



Tax Season 2025

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.

We will prepare your 2024 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. **Forms or incomplete intake packets received after March 15, 2025 will be automatically put on extension.**

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 prior to the work being started on your tax return.

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 five 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 2024 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.

We conduct all business via zoom, phone call, email or text. If you would like to book an appointment prior to the preparation of your tax return, you may do so through our website.

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,

Cara R. Bermejo
President & CEO
Tax Mavericks, LLC

Accepted By: (Both spouses must sign for preparation of joint returns)

Taxpayer Signature

Spouse Signature

Taxpayer Printed Name

Spouse Printed Name

Date



23535 PALOMINO DRIVE, UNIT 203, DIAMOND BAR, CA 91765
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CLIENT INFORMATION

FULL NAME AS SHOWN ON SS CARD: _____ DOB: _____ SSN: _____
ID TYPE: _____ ID #: _____ ISSUING STATE: _____ DATE ISSUED: _____ EXP DATE: _____
FILING STATUS: _____ OCCUPATION: _____ ACTIVE/RETIRED MILITARY: _____
STREET ADDRESS: _____ CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____ CELL: _____ ALT NUMBER: _____ METHOD OF CONTACT: _____
SPOUSE NAME AS SHOWN ON SS CARD: _____ DOB: _____ SSN: _____
ID TYPE: _____ ID #: _____ ISSUING STATE: _____ DATE ISSUED: _____ EXP DATE: _____
OCCUPATION: _____ ACTIVE/RETIRED MILITARY: _____
EMAIL ADDRESS: _____ CELL: _____ ALT NUMBER: _____ METHOD OF CONTACT: _____
HOW WERE YOU REFERRED TO OUR COMPANY: _____

DEPENDENT INFORMATION

NAME AS SHOWN ON SS CARD: _____ DOB: _____ SSN: _____
RELATIONSHIP TO TAXPAYER: _____ MONTHS IN HOME: _____ SCHOOL NAME: _____
NAME AS SHOWN ON SS CARD: _____ DOB: _____ SSN: _____
RELATIONSHIP TO TAXPAYER: _____ MONTHS IN HOME: _____ SCHOOL NAME: _____
NAME AS SHOWN ON SS CARD: _____ DOB: _____ SSN: _____
RELATIONSHIP TO TAXPAYER: _____ MONTHS IN HOME: _____ SCHOOL NAME: _____

BANK INFORMATION

IF YOU ARE RECEIVING A REFUND, HOW WOULD YOU LIKE TO RECEIVE PAYMENT: _____ DIRECT DEPOSIT _____ CHECK MAILED
IF YOU HAVE AN AMOUNT DUE, HOW WOULD YOU LIKE TO SETTLE PAYMENT: _____ PAY FROM ACCOUNT _____ MAIL CHECK/PAY ONLINE

PLEASE FILL OUT THE INFORMATION BELOW:

BANK NAME: _____ NAME ON ACCOUNT: _____
ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ACKNOWLEDGEMENT

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 \$300 WILL BE ASSESSED.

SIGNATURE

SPOUSE SIGNATURE

DATE



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INTAKE INFORMATION - WAGES & INCOME

