

## **INCOME TAX RETURNS - INTAKE CHECKLIST**

**Do you have everything we need to complete your taxes? Please submit all documents listed below together via mail, SafeSend e-mail, fax or drop off.**

\_\_\_\_\_ **TAX RETURN QUESTIONNAIRE (YELLOW SHEET) – ALL QUESTIONS COMPLETED**

\_\_\_\_\_ **CLIENT ORGANIZER CHECKLIST – CHANGES CLEARLY IDENTIFIED BY CLIENT**

\_\_\_\_\_ **SIGNED CLIENT ENGAGEMENT LETTER**

\_\_\_\_\_ **SIGNED CONSENT TO DISCLOSE**

\_\_\_\_\_ **SIGNED CONSENT TO USE**

\_\_\_\_\_ **FOR THOSE OF YOU WHO HAVE BROKERAGE ACCOUNTS:** If you receive consolidated Brokerage 1099 Forms, they usually end up being amended in February. PLEASE WAIT until FEBRUARY 15<sup>th</sup> to submit your information to us. This will allow your Brokerage Firm time to file all required amendments.

\_\_\_\_\_ **CLIENT SOURCE DOCUMENTS (W2'S, 1095-A, 1099's, ETC.)**

\_\_\_\_\_ **COPIES OF IRS/TAX CORRESPONDENCE RECEIVED, IF APPLICABLE**

\_\_\_\_\_ **INVOICES/DESCRIPTIONS OF IMPROVEMENT-RELATED PURCHASES, IF APPLICABLE (BUSINESSES AND LANDLORDS)**

**PLEASE PROVIDE ALL THAT APPLY  
AND USE THIS SHEET AS A TOOL TO GUIDE YOU  
IN RETURNING THE REQUIRED DOCUMENTS.**

# CUDDY FINANCIAL SERVICES - 2019 TAX RETURN QUESTIONNAIRE

**IMPORTANT – THIS FORM MUST BE COMPLETED IN ORDER TO BEGIN YOUR TAX RETURN!**

**Instructions:** Please respond to all questions on this form. These questions are required in order for us to determine all deductions and credits you may be eligible for when completing your 2019 Tax Return. Additionally, please review and update prior year information included on your enclosed Client Organizer Checklist. There is a designated space on page 2 of this form to indicate any major changes that took place in 2019 that could affect your Tax Return, such as buying or selling a home, retirement, Social Security, opening a business, etc. Please provide related paperwork with your tax documents. A fillable PDF version of this form is available at <http://www.cuddyfinancial.com/p/menu-of-services>.

## GENERAL INFORMATION

Client Name(s) \_\_\_\_\_ IP PIN (If issued by the IRS): \_\_\_\_\_  
Preferred Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

- Has there been a change in marital and/or filing status effective on the 2019 tax return?  YES (list below)  NO  
\_\_\_\_\_
- Should any new dependents be added to or removed from your 2019 tax return?  YES (list below)  NO  
Add: Name \_\_\_\_\_ SSN \_\_\_\_\_ Birth date \_\_\_\_\_  
Remove: Name(s) \_\_\_\_\_

## DELIVERY OF INFORMATION TO/FROM CLIENT

In an effort to enhance services and improve operational efficiencies this tax season, we have adopted **SafeSend** encrypted email technology for e-delivery of tax returns and documents to and from our Clients. **Encrypted email** requires no setup on your part and is easily activated through an embedded email link originating from our staff. Paper delivery remains an alternative to e-delivery. Please indicate your preferred method of receipt/delivery of items listed below.

- **Delivery of Tax Returns and Forms TO Client**  Encrypted Email  Paper Copy  Both
- **Delivery of Source Docs TO Client (W2s, etc.)**  Encrypted Email  Paper Copy  Both
- **Delivery of Tax Documents FROM Client**  Encrypted Email  Paper Copy  Combination

## BANKING INFORMATION MUST BE COMPLETED

If you would like to make any payments or receive any refunds electronically – you **MUST** complete this section.

