

**\*\*\*Please do not staple, paper clip, or add sticky notes to any of your tax documents.**

Office Use Only- Intake Date: _____/_____/2021 By: _____
Scanned Date: : _____/_____/2021 By: _____
Preparer: _____
Review Date: _____/_____/2021 By: _____
Print Date : _____/_____/2021 Collated By: _____
__Spring Hill __Brooksville __St Augustine __Inverness



## 2020 CLIENT ORGANIZER FOR NEW CLIENT

I. 1. Taxpayer Name \_\_\_\_\_ (First Middle Initial Last)

2. Joint Taxpayer \_\_\_\_\_ (First Middle Initial Last)

Filing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. SS# \_\_\_\_\_ 1. DOB \_\_\_\_\_ Profession \_\_\_\_\_

2. SS# \_\_\_\_\_ 2. DOB \_\_\_\_\_ Profession \_\_\_\_\_

Are you a returning client?  Yes  No If No, who prepared last year's return? \_\_\_\_\_

Has your address changed?  Yes  No Do you file state Return?  Yes  No If Yes, which state(s) \_\_\_\_\_

At any time during the tax year did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

DID YOU RECEIVE STIMULUS CHECK(S)?  Yes  No If Yes how much?

1. (Received in April/May 2020) A. \$ \_\_\_\_\_ B. \$ \_\_\_\_\_

2. (Received Dec 2020/January 2021) A. \$ \_\_\_\_\_ B. \$ \_\_\_\_\_

EXACT amount must be provided or we cannot file your tax return

DID YOU RECEIVE PPP LOANS OR PAYMENTS?  Yes  No

**PLEASE READ CAREFULLY: Information and Waiver Regarding COVID-19 Relief Payments** By your initials below, you recognize that your tax preparer is relying solely on your representations regarding the amount of COVID-19 relief payments you received from the Federal Government. The accuracy of this information is CRITICAL to preparing your return fully and correctly. By signing below, you are stating that the information you have provided regarding these COVID-19 relief payments is true and accurate and, as such, you waive any claims against AETFS and your individual tax preparer if the information provided is inaccurate. Should you need additional tax preparer assistance in correcting an issue caused by incorrect information provided during your session, AETFS will require an additional \$50 payment (for the first hour) followed by \$50/hour thereafter. **INITIAL HERE** \_\_\_\_\_

ARE YOU SELF-EMPLOYED?  Yes  No If Yes, additional information is needed

Contact Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Would you like to receive our weekly newsletter?  Yes  No

II. Filing Status:  Single  Married Joint  Married Separately  
 Head of Household w/dep Child  Legally Blind/Disabled

Do you have Dependents\*\*?  Yes  No

Name(s): \_\_\_\_\_ Relationship \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Months lived with \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Months lived with \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Months lived with \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Months lived with \_\_\_\_\_

**\*\*Due Diligence Checklist (EIC, CTC/ACTC) may be required\*\***

**\*\*\*Was anyone named on this tax return covered by Healthcare Marketplace insurance for 2020?**

Yes  No  Partial (MUST PROVIDE 1095-A)

III. If working IRA, SEP CONTRIBUTION FOR YEAR?  Yes  No If Yes, Amount? \_\_\_\_\_

If working Spouse IRA, SEP CONTRIBUTION FOR YEAR  Yes  No If Yes, Amount? \_\_\_\_\_

Sell any property?  Yes  No Refinance a Mortgage?  Yes  No (If yes provide closing papers and original cost basis information)

Pay or Receive Alimony?  Yes  No (If yes Name \_\_\_\_\_ SS# \_\_\_\_\_)

Qualify for child tax credit?  Yes  No Qualified childcare expenses?  Yes  No (If yes provide Name, address and tax ID for facility)

IV. Any penalties for early withdrawal (ie: CD's, Annuity)?  Yes  No

Did you file any changes this year to a previous tax return?  Yes  No Do you file a State Return (not in FL)?  Yes  No

Do you have a loss carryover from previous year's return? If yes, please provide last year's return and carryover amount \$ \_\_\_\_\_

Did you sell stocks, bonds, or other securities?  Yes  No If Yes YOU must provide the following: Original Cost Basis, Purchase Date, Sale Date, & Sale Price.)

