

## **Expert Tax & Accounting**

1515 E Bethany Home Rd STE 110

Phoenix, AZ 85014

(602) 956-0607

We are excited to have you as a new client.

Enter 2020 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,  
Expert Tax & Accounting

**\*\*\*Fill out Organizer the best you can. Skip what you don't understand or doesn't apply to you and feel free to make notes. Also be sure to send your most recently filed tax return. Thank you for using our business. \*\*\***

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_

1 \_\_\_\_\_

**Taxpayer**

**Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS? (Y, N) \_\_\_\_\_

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City, state postal code, zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

In care of addressee \_\_\_\_\_

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Dep Codes	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_

Social security number of qualifying person \_\_\_\_\_

**Dependent Codes**

- \*Basic** 1 = Child who lived with you
- 2 = Child who did not live with you due to divorce/separation
- 3 = Other dependent
- 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
- 5 = Qualifying child for Earned Income Credit only
- 6 = Children who lived with you, but do not qualify for Earned Income Credit
- 7 = Children who lived with you, but do not qualify for Child Tax Credit
- 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit
- \*\*Other** 1 = Student (Age 19 - 23)
- 2 = Disabled dependent
- 3 = Dependent who is both a student and disabled
- \*\*\*Months** 77 = Reported on odd year return
- 88 = Reported on even year return
- 99 = Not reported on return

**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_

**Taxpayer email address** \_\_\_\_\_

Spouse email address \_\_\_\_\_

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_

**Mobile telephone number** \_\_\_\_\_

Mobile telephone #2 number \_\_\_\_\_

Pager number \_\_\_\_\_

Other: \_\_\_\_\_

    Telephone number \_\_\_\_\_

    Extension \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_

**NOTES/QUESTIONS:**

**2020 Federal Estimated Tax Payments:**

	<b>Date Due</b>	<b>Date Paid</b>	<b>Amount Paid</b>
<b>1st Qtr Payment</b>	4/15	_____	\$ _____
<b>2nd Qtr Payment</b>	6/15	_____	\$ _____
<b>3rd Qtr Payment</b>	9/15	_____	\$ _____
<b>4th Qtr Payment</b>	1/15	_____	\$ _____
<b>Additional Payments:</b>		_____	\$ _____
		_____	\$ _____

**2020 State Estimated Tax Payments: Which State? \_\_\_\_\_**

	<b>Date Due</b>	<b>Date Paid</b>	<b>Amount Paid</b>
<b>1st Qtr Payment</b>	4/15	_____	\$ _____
<b>2nd Qtr Payment</b>	6/15	_____	\$ _____
<b>3rd Qtr Payment</b>	9/15	_____	\$ _____
<b>4th Qtr Payment</b>	1/15	_____	\$ _____
<b>Additional Payments:</b>		_____	\$ _____
		_____	\$ _____







**Schedule A - Medical and Dental Expenses**

T/S/J	2020 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>	+ _____	
_____	+ _____	
_____	+ _____	
Prescription medicines and drugs:	+ _____	
_____	+ _____	
_____	+ _____	
Miles driven for medical items	+ _____	

**Schedule A - Tax Expenses**

T/S/J	2019 Information	Prior Year Information
State/local income taxes paid:	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
2018 state and local income taxes paid in 2019:	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Real estate taxes paid:	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Personal property taxes:	+ _____	
_____	+ _____	
_____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes	+ _____	
_____	+ _____	
_____	+ _____	
Sales tax paid on major purchases:	+ _____	
_____	+ _____	
_____	+ _____	
Sales tax paid on actual expenses:	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Control Totals+**

**ITEMIZED DEDUCTIONS**



## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your address, marital status, dependents, etc. change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change a bank accounts used for direct deposit or payments since last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while working, looking for work, or as a full-time student? <input type="checkbox"/>		<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>General Information</b>		
Did you start/buy/sell a new business, rental property, etc during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<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"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales of or other exchange transactions using virtual currencies?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Retirement Information</b>		
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Other than your employer's 401(k) did you make any contributions to an IRA, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education Information</b>		
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a FAFSA form?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Itemized Deduction Information</b>		
Did you pay any mortgage interest on an existing home loan? Attach Form(s) 1098.	<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 utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Miscellaneous Information</b>		
Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign country or foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>

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Dear Client:

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. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2020 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. 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 and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,  
Expert Tax & Accounting

Accepted By: \_\_\_\_\_

Name: \_\_\_\_\_

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