Cash/check/credit card total: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you exercise any <u>Incentive Stock Options</u> . If so, please include all Form(s) <u>3921</u> .	<input type="checkbox"/>	<input type="checkbox"/>	Non-cash total: _____ If over \$250 non-cash contribution, enter Dates & Organizations in Notes section.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any rental income during the year?	<input type="checkbox"/>	<input type="checkbox"/>	Did you donate a vehicle or boat during the year? Attach Form <u>1098-C</u> .	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new business, or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay <u>real estate taxes</u> for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold <u>prior</u> to this year?	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any <u>mortgage</u> interest on an existing home loan? Attach all Form(s) <u>1098</u> .	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year, or refinance a loan? If so, please provide escrow statements.	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental property, real estate, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>	Questions and Notes for your Preparer:		
Did you have any debts canceled or forgiven this year, such as a home mortgage, student loan(s), or credit card debt? Attach Form <u>1099-C</u> .	<input type="checkbox"/>	<input type="checkbox"/>			
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>			

Retirement Information	Y	N
Did you receive any <u>Social Security</u> benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to an IRA, SEP or other retirement plan, <u>aside from any contributions made to a plan that was sponsored by your employer</u> ?	<input type="checkbox"/>	<input type="checkbox"/>

Education Information	Y	N
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? Attach Form(s) <u>1098-T</u> .	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account? Please provide Form <u>1099-Q</u> .	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire

Contact Information:

Taxpayer Name: _____

Spouse Name: _____

Taxpayer Email: _____

Spouse Email: _____

Address: _____

City, State, Zip: _____

Taxpayer Mobile Phone: _____

Spouse Mobile Phone: _____

Engagement Letter

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 mutual understanding of our responsibilities, we request all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state income tax returns based on the information you provide to us. While we will not audit or independently verify the data, we may request clarification or additional information as needed. To assist you, we will provide questionnaires and worksheets to guide you in gathering the required documents. Using these tools can help minimize preparation time and associated fees.

It is your responsibility to provide all necessary information to prepare accurate and complete tax returns. Please retain all supporting documents, canceled checks, and other records that substantiate your income and deductions, as these may be required by taxing authorities to verify your returns.

You bear the final responsibility for reviewing and approving the accuracy of your tax returns before signing and filing them.

We value your privacy and are committed to maintaining the confidentiality of your information. All information you provide will be kept secure and used solely for the purpose of preparing your tax returns, except as required by law or with your explicit consent.

Our fees for preparing your tax returns are based on time spent on your returns and the forms required.

All invoices are due and payable upon presentation. Tax returns cannot be electronically filed until payment is made in full. Accepted payment methods include cash, check, and major credit cards (MasterCard or Visa).

Your tax returns may be selected for review or audit by taxing authorities. Should this occur, any proposed adjustments are subject to your rights of appeal. Upon your request, we will represent you during such examinations and provide additional services as needed. Please note that these services will be billed separately based on the time and expenses incurred.

We are not responsible for any penalties, interest, or other costs resulting from incomplete, inaccurate, or late submission of information by you. It is essential that you provide all required data in a timely and accurate manner.

If the terms outlined in this letter reflect your understanding, please sign and return this letter when submitting your source documents.

Signature: _____

Date: _____