Checking  Savings  Individual Account  Joint Account

Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

If you owe taxes, do you want direct withdrawal from your bank account?  Yes, Date of Withdrawal \_\_\_\_\_  No

If estimated tax payments are required, do you want them debited from your bank account on the due dates?  Yes  No

## CLIENT SIGNATURES

Client signatures are required on a variety of documents including tax returns, E-file authorizations, disclosures, etc. This tax season, we will utilize **Signature Flow** to provide our Clients with an easy, secure way of signing documents electronically. **Signature Flow** requires no setup on the Client's part, and may be accessed on virtually any device through **encrypted** email originating from our staff. Alternatively, Clients may e-sign on Electronic Signature Pads available at our office. Finally, signature on paper remains an alternative to e-signing. Please indicate your preferred method for signing documents below.

I will e-sign with Signature Flow  I will e-sign with Signature Pad at the office  I will sign on paper

**OVER →**

**TAXES**

- Did you make any estimated tax payments for the 2019 tax year?  
 YES (provide dates and amounts on Client Organizer)       NO
- Please provide any correspondence, to or from the IRS or State taxing authority, including any adjustments made to prior returns that could affect later returns, with your tax documents at the time of drop-off. You may attach copies.

**DRIVERS LICENSE – COMPLETE ONLY IF NEW CLIENT OR IF RENEWED W/IN THE LAST 18 MONTHS**

Drivers License (Taxpayer): ID No: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(if new since last year) Document No: \_\_\_\_\_

Drivers License (Spouse): ID No: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(if new since last year) Document No: \_\_\_\_\_

**HEALTH CARE**

- Were you, your spouse and or dependent(s) covered by Health Insurance for the entire year of 2019?  YES  NO
  - Did you purchase your Health Insurance through the Marketplace?  YES  NO
    - **IF YES, YOU MUST SUBMIT A FORM 1095-A WITH YOUR TAX DOCUMENTS.**
    - **For Insurance not purchased through the Marketplace:**
      - You MAY have received a **Form 1095-B – Insurance Coverage** (issued by the Insurance Carrier). **If so, please provide a copy with your tax documents at the time of drop off or by the time you receive your return.**
      - You MAY also have received a **Form 1095-C – Employer Provided Health Insurance Offer and Coverage** (issued by Employers with 50 or more employees in 2019). **If so, please provide a copy with your tax documents at the time of drop off or by the time you receive your return.**
  - If you are claiming any dependents who are *not covered under your health insurance plan*, please indicate which dependent(s) is (are) covered by someone else and who is providing health insurance coverage for this (these) dependent(s).
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**OUT OF STATE /INTERNET PURCHASES**

- Did you make any out of state or internet purchases in 2019 that the seller **DID NOT** collect NYS sales or use tax on?  
 YES  NO      If YES: Use NYS Estimated Table Amounts.        Actual amount \$ \_\_\_\_\_

**BUSINESS OWNERS AND LANDLORDS**

**IMPORTANT!** You must submit invoices with descriptions for all expenditures made for repairs & maintenance, improvements, appliances and other related improvements.

**ADDITIONAL CHANGES FROM 2018**

Please review the enclosed Client Organizer and note any new/changed information from last year in the space provided below. Attach additional paper as needed.

