Elite Tax & Financial Services, LLC

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Tax year ______   CLIENT INFORMATION FORM   New ____ Returning ____

Last year's Preparer or recommended Preparer ___________________

Personal Contact Information

Filing Status: Single____ Head of Household____ Married/Joint____ Married/Separate____ If Divorced and receive or pay

Elite Tax will send you an email asking you to create a password for a portal.   Alimony, need date of Divorce__________

We will put a copy of your tax return and all documents in the portal, would you want a paper copy too? Yes ____No ____

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 (please enter your address whether it changed or not – you might have moved mid year)

Address: Street: ____**(at least put the name of street)**

City: _____________________________ State: _________ Zip: _____________

Primary contact person for tax-related matters? ____________________________________

Dependent Information (Existing Clients – Please put at least the first name) Dependents change from year to year

1. Full Name: ______________________M __ F __   **3.** Full Name: __________________________ M __ F __

Date of Birth: _____________________   Date of Birth: _____________________

SS#: _______________________   SS#: _________________________

2. Full Name: _____________________ M __ F __   **4.** Full Name: ________________________ M __ F __

Date of Birth: _____________________   Date of Birth: _____________________

SS#: _______________________   SS#: _________________________

We need a copy of taxpayer and spouse DRIVERS LICENSE for security reasons the numbers must be entered in return.

How did you hear about us? ____

Referred by: ____

Please verify if you would like the following:
Getting a refund and would like Direct Deposit ____YES OR ____NO (Check one)
You are owing and would like Direct Debit ____YES OR ____NO (Check one) specify direct debit date___________

Name of Bank _______________________________   ____Checking or ____ Savings (Check one)

Routing # _________________________   Account # _________________________

Did you or your spouse last year:

Live in any other states? Yes ___No ___ If yes, what states and the date you lived and worked there:

____

Receive Any: (Check Yes or No)

Wages, salaries, or any other employer compensation? Yes ____ No ___

Interest or dividends? Yes ____ No ___

Unemployment compensation? Yes ____ No ___

Any miscellaneous income? Yes ____ No ___

Social Security Income? Yes ____ No ___

Received Alimony? How much ______(yr)Yes ___ No __

Winnings from gambling? Yes ____ No ___

Foreign Earned/Investment Income? Yes ____ No ___

Pension, annuity, Roth, IRA or retirement income? Yes ____ No ___

Jury Duty Pay? Yes ____ No ___

Have any income as a minister? Yes ____ No __

Scholarships or Grant for School? Yes ____No___

State Refund? Yes ____ No ___

Farm Income? Yes ____No ___

Rental Income? Yes ___ No ___

Did you have any Bartering income? Yes ____No ___

Receive 1099 Misc? Yes ____ No ___

Have you reported all Income? Yes ____No ___

Was the taxpayer or spouse a member of the Armed Forces anytime during 2020? Yes ____ No ____

Pay Any: (Check Yes or No)

Paid Alimony? How much ___________(Yearly) Yes ____ No ___

Student loan interest? Yes ____ No ___

Daycare? Yes ____ No ___

Real Estate Taxes? Yes ____ No ___

Mortgage Interest? Yes ____ No ___

Mortgage Insurance Premiums? Yes ____ No ___

Medical Out of Pocket? Yes ____ No ___

Health Insurance Out of Pocket? Yes ____ No ___

Contributions to charity, church, Etc? Yes ____ No ___

Did you: (Check Yes or No)

Own your own business or were self-employed? Yes ____ No ___

Sell any stock, mutual fund or other securities? Yes ____ No ___

Did you sell stock to cover for taxes? Yes ____ No ___

Sell your home? Yes ____ No ___

Sell any other property? Yes ____ No ___

Own any rental property? Yes ____ No ___

Receive installment pmts on property sold? Yes ____ No ___

Receive any royalties? Yes ____ No ___

Have interest in a partnership, S-Corp, estate or trust? Yes ____ No ___

Operate a farm? Yes ____ No ___

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: (Check Yes or No)

Loss from casualty? Yes ___ No ___

Foreign Bank Accounts? Yes ____ No ___

Foreign Assets? Yes ____ No ____

Contribute to a: Roth IRA? Yes ____ No ___ **Own a Roth we need your BASIS**

Simple Retirement Plan? Yes ____ No ___

Contribute to a: Deductible Traditional IRA? Yes ___No ___ SEP? Yes ____ No ___

Contribute to a: Non-Deductible Traditional IRA? Yes ____ No ___ **We need your basis of all your IRA's!**

College Expenses last year? Yes ___ No ___

Healthcare Marketplace? Yes ___ No ___

Do you have an HSA? Yes ____ No ___

At any time during 2020, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency or have any Bit Coin transactions? Yes ____ No _____

**** Were you issued a security PIN from the Internal Revenue Services ____YES OR ____ NO**

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

_______________________________ Date: ____________

Taxpayer or Spouse Signature

Client Name: _______________________________ Tax Years Covered: _________________________

Engagement Agreement for tax year 2020

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. Elite Tax will have another engagement for any QuickBooks work or QuickBooks help. I am aware Elite Tax does not prepare or to do with payroll. 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. In that regard I state that, to the best of my knowledge and belief**:** ***(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

_____2. 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.

____ 3. (self-employed only) I have provided true, correct, and complete information regarding amounts for my self-employed business. I have maintained written documentation supporting all amounts, **including logbooks and receipts.** I understand that if a question arises regarding the interpretation of tax law, that you will use your professional judgment in resolving the issues.

____ 4. (self-employed only) I understand that you will not audit any information, but you may require clarification or additional information for expenses. I understand that there might be deductions that are not allowed by law and you will not take these deductions.

____ 5. ***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 that may be due and interest, but that the extent of *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. Unless you have an Audit Protection Plan. (See below)**

____ 6. 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.

____ 7. ***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.***

____ 8***. 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).***

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

Client Signature ____________________________________ Date ___________________

Taxpayer or Spouse Signature please