

Required Form to be completed each year and submitted with your tax related forms.

2756-C South Queen St.
Dallastown, PA 17313
Phone: (717) 244-1217

Wendy Erdenbrack, CPA
Intake/Interview Questionnaire

http://erdenbrackcpa.com

BASIC INFORMATION

Fax # 717-244-4049

| Client Information | TAXPAYER | | SPOUSE |
|-----------------------------|----------|----------|--------|
| First Name & Middle Initial | | | |
| Last Name | | | |
| Phone Number | | | |
| Social Security Number | | | |
| Email Address | | | |
| Date of Birth | | | |
| Occupation | | | |
| Street Address | | | |
| Apartment # | | City | |
| State | | Zip | |
| School District | | Township | |

Taxpayer Driver's License Info – Can be left blank if we have them on file and not expired

| | | | |
|-----------|--|------------------|--|
| License # | | Issue Date: | |
| State | | Expiration Date: | |

Spouse Driver's License Info:

| | | | |
|-----------|--|------------------|--|
| License # | | Issue Date: | |
| State | | Expiration Date: | |

Dependents for 2025 – You can leave DOB & SS# blank, if we have them on file. The rest of the boxes need to be completed, as well as the TAX CREDIT section (last page).

| Full Name (First MI Last) | Date of Birth | SS# | Relation to You | # of Months In your Home during 2025 | College Student in 2025 (Y/N) | Did you provide more than 50% of their support in 2025? (Y/N) |
|---------------------------|---------------|-----|-----------------|--------------------------------------|-------------------------------|---|
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Bank Information for Direct Deposit - IRS is moving away from issuing paper checks

| | |
|-------------------------------|--|
| Name of financial institution | |
| Routing # | |
| Account # | |
| Checking or Savings? | |

| YES | NO | GENERAL INFORMATION <i>If yes, provide details.</i> |
|-----|----|---|
| | | We are required to efile this tax return. Would you like to opt out of efilng for a FEE? |
| | | Did your marital or filing status change during the year? Provide details with date of change |
| | | Were You legally married as of 12/31/2025? If NO, are you claiming a dependent who is related to you? |
| | | Did your address change during the year? Provide date you moved |
| | | Did your driver's license information change within the last year? Provide update above |
| | | Did your bank account information change within the last year? Provide new bank information above. |

IF ANY OF THE FOLLOWING ITEMS PERTAIN TO YOU OR YOUR SPOUSE IN 2025, PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE THE ADDITIONAL INFORMATION.

