

~Patricia McDade, Inc.~

TAX PREPARATION AGREEMENT

This Tax Preparation Agreement ("Agreement"), dated as of ____/____/____, is made in Morgantown, WV, between the undersigned ("you" or "Client"), and Patricia McDade ("we," "us" or "Firm").

1. **Engagement of Firm.** Client hereby hires Firm to prepare tax returns (the "Services") on the terms set forth in this Agreement. Firm shall have the right, in its sole discretion, to decline to provide the Services at any time prior to the delivery of tax returns to Client for review and execution. Client understands that no particular tax result, refund or credit is or can be guaranteed or promised by Firm. In the event the Client is more than a single person, each is jointly and severally responsible and liable for all obligations of Client under this Agreement, including the payment of the Fee to Firm.

2. **Scope of Services.** Firm will prepare Client's _____ respectively individual Federal and State income tax returns based solely on any information Client provides to Firm. This engagement pertains only to the _____ tax year, and Firm's responsibilities do not include preparation of any other tax returns that may be due to any taxing authority. Firm's engagement will be complete upon the filing of the completed and signed returns with the appropriate taxing authorities. If Firm finds inconsistencies in any information you provide, we will check with you. However, Firm does not audit or verify information from any source documents or information you provide. Your individual income tax returns will be based solely on any information you provide to us.

Firm's work will be completed in accordance with applicable income tax laws and regulations. Firm will use its judgment in resolving questions when the law is unclear or where there are conflicts between tax authorities' interpretations of the law and other supportable positions. Please inform us if you prefer that we not make such judgments in your favor.

3. **Fee.** Firm's compensation for this engagement ("Fee") is not contingent on the results of our Services and is paid in order to compensate Firm for Services performed. The Fee shall be included with the professional services agreement. However, in the event that we encounter unusual circumstances that would require us to expand the scope of the engagement, and/or if we anticipate our fees exceeding the aforementioned range, we will adjust our estimate and obtain your prior approval before continuing with the engagement.

4. **Payment.** The Fee shall be paid in full prior to the filing of the tax returns and/or delivery of returns to Client. Amount for _____ to be determined at later date. Regular fee for _____ each year total of _____

5. **Audit Assistance.** Tax returns are subject to audit by the taxing authorities. If your returns are audited, you may be required to furnish source documents to the tax authorities to substantiate information you provided and that Firm reported on your return. If your returns are selected for audit, Firm can assist you in preparing for the audit; however, this service is not included in the Fee specified in Section 4, and will require a separate letter of engagement. In this regard, you should retain backup documents for your tax return for at least seven (7) years after the returns were filed.

6. **Client Responsibilities.** It is your responsibility to provide Firm with all the information needed to prepare complete and accurate returns. Included in the following information, if applicable to you:

- a. A complete copy of your most recent personal tax return.
- b. A copy of your most recent business tax return, if applicable.

- c. An original copy of any W-2 Forms or Forms K-1.
- d. A client questionnaire.
- e. Any other income records or documents requested by Firm.

Our Services will not commence until the above information is provided.

We will not audit or otherwise verify the data you submit. Accordingly, we cannot be relied upon to disclose errors, fraud, or other illegal acts that may exist. However, it may be necessary to ask you for clarification of some of the information you provide, and we will inform you of any material errors, fraud or other illegal acts that come to our attention.

You will be responsible for (i) reviewing the completed returns before signature for accuracy and completeness, (ii) signing the returns, and (iii) the payment of any taxes and late payment penalties. Firm will transmit the returns (with your signature) to the designated tax authorities.

7. **Acknowledgements by Client.** The law provides various penalties and interest that may be imposed when taxpayers underestimate their tax liability. You acknowledge that any such understated tax, and any imposed interest and penalties, are your responsibility, and that we have no responsibility in that regard. If you would like information on the amount or circumstances of these penalties, please contact us.

Client also acknowledges that applicable tax laws are changed from time to time, and that such changes are sometimes retroactively effective. Firm provides no warranty that any such changes will not adversely impact the amount of any refund or credit which might otherwise have been payable to Client or the amount of tax which Client might otherwise have been required to pay.

