PRO Financial
SERVICES GROUP, INC.

2019 Tax Preparation Checklist

Before we can begin to prepare your income tax return, please go through the following checklist. Mark off the areas that apply to you, and make sure you provide us that information.

PERSONAL INFORMATION: *(**New clients**, please provide previous two years of tax returns)*

Taxpayer info:

Name:______________________________________ Email:__________________________________

Occupation:____________________ SS#:_______________ Birthday:_______________ Phone:__________________

Address:______________________________ City, State, Zip:______________________________ County:____________

Spouse Info:

Name:______________________________________ Email:__________________________________

Occupation:____________________ SS#:_______________ Birthday:_______________ Phone:__________________

Dependent Info:
(List only dependents that you are eligible to **claim** this year)

Dependant name:_________________________ SS#:___________________ Birthday:___________

Dependant name:_________________________ SS#:___________________ Birthday:___________

Dependant name:_________________________ SS#:___________________ Birthday:___________

☐ **Please provide a copy of a valid driver's license or state ID card for both the Taxpayer and Spouse.**

☐ **Please circle how you would like your completed tax returns sent back to you:**

- ○ Client Portal
- ○ Priority Mail ($10 fee)
- ○ Pick Up
- ○ FedEx ($25 fee)

Voided check or bank account and routing number

- *Returning Clients*: If your bank account is the same as last year, please provide the last 4 digits of the account number and bank name:_______________________________________

How would you like your refund/liability…

☐ Check box if you would like your tax refund **direct deposited** in to your bank account

- If left blank, a check from the IRS/state(s) will be mailed to you within 8 weeks

☐ Check box if you would like your tax liability (amount you owe) **auto withdrawn** from your bank account

- If checked, your payment gets automatically withdrawn from your bank account on a date of your choosing, if left blank, you need to mail in a check with a voucher.

How would you like to pay your fee to PFSGI…

○ Check box if you would you like your PFSGI fee auto withdrawn from your checking account on file

- This is the quickest and easiest form of payment

○ Pay by check, cash or credit card at time of completion

○ Have your PFSGI fee **deducted** from your **refund.** There is an additional fee of $150 for this service

ANY MAJOR LIFE CHANGES IN 2019

- ☐ Got married
- ☐ Had a baby
- ☐ Bought a house
- ☐ Sold a house
- ☐ Got divorced
- ☐ Retired
- ☐ No changes

SOURCES OF INCOME

Employed

- ☐ W-2 forms for you and your spouse

Unemployed

- ☐ Unemployment benefits received

Self-Employed

- ☐ Forms 1099-MISC, Schedules K-1, income records to verify amounts not reported on 1099s
- ☐ Profit and Loss statement
- ☐ Business-use asset information (cost, date placed in service, etc.) for depreciation
- ☐ Do you have an office in home? **Yes** ◯ or **No** ◯
- ☐ Did you receive income from ride sharing, freelancing, fashion sharing or crowdfunding?

Rental Income

- ☐ Please complete the Rental P&L found at www.pfsgi.com
- ☐ Did you buy any new rental assets in 2018 (What was the cost and date placed in service)

Retirement Income

- ☐ Pension/IRA/annuity income (1099-R)
- ☐ Social security/RRB income (1099-SSA, RRB-1099)

Savings & Investments or Dividends

- ☐ Interest, dividend income (1099-INT, 1099-OID, 1099-DIV)
- ☐ Year end brokerage statements (1099-B)
- ☐ Do you have a financial interest in or signature authority over a financial account or asset in a foreign country?
- ☐ Dates of acquisition and records of your cost or other basis in property you sold (if basis is not reported on 1099-B)

Other Income & Losses

- ☐ Gambling income (Provide all W-2G's or records showing income) | Gambling losses: $_______________
- ☐ Did you receive, sell, exchange or otherwise acquire any financial interest in any Crypto Currency?
- ☐ Trusts (K-1's)
- ☐ Any 1099s and/or K-1's received
- ☐ Record of alimony paid/received with Ex-spouse's name and SSN
  - Date of original divorce decree: ___________________
- ☐ Cancellation of debt (1099 A and/or C forms)

TYPES OF DEDUCTIONS

Home Ownership

- ☐ Forms 1098 or other mortgage interest statements
- ☐ Real estate and personal property tax records
- ☐ Receipts for energy-saving home improvements
- ☐ Do you have a 2nd mortgage or equity line? **Yes** ◯ or **No** ◯
    - **If yes:** Was it used to build, buy or improve your primary residence? **Yes** ◯ or **No** ◯
- ☐ Did you make any energy efficient improvements to your main home during the year?

