

Elite Tax & Financial Services, LLC

1241 S. Main St. Suite 21, Wake Forest, NC 27587 919-554-9400

Tax year 2024

CLIENT INFORMATION FORM New ___ Existing ___

Please fill out all questions completely, this will avoid the preparer contacting you for questions on this form. There will be extra charge for emails asking you questions on this form.

Last year's Preparer or company that prepared your returns _____

Personal Contact Information

Filing Status: Single ___ Head of Household ___ Married/Joint ___ Married/Separate ___ If Divorced and receive or pay

All clients will receive a digital copy of their tax returns if they have a portal set up.

If you want a paper copy you will have to come to the office and we will print it at that time and give it to you.

Taxpayer SS# _____ Spouse SS# _____

Taxpayer's Name: _____ Spouse Name: _____

Taxpayer's Date of Birth: _____ Spouse Date of Birth: _____

Taxpayer's Date of Death: _____ Spouse Date of Death: _____

Taxpayer's Occupation: _____ Spouse Occupation: _____

Taxpayer's Cell Phone: _____ Spouse Cell Phone: _____

Home phone (if applicable) _____

Taxpayer's accurate E-mail: _____ Spouse accurate E-mail: _____

Please provide an email that you use because this is the main way we communicate with taxpayers.

Address Information

Street: _____ City: _____ State: _____ Zip: _____

Primary contact person for tax-related matters? _____

Dependent Information

Full Name: _____ M ___ F ___ 3. Full Name: _____ M ___ F ___

Date of Birth: _____ Date of Birth: _____

SS#: _____ SS#: _____

1. Full Name: _____ M ___ F ___ 4. Full Name: _____ M ___ F ___

Date of Birth: _____ Date of Birth: _____

SS#: _____ SS#: _____

How did you hear about us? _____

Or were you referred by someone, please let us know who? _____

Please verify if you would like the following (must be filled out completely if you answer YES):

Getting a refund and would like Direct Deposit ___ YES OR ___ NO (Check one)

You are owing and would like Direct Debit ___ YES (specify direct debit date _____) OR ___ NO

Name of Bank _____ Checking or ___ Savings (Check one)

Routing # _____ Account # _____ must have if you want direct deposit or direct debit

If you don't fill something out then we are assuming it doesn't apply to you.

Did you or your spouse live in another state last year:

Live in any other states? Yes ___ No ___ If yes, what states and the date you lived and worked there:

Please check all that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> W-2's | <input type="checkbox"/> Scholarships or Grants for school |
| <input type="checkbox"/> Interest or dividends | <input type="checkbox"/> Winnings from gambling |
| <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Receive 1099 Misc Or NEC | <input type="checkbox"/> Foreign Earned/Investment Income |
| <input type="checkbox"/> Farm Income | <input type="checkbox"/> Pension, annuity, Roth, IRA or retirement income |
| <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Minister income with Housing |
| <input type="checkbox"/> Received Alimony | <input type="checkbox"/> State refund |
| How much _____(yr) | <input type="checkbox"/> Bartering income (yes this is income) |
| Divorce Date _____ | <input type="checkbox"/> Cancellation of Debt Income (1099C) |
| <input type="checkbox"/> Jury Duty Pay | <input type="checkbox"/> Have you reported all your income |

Were you Active Duty Military anytime during 2024? Yes ___ No ___

Did you receive Military Pension? Yes ___ No ___ Did you have at least 20 yrs of service? Yes ___ No ___

If you receive a Military Pension, were you medically retired (not including severance)? Yes ___ No ___

Pay Any (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Paid Alimony, How much? _____ | <input type="checkbox"/> Mortgage Interest |
| <input type="checkbox"/> Student loan interest | <input type="checkbox"/> Mortgage Insurance Premiums |
| <input type="checkbox"/> Daycare or childcare | <input type="checkbox"/> Medical Out of Pocket |
| <input type="checkbox"/> Real Estate Taxes | <input type="checkbox"/> Contributions to charity, church, Etc |