(Please list on back or provide on a separate sheet, additional cost may apply.)

V. **INCOME: Please provide all W-2s, 1099s, information on installment sale, seller financed mortgage interest, other wages, profit or loss from business (with all gross receipts and expenses clearly listed), rental income, retirement plan distributions from pensions, annuities, rollovers, IRA, SEP, Keogh, provide all 1099s & any alimony received or any other income.**

VI. **ALL BROKERAGE OR INVESTMENT STATEMENTS 1099-INT, 1099-DIV, 1099-B**

VII. **ESTIMATED TAX PAYMENTS MADE?  Yes  No (If yes provide following.)**

QRTR1 Date Paid { \_\_\_\_\_ } Amount Paid { \_\_\_\_\_ }

QRTR2 Date Paid { \_\_\_\_\_ } Amount Paid { \_\_\_\_\_ }

QRTR3 Date Paid { \_\_\_\_\_ } Amount Paid { \_\_\_\_\_ }

QRTR4 Date Paid { \_\_\_\_\_ } Amount Paid { \_\_\_\_\_ }

a. Other payments applied from previous refund (if any)? \_\_\_\_\_

VIII. **Please attach a detailed list of items IF you itemize your deductions and include a totaled list of medical expenses categorized, mortgage interest statement, property tax paid, and charities with names and addresses.**

## IX. LETTER OF ENGAGEMENT

### OUR RESPONSIBILITIES

- Our work (whether consultation, tax return, tax plan or related product) is based on data you provide.
- We are not responsible to audit or verify the data that you give to us.  We may ask for clarification of your data or additional information.
- We are not responsible to discover fraud or other irregularities, should any exist.
- We will use our professional judgment in resolving questions where the law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions.  We will resolve such questions in your favor wherever possible unless otherwise instructed by you.

### YOUR RESPONSIBILITIES

- To provide all of the information required for a complete and accurate finished product.  **To confirm the routing number and account number for direct deposit.**
- To provide this information in a timely manner.  To render the accounting/bookkeeping necessary to complete your work.
- To retain, with the completed work, all the documents, cancelled checks and other data that form the basis of income and deductions since you may later have to provide them to a taxing authority.  To carefully review all work completed by our office before you sign. **You have the final responsibility for anything submitted to a taxing authority.**

### PENALTIES, EXAMINATIONS AND NOTICES

- The IRS and state taxing authorities impose penalties for certain offenses, including understatement of income, filing after the deadline, underpaying estimated taxes, or under withholding taxes (If you would like more information, please contact us.) They can also select any return for examination. We are happy to assist you before the IRS or state taxing authority, if you so desire, however, these additional services are not included in the fee for preparing your return.

### ARBITRATION

If a dispute arises out of or relates to this contract or engagement letter, or the obligations of the parties therein, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its commercial Mediation Rules before resorting to arbitration, litigation, or some other dispute resolution procedure.

### AGREEMENT

The foregoing is in accordance with my (our) understanding of your engagement to provide tax and financial services and you are hereby advised that each item of revenue or expense can be substantiated by receipts, cancelled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge. Further, it is my (our) understanding that these terms will continue to be in force for the succeeding years of our engagement. My signature below acknowledges I have reviewed my return and approve it for filing. You are giving your permission to be added to our email list.

### IRS REQUIREMENT-WE NEED A COPY OF YOUR DL FOR TAXPAYER & SPOUSE.

IX. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_  
(Printed Name of Individual or Organization)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_  
(Printed Name of Individual or Organization)

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

**DO YOU WANT YOUR REFUND DIRECT DEPOSITED?  Yes  No**

**IF YES, YOU MUST PROVIDE THIS INFORMATION OR YOUR RETURN CANNOT BE EFILED ATTACH A VOIDED COPY OF YOUR CHECK, NO EXCEPTIONS!!!**

**Would you be interested in our Wealth Management Services?  Yes  No**

Additional Notes to be considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_