

Tax Season 2024

Thank you for choosing Tax Mavericks to help you with your tax preparation needs. Attached, please find a form to expedite the completion of your return. We aim to provide you with excellent, accurate and timely service. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

In these trying times, we know that your safety is of utmost importance. Therefore, we will conduct all business via zoom, phone call, email or text.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An intake form is enclosed to help you collect the data required for your return. The intake form will help avoid overlooking important information as well as contribute to the efficient preparation of your returns.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. We will inform you of any material errors or inconsistencies we may discover. Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the schedule posted on our website plus any out-of-pocket expenses which will be discussed with you prior to our engagement. Once we receive your information, we will send over a quote to confirm pricing. Invoices are due and payable upon presentation of draft return. Returns will not be filed until full payment is received.

While we prefer that all forms are sent to us electronically via our secure portal, should you choose to mail us your original forms, we will return them at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed. You will have access to your client portal for as long as you remain one of our clients.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

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, along with the intake form electronically. If you are a new client, please forward a copy of your previous year's federal and state return as well.

Thank you for allowing us to assist you in your tax preparation and accounting needs. Please don't hesitate to reach out if you have any questions!

With Gratitude and Appreciation,	Accepted By: (Both spouses mu	Accepted By: (Both spouses must sign for preparation of joint returns)					
Ga. A. Berneje Cara R. Bermejo President & CEO	Taxpayer Signature	Spouse Signature					
Tax Mavericks, LLC	Taxpayer Printed Name	Spouse Printed Name					
	Date						







CLIENT INFORMATION

FULL NAME AS SHOWN	ON SS CARD:				DOB:		SSN:
ID TYPE:	ID #:	ISSUI	NG STATE:	DATE	E ISSUED:	I	EXP DATE:
FILING STATUS:	OCCUPAT	'ION:				RETIRED MI	LITARY:
STREET ADDRESS:			CITY,	STATE,	ZIP:		
EMAIL ADDRESS:		_ CELL:	ALT NUI	MBER:			OF CONTACT:
SPOUSE NAME AS SHO	WN ON SS CARD:				DOB:		SSN:
ID TYPE:	ID #:	ISSUI	NG STATE:	DATE	E ISSUED:	I	EXP DATE:
OCCUPATION:		ACTIVE/	RETIRED MIL	ITARY:			
EMAIL ADDRESS:		_CELL:	ALT NUI	MBER:		METHOD	OF CONTACT:
HOW WERE YOU REFER	RRED TO OUR COMPA	ANY:					
DEPENDENT INFOR	RMATION						
NAME AS SHOWN ON S	S CARD:				DOB:		SSN:
RELATIONSHIP TO TAX	PAYER:	MONTHS IN HOM	E:	_SCHO	OL NAME:		
NAME AS SHOWN ON S	S CARD:				DOB:		SSN:
RELATIONSHIP TO TAX	PAYER:	MONTHS IN HOM	E:	_SCHO	OL NAME:		
NAME AS SHOWN ON S	S CARD:				DOB:		SSN:
RELATIONSHIP TO TAX	PAYER:	MONTHS IN HOM	E:	_SCHO	OL NAME:		
BANK INFORMATIO	Ν						
IF YOU ARE RECEIVING	A REFUND, HOW WO	ULD YOU LIKE TO R	ECEIVE PAYN	IENT: _	DIREC	T DEPOSIT	CHECK MAILED
IF YOU HAVE AN AMOU	NT DUE, HOW WOULD	YOU LIKE TO SETT	LE PAYMENT	: P	PAY FROM AC	COUNT	MAIL CHECK/PAY ONLINE
PLEASE FILL OUT THE I	NFORMATION BELOW	/:					
BANK NAME:			NAME ON AC	COUNT:			
ROUTING NUMBER:			ACCOUNT NL	JMBER:_			
ACKNOWLEDGEME	NT						

ALL INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I NEED TO PROVIDE A COPY OF MY DRIVER'S LICENSE AND SOCIAL SECURITY CARD, ALONG WITH MY PREVIOUS YEAR'S TAX RETURN (NEW CLIENTS) IN ORDER FOR TAX MAVERICKS TO BEGIN PREPARATION. FURTHERMORE, I UNDERSTAND THAT SHOULD I CHOOSE NOT TO FILE MY RETURN THROUGH TAX MAVERICKS, A CONSULTATION FEE OF \$100 WILL BE ASSESSED.