Check all that apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Own your own business or were self-employed | <input type="checkbox"/> Sell your home | <input type="checkbox"/> Receive installment pmts on property sold |
| <input type="checkbox"/> Sell any stock, mutual fund or other securities | <input type="checkbox"/> Own any rental property | <input type="checkbox"/> Have interest in a partnership, S-Corp, estate or trust |
| <input type="checkbox"/> Sell stock to cover for taxes | <input type="checkbox"/> Sell any other property | <input type="checkbox"/> Change Job in 2024 |
| <input type="checkbox"/> Receive any gifts or give any gifts (over \$18000 cash or any item over \$18000 value) | We will need closing papers for any sell | <input type="checkbox"/> Change Investment Brokers |
| | <input type="checkbox"/> Did you receive a 1099S for sale of home | <input type="checkbox"/> Change in withholding in 2024 |
| | <input type="checkbox"/> Receive any royalties | <input type="checkbox"/> Change Retirement Company |
| | <input type="checkbox"/> Operate a farm | |

Did you make any: Estimated pmts to IRS? Yes ___ No ___ Estimated pmts to the State? Yes ___ No ___

Please provide all payments and the dates they were made. We do not automatically provide ES tax forms you must ask for them.

Did you have any of the following

- | | |
|--|--|
| <input type="checkbox"/> Foreign Bank Accounts | <input type="checkbox"/> Contribute to: Non-Deductible Traditional IRA |
| <input type="checkbox"/> Foreign Assets | <input type="checkbox"/> College Expenses last year |
| <input type="checkbox"/> Contribute to a: Roth IRA | <input type="checkbox"/> Healthcare Marketplace |
| <input type="checkbox"/> Contribute to a: Deductible Traditional IRA | <input type="checkbox"/> Contribute to HSA |
| <input type="checkbox"/> SEP (Self Employed Pension Plan) | <input type="checkbox"/> Did you have student loan debt forgiven? |

At any time during 2024, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency or have any Bit Coin transactions? Yes ___ No ___

At anytime during 2024, did you receive as a reward, award or payment of a digital asset? Yes ___ No ___

**** Were you issued a security PIN from the Internal Revenue Service ___ YES OR ___ NO**

All information I have given is true and correct to the best of my knowledge.

Taxpayer or Spouse Signature Date: _____

Client Name: _____

For tax year 2024

Engagement Agreement for tax year 2024

To: *Elite* Tax and Financial Services, LLC

I have engaged your firm to prepare both my personal Individual (1040) Federal and applicable state income tax returns. *I am aware that this engagement is only for the tax preparation of the taxpayer's tax returns. I am aware that if I have questions regarding payroll or QuickBooks help then I will be charged a fee for this service.* I also understand that it is my responsibility to provide you with all the information required to **complete my tax return only**

(Please initial on every line, verifying that you have read and understand what is required of you)

____ 1. I have provided true, correct, and complete information regarding my income as listed on the attached Forms W-2, 1099 and/or attached written summaries. I will retain for at least **four years** all the documents, receipts, canceled checks, and other records required to substantiate the items of income and expense claimed on my return.

____ 2. **I will promptly communicate with *Elite* Tax for additional documentation needed to complete the tax preparation.**

____ 3 ***I understand that I will be charged an additional fee if you are asked to assist or represent me in a tax audit, examination, or inquiry.*** I understand that, in the event of **preparer error**, I am responsible to pay the additional tax and interest that may be due, ***Elite* Tax's responsibility is to pay for any penalty** that the IRS or the above stated revenue department may assess. This is only if *Elite* Tax receives the letter within **30 days of my receipt**. See **Audit Protection Plan below for additional coverage.**

____ 4. I will contact you **IMMEDIATELY** if I discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or state taxing authorities. ***Elite* Tax will charge for assistance with any letter you receive if you do not have any level of the Audit Protection Plan.** Once determined if it is preparer mistake then *Elite* Tax will help with the letter at no charge. If it is a mistake on taxpayer, then *Elite* Tax will charge the normal hourly fee to assist.