8. **Required Disclosures to IRS.** The tax law imposes substantial penalties on tax preparers who prepare returns based on positions that are not disclosed on a Form 8275 or 8275-R and that are not likely to survive a challenge by the IRS. Penalties are also imposed on tax preparers for a failure to disclose what are called "listed transactions" and "reportable transactions." Any returns that we prepare will be based on positions which we believe the IRS is not likely to dispute. If we do not have that reasonable belief, we must be satisfied that there is at least a reasonable basis for the position, and in such a case the position must be formally disclosed on Form 8275 or 8275-R, which would be filed as part of the return. If we do not believe there is a reasonable basis for the position, either the position cannot be taken or we cannot sign the return. In order for us to make these determinations, we will rely on the accuracy and completeness of the relevant information you provide to us.

9. **Indemnity.** In the event that we are or may be obligated to pay any cost, settlement, judgment, fine, penalty, or similar award or sanction as a result of a claim, investigation, or other proceeding instituted by any third party, and if such obligation is or may be a direct or indirect result of any inaccurate, incomplete, or misleading information that you provide to us during the course of this engagement (with or without your knowledge or intent), you agree to indemnify us, defend us, and hold us harmless as against such obligation.

10. **General.** This Agreement shall be governed by West Virginia law, waiver or modification of any of the terms of this Agreement shall not be effective unless confirmed in writing and signed by each party. This Agreement sets forth the entire agreement of Firm and Client concerning Client's engagement of Firm, and supersedes any prior oral or written representations or commitments by or between the parties. If any provision of this Agreement is invalidated in any legal or administrative proceeding, the remaining provisions shall remain in full force and effect. This Agreement is binding on the respective successors and assigns of Firm and Client. This Agreement may be signed in counterparts and shall have the same force and effect as if all parties executed one document.

By signing below I have read and agree to the terms described and agree to provide all required documentation and payment for the services provided. I understand that Patricia McDade will complete and submit my federal and state tax return with due diligence based upon the information I provide.

Patricia McDade

Print Patricia McDade

Signature: _____ Date: _____

Client

Print: _____

Signature: _____ Date: _____

Co Client

Print: _____

Signature: _____ Date: _____

~ Patricia McDeade, Sr. ~

- You will need:
- Tax information such as Forms W-2, 1099, 1098, 1095.
 - Social security cards or ITIN letters for all persons on your tax return.
 - Picture ID (such as valid driver's license) for you and your spouse.

You are responsible for the information on your return. Please provide complete and accurate information.

Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name		M.I.	Last name		Daytime telephone number		Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Your spouse's first name		M.I.	Last name		Daytime telephone number		Is your spouse a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Mailing address		Apt #		City		State		ZIP code	
4. Your Date of Birth		5. Your job title		6. Last year, were you:		a. Full-time student		Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Your spouse's Date of Birth		8. Your spouse's job title		b. Totally and permanently disabled		c. Legally blind		Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Last year, was your spouse:		b. Totally and permanently disabled		Yes <input type="checkbox"/> No <input type="checkbox"/>		a. Full-time student		Yes <input type="checkbox"/> No <input type="checkbox"/>	

10. Can anyone claim you or your spouse as a dependent?

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? Yes No If yes PIN Number _____

12. Please check only one box that best matches your filing status:

Married Filing Jointly	Married Filing Separately	Single	Head of Household	Qualifying Widow(er)
------------------------	---------------------------	--------	-------------------	----------------------

Dependent Name (Print, last and Social Security Number. Do not enter your name or spouse's name below)	Date of Birth (mm/dd/yyyy)	Relationship to you (for example, son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (Yes/No)	Resident of U.S., Canada, or Mexico last year	Single or Married as of 12/31/18 (S/M)	F.U.S. Student last year (Yes/No)	Totally and Permanently Disabled (Yes/No)	Is this person a qualifying child, relative of any other person? (Yes/No)	Did this person provide more than 50% of her own support? (Yes/No)	Did the person have less than \$4,150 of income? (Yes/No)	Did the taxpayer(s) provide more than 50% of support for the person? (Yes/No)	Did the taxpayer(s) pay more than half the cost of maintaining a home for the person? (Yes/No)

Additional Information

Primary taxpayer signature _____ Date _____

Secondary taxpayer signature _____ Date _____

Payment is due at your prior to filing.