**2019 TAX RETURN QUESTIONNAIRE CONTINUED**

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

**Please note:** If the section is not applicable, please check the N/A Box and move to the next section.

	<u>Yes</u>	<u>No</u>
<b>Personal Information:</b>		
<i>If all items in this section do not apply, check the N/A Box and skip to the next section:</i> <input type="checkbox"/> N/A		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information:</b>		
<i>If all items in this section do not apply, check the N/A Box and skip to the next section:</i> <input type="checkbox"/> N/A		
Do you have any children under age 19 or a full-time student under age 24?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?		
Did you provide over half the support for any person(s) other than your dependent children during the year? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work? If yes, provide statement from the daycare provider listing: The provider's name, SSN or Fed ID, and address, plus the names of your children who were cared for and the amounts paid for each child.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales, and Debt Information:</b>		
<i>If all items in this section do not apply, check the N/A Box and skip to the next section:</i> <input type="checkbox"/> N/A		
Did you start a new or sell an existing business during the year? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year? If yes, please provide closing statement(s) or HUD1 statement.	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year? If yes, please provide the closing statement and the Form 1098 for mortgage interest paid.	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage, credit cards, or student loans? If yes, please provide Form 1099-C.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Care Information:</b>		
<i>If all items in this section do not apply, check the N/A Box and skip to the next section:</i> <input type="checkbox"/> N/A		
Did you make any contribution to a Health Savings Account (HSA) or Archer MSA? If yes, please provide Form(s) 5498-SA.	<input type="checkbox"/>	
Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year? If yes, provide Form(s) 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care insurance premiums for yourself or your family? If yes, please provide documentation on how much and for whom the policy was for.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any Nursing Home expenses for a qualifying individual (spouse, parent, etc.)? If yes, please furnish a copy of the statement from the Nursing Home for 2019, detailing the charges and NYS assessment fee (if applicable).		
<b>Itemized Deduction Information:</b> (only answer if you will be itemizing – Total Deductions must be greater than \$24,400 for MFJ filers and \$12,200 for single filers).		
<i>If all items in this section do not apply, check the N/A Box and skip to the next section:</i> <input type="checkbox"/> N/A		
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, insurance premiums, hospital or medical bills etc.)? If yes, please provide the amounts if greater than \$8,000.00.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions greater than \$4,000.00? If yes, please provide the detail of each item and/or receipts and acknowledgements from the charity.	<input type="checkbox"/>	<input type="checkbox"/>

**OVER →**

<b>Income Information:</b>	<u>Yes</u>	<u>No</u>
<b><i>If all items in this section do not apply, check the N/A Box and skip to the next section:</i></b> <input type="checkbox"/> N/A		
Did you have any foreign income or pay any foreign taxes during the year directly or indirectly, such as investment accounts, partnerships or a foreign employer? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year? If yes, please provide documentation (such as amortization schedules with amounts received).	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment during the year? If yes, please provide Form 1099-G.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year? If yes, please provide documentation as to whether it was taxable or not.	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies? If yes, please provide Form(s) 1099-R.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings? If yes, please provide Form(s) W2-G or 1099MISC.	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholdings next year? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Retirement Information:</b>	<u>Yes</u>	<u>No</u>
<b><i>If all items in this section do not apply, check the N/A Box and skip to the next section:</i></b> <input type="checkbox"/> N/A		
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? If yes, please provide Form(s) 1099-R.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k) or other qualified retirement plan? If yes, and not managed by Cuddy Financial, please provide Form(s) 5498 or other documentation.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Education Information:</b>	<u>Yes</u>	<u>No</u>
<b><i>If all items in this section do not apply, check the N/A Box and skip to the next section:</i></b> <input type="checkbox"/> N/A		
Did you, your spouse or dependent(s) attend College in 2019? If yes, please provide Form(s) 1098-T issued by the college. Also provide details of actual payments MADE in 2019 by including a statement of the students account from the college. Receipts for any additional expenses, such as books, and supplies not purchased through the College should also be submitted. <b>Please note:</b> Payments made to the college through student loans are considered qualifying payments for the Education Credit.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or withdrawals from an education savings or 529 Plan account? If yes, please provide a year end statement and copy of the check.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Miscellaneous Information:</b>	<u>Yes</u>	<u>No</u>
<b><i>If all items in this section do not apply, check the N/A Box and skip to the next section:</i></b> <input type="checkbox"/> N/A		
Did you make gifts or cash or property more than \$15,000 to any individual? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes? If yes, please provide square footage of home and the office, plus all expenses of owning the home.	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year? If yes, please provide receipts and details.	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a volunteer firefighter or ambulance driver for all of 2019?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN from the Internal Revenue Services or have you been a victim of Identity Theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

**CLIENT ENGAGEMENT LETTER**

Thank you for choosing Cuddy Financial Services to assist you with your 2019 taxes. This letter is to confirm our understanding of the terms and objectives of our tax service engagement and to clarify the nature and limitations of the tax services provided.

I will prepare your federal and state Individual Tax Returns for the current and subsequent calendar years. I will depend on you to provide the information needed to prepare complete and accurate returns. A Client Organizer and Questionnaire are enclosed to guide you through this process. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services. You represent that the information you are supplying is accurate and complete to the best of your knowledge. I may ask you to clarify some items but will not audit or otherwise verify the data you submit.