| YES | NO | GENERAL INFORMATION <i>If yes, provide details.</i> |
|-----|----|--|
| | | Did you have any changes in dependents (i.e., a new child, a child turned 19 who is not a full-time student or a child turned 24)? Provide details on page 1 under dependents |
| | | Did you have health care coverage through the marketplace exchange in 2025? (Forms 1095-A) |
| | | Did anyone in your tax household receive an IRS Identity Protection Pin? Provide IRS letter with PIN #. |
| YES | NO | INCOME INFORMATION <i>If yes, provide details or copies of the applicable form listed below.</i> |
| | | Did you receive wages? (Forms W-2) |
| | | Did you receive qualified Overtime payments? Please provide a record (last paystub or report from Employer) |
| | | Did you receive interest or dividend income? (Forms 1099-INT or 1099-DIV) |
| | | Did you rollover retirement funds or receive a retirement distribution? (Forms 1099) |
| | | Did you receive social security benefits? (Forms SSA-1099) |
| | | Did you receive unemployment benefits? (Forms 1099-G) |
| | | Did you sell stocks, bonds or other investment property? (Forms 1099-B) |
| | | Did you buy or sell real estate? (Closing disclosure, formerly known as the HUD-1, and/or Forms 1099-S) |
| | | Did you have any debts canceled or forgiven? (Forms 1099-C) |
| | | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? (Forms 1099-Q) |
| | | Did you receive a distribution from a Health Savings Account (HSA) with the entire proceeds used for qualified medical expenses? (Forms 1099-SA) |
| | | Did you receive any disability income? Provide details |
| | | Did you have any foreign income or pay any foreign taxes? Provide details |
| | | Did you have gambling winnings, including lottery? Please provide W-2G and all gambling losses in 2025 |
| | | Did you receive Active Duty Military pay during 2025? (Please provide Active Duty Orders) |
| | | Did you receive Alimony income from a divorce decree effective prior to 1/1/2019? (\$Amount & from whom - name & SSN) |
| YES | NO | DEDUCTION INFORMATION |
| | | Did you pay Alimony resulting from a divorce decree effective prior to 1/1/2019? (\$Amount & to whom - name & SSN) |
| | | Did you pay student loan interest? (Forms 1098-E) If so, how much? |
| | | Did you pay for self-employed health insurance premiums? If so, how much? |
| | | Did you purchase (not lease) a new auto in 2025 with final assembly in the U.S.? Provide VIN & interest paid in 2025 on auto loan |
| | | If you are a teacher, Did you spend 900+ hours teaching K-12 in 2025? |
| | | Did you incur major medical, vision, dental or prescription drug costs? Provide Summary of expenses |
| | | Did you pay real estate taxes? (Provide Spring & Fall property bills) |
| | | Did you pay sales tax on major purchases, such as autos, boats, etc? (Purchase document) |
| | | Did you pay mortgage interest? (Form 1098) If so, how much? |
| | | Did you pay interest on a home equity line of credit? (Form 1098 and details of what the funds were used for) |
| | | Did you refinance a mortgage? (Closing disclosure, formerly known as the HUD-1, and term of the loan) |
| | | Did you make cash charitable contributions? If so, how much? |
| | | Did you make non-cash charitable contributions? If the total amount donated is greater than \$500, provide the date of each contribution and the fair market value. |
| | | Did you pay child and dependent care costs? (Copy of the year-end statement from the provider [including the name, address and the social security number or the employer identification number of the provider]) |
| | | Did you make a contribution to an individual or self-employed retirement account? If yes, please fill in table below & provide details of self-employed contribution |

| Retirement Plan Contributions | Taxpayer | Spouse |
|--|----------|--------|
| Traditional IRA Contributions made for 2025 | | |
| Roth IRA contributions made for 2025 | | |
| SEP, Keogh, Solo 401(K) or SIMPLE Contributions for 2025 | | |

| | | |
|------------|-----------|---|
| YES | NO | DEDUCTION INFORMATION (continued...) |
| | | Did you contribute to a Health Savings Account (HSA) outside of an employer plan? We only need the amount not included on your W2. (Forms 1099-SA) |
| | | Did you contribute money to a 529 Education plan during 2025? (Please provide name,SSN & amount for each beneficiary) |
| YES | NO | MISCELLANEOUS INFORMATION <i>If so, please provide details.</i> |
| | | Did you trade cryptocurrency in 2025? Please provide Forms 1099-B or details |
| | | Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency? |
| | | Are you or any dependents legally blind or total & permanently disabled? Circle which one & Please note who |
| | | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |
| | | Did you or your spouse make any gifts to an individual that total more than \$19,000, or any gifts to a trust? |
| | | Are you over 65 or disabled? If yes, please provide a receipted copy of your spring and fall tax bills or provide your monthly rent _____ . PA Property Tax or Rent Rebate |
| | | Do you live or work in the City of York? Please circle which one or both |
| | | Were you required to purchase items for your W-2 employment and not reimbursed by your employer? (ie. Union dues, mileage, tools, Professional Dues) If yes, please provide details in your packet-taxpayer or spouse? |
| YES | NO | ENERGY TAX CREDITS <i>If so, please provide details.</i> |
| | | Did you make solar, wind, geothermal or fuel cell energy efficiency improvements to your primary residence in 2025? (Copy of the receipt and a description of the improvements) |
| | | Did you purchase a new or previously owned vehicle in 2025 that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer. |
| | | Did you purchase and install qualified energy efficient insulation, doors, windows, furnace, heat pump for your primary residence in 2025? (Copy of the receipt and a description of the improvements) |
| YES | NO | ESTIMATED TAXES |
| | | Did you make any 2025 estimated tax payments? Provide amounts and dates paid below |
| | | If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax (instead of being refunded)? |
| | | Do you expect your 2026 taxable income and withholding to be significantly different from 2025 (If yes, provide details) |