~PATRICIA MCDADE, INC~

PRIVACY POLICY

The privacy of your client information has always been important to us at ~Patricia McDade, Inc.~ We have always been bound by professional standards of confidentiality.

We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization. This information may come from various sources, including information we receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted or required by law, or when necessary to process transactions requested by a client.

We restrict access to nonpublic personal information about you to members of our firm who need to know that information to provide you professional services. We retain records relating to the professional services that we provide you in accordance with accounting and government standards.

We employ physical, electronic, and procedural security safeguards to protect your nonpublic personal information.

Your confidence and trust are important to us. If you have any questions or concerns regarding the privacy of your non-public personal information, please contact us.

Sincerely,



Patricia McDade

~ Patricia McDade, Inc. ~

dba Compass Financial Services
dba PGM Associates

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	CVV: _____
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

~Patricia McDade Inc.~

2019 Direct Deposit/Withdraw authorization for Taxes

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Patricia McDade, Inc. to enter the banking information below for my 2019 tax return in order to receive my refund or pay my tax owed. Patricia McDade, Inc. is not responsible for funds deposited or debited from any account, by the IRS. This form serves only to have documented record of the taxpayers choice to use direct deposit and for accurate documentation of account numbers. This form is only for use for 2019 Tax Preparation. If additional years will be filed, a separate form will be required for each year.

Taxpayer Name: _____

Taxpayer Signature: _____ Date: _____

Account Information

In order to ensure the appropriate bank and account, please complete the following information regarding your deposit or withdraw. You may select up to 3 separate accounts to split the payment per IRS regulations.

1. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

Checking Savings Other I wish to have deducted \$ _____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

Checking Savings Other I wish to have deducted \$ _____ or Entire Net Amount

3. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

Checking Savings Other I wish to have deducted \$ _____ or Entire Net Amount

****Information provided on this form and entered into your tax return cannot be changed once the tax return has been submitted.****