____ 5. ***I understand that your bill will be due and payable upon completion of these returns unless in the off-season Elite will ask for the full estimated bill amount up front, and that additional services will not be performed until the bill for these services is paid in full. You can pay your preparation fee on the portal.***

____ 6. ***I understand that your bill will be based upon a schedule of tax form prices that were prepared and any additional work that was done to prepare the tax return at a rate of \$150 per hour (this includes adding receipts).***

____ 7. ***If the preparer does prepare return and it gets rejected at no fault of preparer and the taxpayer does not help to resolve the issue then after 30 days the fee that was paid for the tax prep will be considered earned and not applied to future prep fees.***

____ 8. I understand if I want an extension filed, I must contact the office and pay \$100 deposit goes toward my tax prep fee. I understand this \$100 is non refundable after the extension due date (usually October 15th) and therefore considered earned by *Elite* Tax. I understand that *Elite* Tax have limited hours after April 15th and it will be my responsibility to get the data to the tax office. Extensions are filed after March 15th if *Elite* Tax does not receive all data for completion of taxes.

____ 9. For all clients whether we filed the extension or not, *Elite* Tax will need all data by September 15th otherwise an extra \$100 will be added to the bill. If all data is not received until after October 1st another \$150 will be charged for a total of \$250 added to the tax prep fee. It is imperative that the tax data is given to *Elite* Tax before September 15th to avoid extra rush fees. *Elite* Tax will not contact me asking me for my tax data, this is my responsibility.

******* REMEMBER: Extension doesn't mean extension to pay this is just an extension to file your taxes. You will need to pay any balance due before the original due date of the return to avoid penalties and interest. *******

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

Client Signature _____

Date _____

Taxpayer or Spouse Signature

“Worry-Free” Client Care Package “Audit Protection Plan”

Name _____

For 2024 tax year (prepared in 2025), you will be offered enrollment in the *Elite* Tax and Financial Services, Worry-Free Client Care Package also known as the “Audit Protection Plan” covering your 2024 income tax return for IRS and/or State correspondence response, Audit Representation and/or IRS Tax Identity Theft Form, for one low annual fee. The Client Care Package fee (which includes the Audit Protection Plan) will be added as separate line item on your Tax Preparation Invoice. As you know, your return may be selected for review by the taxing authorities. Any audit work, including responding to notices, not due to our error, is covered by our Audit Protection Plan.

If you choose to not to participate in the worry-free Audit Protection Plan, you will be charged our usual hourly billing rates to handle any notices from the IRS or state tax authorities. (currently \$150 per hour)

As provided in the Gold Plan, participation in this program will allow *Elite* Tax to receive IRS letters and notices so we can address any issue before the IRS wants to audit your return and assess additional tax. Your final tax preparation invoice will include a separate line item for the “Basic”, “Silver” or “Gold” protection package.

Add \$30 to the \$149.95 fee for each Schedule C (self employment) and/or each Schedule E (rental)

See further explanation on the website under the Audit Protection Plan Tab

Member Benefits (Individual 1040 Tax Returns only)	Gold Membership \$149.95/Yr. Plus \$30 added for each Sch C and/or each Sch E POA required	Silver Membership \$89.95/Yr.	Basic Membership \$39.95/Yr. Recommended For all clients
1) Correspondence Response (if not our fault) (Value \$300 & up)	✓	✓	✓
2) Two (30 min) Phone/email consultation covering W-2 withholding planning (June & Oct), retirement withdraw planning & any personal tax planning (Value \$150 & up)	✓	✓	✓
3) IRS Tax Identity Fraud (filing Form 14039)	✓	✓	
4) Up to 1 Hour of in-office tax consultation or business startup consultation (Taxpayer is required to contact Lisa for appointment) (Value \$150 & up)	✓	✓	
5) 1 amendment for the tax year covered (Value \$150 & up depending on additional forms needed)	✓	✓	
6) Individual IRS & State “Worry-Free” Audit Representation face to face (Value \$3,500 to \$10,000)	✓		

Only click on the signature box on “I wish NOT” or “I wish to”. If you click on both, then you will have signed both places.

I wish NOT to sign up for the Audit Protection Plan and understand that I will be billed for the above services.

Signature Date

I wish to sign up for the Audit Protection Plan 1) Basic ___ 2) Silver ___ 3) Gold ___

I understand this will be added to my tax preparation fee as a line item on the invoice.

Signature Date