DID YOU OR YOUR SPOUSE AT ANY TIME DURING THE YEAR	CHOOSE ONE	IF YES, PLS PROVIDE
RECEIVE WAGES, SALARIES, OR OTHER EMPLOYER COMPENSATION		W-2 FORMS
RECEIVE WAGES AS A CONSULTANT/COMPENSATED NON-EMPLOYEE		1099 MISC OR 1099 NEC FORMS
RECEIVE UNEMPLOYMENT COMPENSATION		1099-G FORM
RECEIVE SOCIAL SECURITY BENEFITS		1099-SSA FORM
RECEIVE GAMBLING WINNINGS		ALL W2-G FORMS
RECEIVE MISCELLANEOUS INCOME		1099 MISC (NON-EMPLOYEE)
RECEIVE DIVIDEND OR INTEREST INCOME		1099-INT OR 1099-DIV
SELL ANY INVESTMENTS (STOCKS, BONDS, MUTUAL FUNDS)		1099-B FORM
RECEIVE ANY RETIREMENT INCOME		1099-R FORM
RECEIVE RENTAL PROPERTY INCOME		1099-MISC
RECEIVE INTEREST ON SAVINGS, CASH, US BONDS, STOCK DIVIDENDS		1099-INT
HAVE AN INTEREST IN AN S-CORP, PARTNERSHIP, ESTATE OR TRUST		SCHEDULE K-1 FORMS
OWN OR OPERATE A FARM		
OWN OR HAVE INVESTMENT IN A FOREIGN BANK ACCOUNT		
OWN A BUSINESS OR WERE SELF-EMPLOYED		LIST OF INCOME/EXPENSES

INTAKE INFORMATION - DEDUCTIONS & CREDITS

DID YOU OR YOUR SPOUSE AT ANY TIME DURING THE YEAR	CHOOSE ONE	IF YES, PLS PROVIDE
PAY FOR A HOME MORTGAGE (MORTGAGE INTEREST/PROPERTY TAXES)		ALL 1098 FORMS
PAY FOR CHILD CARE?		NAME/SSN/ADDRESS/AMT
CLAIMED AS A DEPENDENT ON SOMEONE ELSE'S RETURN		
MAKE ANY CHARITABLE CONTRIBUTIONS		LIST CHARITIES/AMOUNTS
HAVE CAR REGISTRATION FEES		COPY OF REGISTRATION
HAVE A JOB-RELATED MOVE		
WERE ENROLLED IN HIGHER OR CONTINUING EDUCATION COURSES		1098-T FORM
PAID STUDENT LOAN INTEREST		1098-E FORM
HAVE A HEALTH SAVINGS ACCOUNT		5498-A/1099-A FORM
HAVE ANY MEDICAL EXPENSES		AMOUNT
HAVE HEALTH INSURANCE THROUGH MARKETPLACE		1095-A FORM
PAY ESTIMATED TAXES FOR FEDERAL AND/OR STATE		AMOUNT
PURCHASE AND/OR INSTALL ENERGY EFFICIENT HOME ITEMS		AMOUNT
PURCHASE A QUALIFIED ENERGY EFFICIENT VEHICLE		INVOICE/REGISTRATION
LIVE OR WORK IN ANOTHER STATE (IF YES, PLS LIST STATE)		



DEDUCTIONS WORKSHEET

VEHICLE INFORMATION/EXPENSES

For Self Employed Individuals (Use Schedule C Form)

Type of Vehicle (Make/Model) _____
Amount of miles driven for work/Amount driven for the year _____
Vehicle Repairs & Maintenance _____
Vehicle Registration Amount _____

CHARITABLE CONTRIBUTIONS (Name/Address of charity)

AMOUNT

MEDICAL EXPENSES

AMOUNT

Prescriptions _____
Medical Co-Pays _____
Misc Medical Expenses _____

EDUCATION EXPENSE

AMOUNT

Student Loan Interest _____
Tuition Expense (Form 1098-T) _____
Books/Misc expenses _____

HOME/MORTGAGE EXPENSES

AMOUNT

Mortgage Loan Interest _____
Property Taxes _____
Repairs /Maintenance _____
Energy efficient improvements _____

CHILD CARE EXPENSES (Name/Address/EIN)

AMOUNT

FEDERAL ESTIMATED TAXES (DATE OF PAYMENT)

AMOUNT

STATE ESTIMATED TAXES (DATE OF PAYMENT)

AMOUNT

I certify to the best of my knowledge that the information provided is true and correct. If needed, I am able to provide documentation to support the amounts listed.

Signature _____

Spouse Signature _____

Date _____

Date _____