Fees for tax services will be at standard hourly rates for the time spent, plus out-of-pocket expenses, including computer processing charges. Hourly rates vary from \$85 to \$200 per hour depending on the type of services provided. A service fee will be charged on all accounts over thirty days due in the amount of 1.5% or \$5 per month, whichever amount is greater. Should it become necessary to pursue legal action to collect the fee, you agree to be responsible for such additional collection expenses.

As you know, your returns are subject to examination by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deductions shown on a tax return. If an examination occurs, I will represent you, if you so desire; however, these additional services are not included in the fee for preparation of your returns. A separate Audit Retainer Engagement is available to qualified clients, whereby I will provide such representation and services for a nominal fixed fee retainer, provided that the Audit Retainer Agreement is in full force for the affected tax year and paid in full prior to the date of the Audit Notice.

It is important for you to know that the law imposes a penalty if a taxpayer makes a substantial understatement of tax liability. You should also know that IRS audit procedures will almost always include questions on bartering transactions and on deductions that require strict documentation such as travel expenses and expenses for business usage of autos and computers. In addition, all charitable contributions must have appropriate documentation to substantiate the deduction and it will be important to retain that documentation for verification purposes. In preparing your returns, I rely on your representations that I have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions.

If, during the work, I discover information that affects your prior year tax returns, I will make you aware of the facts. However, I cannot be responsible for identifying all items that may affect prior year tax returns.

This letter will continue to apply to the preparation of the above returns with respect to subsequent years, unless amended or terminated in writing by either of us. To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us with your packet.

I appreciate this opportunity to serve you. If you have any questions or need additional information, please do not hesitate to call.

Very truly yours,



Daniel R. Cuddy, CPA

***If the tax services and terms outlined above are in accordance with your understanding of our engagement, please sign this letter in the space provided below and return to my office. (Only one signature required - Taxpayer or Spouse may sign.)***

Accepted By (Print Name): \_\_\_\_\_

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



**CONSENT FOR DISCLOSURE OF TAX RETURN INFORMATION**

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than those related to the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. Because our ability to disclose your tax return information to another tax return preparer affects the service(s) that we provide to you and its (their) cost, we may decline to provide you with tax preparation services if you do not sign this form. If you agree to disclosure of your tax return information, your consent is valid for one year from the date of signature.

Authorization

I/We, authorize your firm to release our tax returns, tax information and tax-related documents as detailed below as requested:

Duration of this consent for the purposes marked below:

- Mortgage or Rent Application
- Life Insurance
- Loan Application (Auto, Personal, Student, Refinancing)
- IRA or Investment Advice
- Other: \_\_\_\_\_

Specific tax documents and information to be released:

- Any information which is requested
- Only a copy of my tax return for the following year(s): \_\_\_\_\_
- Only the following specific information: \_\_\_\_\_

I (We) authorize Cuddy Financial Services to disclose my (our) tax return information including my (our) SSN(s) to allow a tax preparer or bookkeeper to assist Cuddy Financial Services in providing me (us) with tax return preparation and related services noted above.

Name (Print): \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Consent Valid Until: **One year from signature date**

*If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).*





**CONSENT FOR USE OF TAX RETURN INFORMATION**

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax preparation services. If we obtain your signature on this form by conditioning our tax preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you would like Daniel R. Cuddy, CPA, LLC to use your 2019 tax return information to determine whether this service is relevant to you, initial next to the authorization declaration below and sign and date this consent to use your 2019 tax return information.

\_\_\_\_\_ I authorize Daniel R. Cuddy, CPA, LLC to use the information I provide to Daniel R. Cuddy, CPA, LLC during the preparation of my 2019 tax return, for the following purposes:

\_\_\_\_\_ Provide Tax and Financial Advice

**Accepted By:**

(Your Name Printed) \_\_\_\_\_

(Your Signature) \_\_\_\_\_

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

(Spouse's Name Printed) \_\_\_\_\_

(Spouse's Signature) \_\_\_\_\_

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

Consent Valid Until: **One year from signature date**

*If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).*

*Please feel free to contact us at 315-252-3600 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.*