Charitable Donations

- ☐ Cash amounts donated to houses of worship, schools, other charitable organizations: $_________
- ☐ Total non-cash charitable donations: $___________
- ☐ Miles driven for charitable purposes: __________Miles

Childcare Expense

- ☐ Child care costs: provider's name, address, tax ID and amount paid
- ☐ Do you have **dependent care benefits (W2 box 10)**

Educational Expenses

- ☐ Forms 1098-T from educational institutions
- ☐ Summary of educational expenses (Books, lab fees, computer expense, etc…)
- ☐ Records of any scholarships or fellowships you received
- ☐ Form 1098-E if you paid student loan interest
- ☐ Form 1099-Q for qualified education programs/ Funds used from 529 accounts

Medical Expenses

- ☐ Amounts paid out of pocket for healthcare insurance: $_______________
- ☐ Amounts paid out of pocket for all other medical expenses such as eye glasses, doctors, dentists, hospitals, etc: $_______________

Health Insurance

- ☐ Form 1095-A if you and/or one of your dependents enrolled in an insurance plan through the Marketplace (Exchange)

Retirement & Other Savings

- ☐ Form 5498-SA showing HSA contributions
- ☐ Health Savings Account and long-term care reimbursements (1099-SA or 1099-LTC)
- ☐ IRA contribution
    - Roth or Traditional: Taxpayer _______________ Spouse _________________
    - Contribution Amount: Taxpayer _____________ Spouse _________________

Other Deductions

- ☐ Did you purchase a new hybrid, alternative motor or electric motor energy efficient vehicle during the year

OTHER INFORMATION

☐ Federal estimated tax payments paid:
- Apr. 2019 - $_______ June 2019 - $_______ Sept. 2019 - $_______ Jan. 2020 - $________

☐ State estimated tax payments paid:
- Apr. 2019 - $_______ June 2019 - $_______ Sept. 2019 - $_______ Jan. 2020 - $________

☐ All tax related documents have been submitted to PFSGI

Providing additional documents after PFSGI has completed your tax returns may result in an additional fee

Comments:

Engagement Agreement

Thank you for selecting Pro Financial Services Group, Inc to assist you with your 2019 tax matters.

This engagement agreement provides the terms and conditions, as well as the nature and extent of the income tax services we will provide and confirms your agreement to all terms as outlined.

Pro Financial will prepare your 2019 federal and state income tax returns from information that you have provided. We will not audit or verify the data you submit to us, although we may ask for clarification of some items. You will assume responsibility for the accuracy of all data and the maintenance of said records. It is also your responsibility to provide all necessary information, in a timely manner so we can complete your income tax returns as soon as possible.

The fees for the services to be rendered will be based upon our standard form rates. We will bill at our current hourly rate for additional services as required, which may include extra conferences, bookkeeping, responding to legal matters and any other necessary work. We do reserve the right, in some matters to request a retainer fee to be paid in advance.

Our invoices are due and payable upon completion of your income tax returns. If you cancel or discontinue our services and we have already performed work on your tax return, you agree to pay us for such work performed based upon our current hourly rates. As additional consideration for us to provide you tax services, you agree that the extent of our liability for damages to you for any actions will not exceed the total amount paid by you for our services.

If your returns are audited by any taxing authorities, we will be available to represent you at an additional fee. If any interest or penalties are assessed, they will be your responsibility. Any additional services, including, complying with subpoena requests, will be billed at our current hourly rate of $125 per half hour. The hourly rate for any services required between February1st through April 15th is $275 per half hour.

The taxpayer's signature below indicates that the engagement terms as described above are understood and acceptable. We wish to express our appreciation for this opportunity to work with you.

By signing below, I authorize Pro Financial Services Group, Inc. to complete my/our tax returns

Taxpayer signature: ____ Date:___________________

Please note: Payment is due upon completion of service