SIGNATURE

SPOUSE SIGNATURE

DATE







INTAKE INFORMATION - WAGES & INCOME

DID YOU OR YOUR SPOUSE AT ANY TIME DURING THE YEAR	CHOOSE ONE	IF YES, PLS PROVIDE	
ÜÔÔÒQXÒÁY CEÐ ÒÙFÂÙCEŠCEÙ QÌÙFÂJ ÜÂJ V P ÒÜÂỜT ÚŠU Ÿ ÒÜÂÔU T ÚÒ Þ ÙCE/QU ÞÁ		Y ËGÁQUÜT Ù	
ÜÒÔÒQ&ÒÁY CEÐ ÒÙÁELÍACEÁOU ÞÙWŠVCEÞ VEÐU T ÚÒÞÙCEVÖCÍA-U ÞEÐT ÚŠU ŸÒÒÁ		F€JJÁT QÙÔÁJÜÁ∓€JJÁ⇒ÒÔÁØUÜT ÙÁ	
ÜÒÔÒQ(ÒÁ\ÞÒT ÚŠUŸT ÒÞVǼOUT ÚÒÞÙŒ/QJÞÁ		F€JJËÕÁØUÜTÁ	
ÜÒÔÒQ(ÒÁ)UÔQIĔÂÌOÔWÜQYŸÁOÒÞÒØQQÙÁ		F€JJËÙÙŒÁQUÜTÁ	
ÜÒÔÒQXÒÁÕŒF ÓŠQÞÕÁY QÞÞQÞÕÙÁ		QEŠŠÁY GËŐÁQUÜT ÙÁ	
ÜÒÔÒQXÒÁT QÙÔÒŠŠŒÐ ÒU WÙÁQĐ ÔU T ÒÁ		F€JJÁT QÙÔÁÇÞUÞËÒT ÚŠUŸÒÒDÁ	
ÜÒÔÒŒÒÁÖŒÖÒÞÖÁJÜÁÐ₽VÒÜÒÙVÁÐÔUT ÒÁ		F€JJËD¢VÁJÜÁF€JJËÖQXÁ	
ÙÒŠŠÁŒÞŸÁQÞXÒÙ∨T ÒÞVÙÁÇÙVUÔSÙÉÐÓUÞÖÙÉÆT ₩₩₩QEŠÁØMÞÖÙDÁ		F€JJËÓÁØUÜTÁ	
ÜÒÔÒQXÒÁJEÞŸÁÜÒVÜÒT ÒÞVÁQÞÔUT ÒÁ		F€JJËJÁØUÜTÁ	
		F€JJËTQÙÔÁ	
ÜÒÔÒQLÒÁPLVÒÜÒÙVÁJÞÁJQEXQPÕÙÉÔCEÙPÉAVÙÁÓUÞÖÙÉÂJVUÔSÁÖQLÖÖÞÖÙÁ		F€JJËD¢VÁ	
PCEX ÒÁCEÞÁÐÞVÒÜ ÒÙ VÁÐÞÁTEÞÁ JÉÐU Ü Ú ÉÁ ÚCE U VÞÒ Ü Ù POÙ ÉÓÙ V CEV ÒÁU Ü Á / Ü WÙ V Á		ÙÔPÒÖWŠÒÁSËFÁQUÜT ÙÁ	
UY ÞÁJÜÁJÚÒÜŒVÒÁŒZZŒÜT Á			
UY ÞÁJÜÁPOEXÒÁQÞXÒÙVT ÒÞVÁQÞÁŒEØJÜÒÕЎÞÁÔŒÞSÁŒÔÔU₩ÞVÁ			
UY ÞÁŒÓWÙOÞÒÙÙÁJÜÁY ÒÜÒÂJÒŠØËÐT ÚŠUŸÒÖÁ		LIST OF INCOME/EXPENSES	

INTAKE INFORMATION - DEDUCTIONS & CREDITS

DID YOU OR YOUR SPOUSE AT ANY TIME DURING THE YEAR

OĽŠŠÁF€JÌ Á2UÜT ÙÁ
ÞÆ ÓÐÚÞÐÐÖÜÓÚÚÐE VÁ
ŠŴV KÔP CEÜQY (ŴÙ DU VEV Ù Á
ÔU ÚŸÁJØÁÜÒÕŴVÜŒ/ŴÞÁ
F€JÌ Ë/Á2UÜT Á
F€JÌËDÁØUÜTÁ
5498-A/1099-AÁ2UÜT Á
ŒUWÞVÁ
1095-A FORM
Œ UWÞVÁ
OET UWÞV AND RECEIPTÁ
ŒUWÞVÁ
WHICH STATEÁ

CHOOSE ONE





IF YES, PLS PROVIDE