| | Date Paid | FEDERAL | STATE | LOCAL |
|---------------------|-----------|---------|-------|-------|
| 1 st QTR | | | | |
| 2 nd QTR | | | | |
| 3 rd QTR | | | | |
| 4 th QTR | | | | |

| | | |
|------------|-----------|---|
| YES | NO | BUSINESS/RENTAL INFORMATION <i>If YES, Provide details or copies of the applicable form listed below.</i> |
| | | Do you have, did you start, or did you acquire an interest in an entity? (partnership, LLC, S Corp or trust) (Schedule K-1) |
| | | Do you have or did you start a sole proprietorship business (other than partnership or corp)? (SEE Business Income Organizer) |
| | | Do you have or did you purchase a rental property and/or royalty income ? (SEE Rental & Royalty Income Organizer) Please provide # of days used personally for vacation rental properties. |
| | | Was an area of your home used regularly and exclusively for business? (SEE Business Use of Home Organizer) |
| | | If you answered YES to any of the 3 questions above please see corresponding organizer on our website http://erdenbrackcpa.com (or ask front desk) and complete. |

WENDY ERDENBRACK

CERTIFIED PUBLIC ACCOUNTANT

2756-C South Queen Street, Dallastown PA 17313

Telephone (717) 244-1217 FAX (717) 244-4049

Dear Client,

Wendy Erdenbrack, CPA (“firm,” “we,” “us,” or “our”) is pleased to provide client (“you” or “your”) with the professional services described below. This letter, and the *Terms and Conditions Addendum* (available if requested) and any other attachments incorporated herein (collectively, “Agreement”), confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. The engagement between you and our firm will be governed by the terms of this Agreement.

Engagement Objective and Scope

We will prepare the following federal and state tax returns for the year ended December 31, 2025:

- Form 1040, US Individual Income Tax Return and the applicable related schedules and forms
- Form PA-40, Pennsylvania Income Tax Return and the applicable related schedules and forms
- Pennsylvania taxpayer annual local earned income tax return, if required
- If applicable, any additional state returns as requested by client or determined required by us while preparing your 2025 income tax return

We will not prepare any tax returns other than those identified above, without your written request, and our written consent to do so. We will rely upon the completeness and accuracy of the information and representations you provide to us to prepare your tax returns. We will not prepare financial statements or perform valuations of any kind. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information.

The objective of our services is to assist you with the calculation of your tax due and provide you with forms and schedules we believe are suitable for you to file with the Internal Revenue Service (“IRS”) and applicable state and local tax authorities and sufficient to comply with your tax filing obligations. You have the final responsibility for the filing and content of your tax return(s). We will not assist you with any tax return other than those identified above, without your written request, and our written agreement to do so.

Our engagement does not include any procedures designed to detect errors, fraud, theft, or other wrongdoing. Therefore, our engagement cannot be relied upon to disclose such matters. If we identify or suspect that an instance of noncompliance with laws and regulations has occurred or is likely to occur, we will discuss the matter with the appropriate level of management and, when appropriate, those charged with governance¹. In addition, we are not responsible for identifying or communicating deficiencies in your internal controls, unless otherwise specified in the scope of this Agreement. You are responsible for developing and implementing internal controls applicable to your operations.

Requests for additional services may necessitate that we amend the Agreement or issue a separate written agreement to reflect the obligations of all parties. In the absence of any other written communications from us documenting additional services, our services will be limited to and governed by the terms of this Agreement.

We appreciate the opportunity to be of service to you. This Agreement, including the *Terms and Conditions Addendum*, represents the entire agreement of the parties and supersedes all previous oral, written, or other understandings and agreements between the parties. Any modification to the terms of this Agreement must be made in writing and signed by both parties. Please date and execute this Agreement and return it to us to acknowledge your acceptance. We will not initiate services until we receive the executed Agreement. Please read the addendum below and keep for your records. Please sign below and return page 1 to us.

Very truly yours,

Wendy Erdenbrack, CPA

ACCEPTED AND AGREED TO THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT:

Taxpayer's Name (Printed)

Taxpayer's Signature

Date