~Patricia McDade, Inc.~

Income and Expenses Checklist for Businesses

<input type="checkbox"/> Income	<input type="checkbox"/> Expenses	<input type="checkbox"/> Employee Expenses
<input type="checkbox"/> Sales and Service Receipts	<input type="checkbox"/> Advertising (this does include BNI)	<input type="checkbox"/> Cafeteria health Insurance Plans
<input type="checkbox"/> Sales Records	<input type="checkbox"/> Marketing	<input type="checkbox"/> Employee Wages
<input type="checkbox"/> Returns and Allowance	<input type="checkbox"/> Conventions and Trade shows	<input type="checkbox"/> Gym for employees if onsite
<input type="checkbox"/> Business Checking	<input type="checkbox"/> Phones	<input type="checkbox"/> Freelancers
<input type="checkbox"/> Separate Payroll Account	<input type="checkbox"/> Computer and Internet Expenses	<input type="checkbox"/> Profit Sharing
<input type="checkbox"/> If this applies – (Most people ignore this until tax time)	<input type="checkbox"/> Transportation and travel expenses	<input type="checkbox"/> Commissions
<input type="checkbox"/> Inventory	<input type="checkbox"/> Local transportation Business around town parking tolls etc.	<input type="checkbox"/> Education and Training
<input type="checkbox"/> Beginning inventory total dollar amount	<input type="checkbox"/> Travel Away from home	<input type="checkbox"/> Employee Benefits
<input type="checkbox"/> Inventory Purchases	<input type="checkbox"/> Airfare or mileage and actual expense	<input type="checkbox"/> Family Member Wages (tax free up to 12000)
<input type="checkbox"/> Ending Inventory	<input type="checkbox"/> Hotel	<input type="checkbox"/> Group insurance
<input type="checkbox"/> Items used for personal purposes	<input type="checkbox"/> Meals and tips	<input type="checkbox"/> Gifts for Customers or Employees
<input type="checkbox"/> Materials and supplies	<input type="checkbox"/> Taxes and tips	<input type="checkbox"/> Payroll Processing
<input type="checkbox"/> Office Expenses	<input type="checkbox"/> Internet and other hotel expenses	<input type="checkbox"/> Payroll Taxes
<input type="checkbox"/> Cleaning/janitorial service	<input type="checkbox"/> Commission paid to subcontractors	<input type="checkbox"/> Medical expenses with plan
<input type="checkbox"/> Building repairs and maintenance	<input type="checkbox"/> 1099 Misc. (requires a filing of 1096)	<input type="checkbox"/> Pension plans
<input type="checkbox"/> Contractors	<input type="checkbox"/> Records related to personal use of assets	<input type="checkbox"/> Uniforms
<input type="checkbox"/> Board Meetings	<input type="checkbox"/> Sales prices and disposition	<input type="checkbox"/> DEDUCTIONS TO AVOID AT ALL COST!!!!
<input type="checkbox"/> Rent	<input type="checkbox"/> Business Insurance	<input type="checkbox"/> Business Attire that you can wear outside of work (attorneys are exceptions)
<input type="checkbox"/> Research and Development**	<input type="checkbox"/> Casualty loss insurance	<input type="checkbox"/> Contributing time to charity
<input type="checkbox"/> Safe-Deposit box	<input type="checkbox"/> Errors and Omissions	<input type="checkbox"/> Membership dues even to a professional organization
<input type="checkbox"/> Safe	<input type="checkbox"/> Interest Expenses	<input type="checkbox"/> Federal income tax payments
<input type="checkbox"/> Home Office (square footage etc)	<input type="checkbox"/> Mortgage expenses interest on property	<input type="checkbox"/> Personal Life and Disability insurance for sole proprietors, partnerships and S Corporation
<input type="checkbox"/> Furniture and fixtures	<input type="checkbox"/> Business loan interest	<input type="checkbox"/> Lobbyist
<input type="checkbox"/> Freight or shipping costs	<input type="checkbox"/> Investment expense and interest	<input type="checkbox"/> Penalties and fines for breaking the law
<input type="checkbox"/> Internet Hosting	<input type="checkbox"/> Professional fees	<input type="checkbox"/> Political Contributions
<input type="checkbox"/> Guard Dog	<input type="checkbox"/> Lawyers accountants and consultants	<input type="checkbox"/> Professional accreditation fees
<input type="checkbox"/> Management fees	<input type="checkbox"/> Office supplies – consumables	<input type="checkbox"/> Salary for Sole Proprietors
<input type="checkbox"/> Newspapers and magazines	<input type="checkbox"/> Rent	
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Office space	
<input type="checkbox"/> Moving	<input type="checkbox"/> Business use vehicle lease expense	
<input type="checkbox"/> Utilities	<input type="checkbox"/> Other	
<input type="checkbox"/> Real estate related expenses	<input type="checkbox"/> Home office use	
<input type="checkbox"/> Outside services	<input type="checkbox"/> Homeowners renter insurance	
<input type="checkbox"/> Postage	<input type="checkbox"/> Utilities	
<input type="checkbox"/> Prizes for contests	<input type="checkbox"/> Cost of home	
<input type="checkbox"/> Rebates on sales	<input type="checkbox"/> Wages paid form w-2 and w-3	
<input type="checkbox"/> Software and online services	<input type="checkbox"/> Federal and state payroll returns	
<input type="checkbox"/> Expenses for office atmosphere	<input type="checkbox"/> 940 941	
<input type="checkbox"/> Storage rental	<input type="checkbox"/> Employee benefits	
<input type="checkbox"/> Subcontractors	<input type="checkbox"/> Expenses	
<input type="checkbox"/> Telephone	<input type="checkbox"/> Contractors	
<input type="checkbox"/> Waste removal	<input type="checkbox"/> 1099 and 1096	
<input type="checkbox"/> Website design	<input type="checkbox"/> Other expenses	
<input type="checkbox"/> Many others	<input type="checkbox"/> Repair and maintenance of office facilities	
<input type="checkbox"/> ***Entertainment is NO***	<input type="checkbox"/> Estimated tax payments	
<input type="checkbox"/> Bad debts that you cannot collect	<input type="checkbox"/> Health insurance	
<input type="checkbox"/> Retirement plans	<input type="checkbox"/> Premiums to cover sole proprietor and family	
<input type="checkbox"/> Royalties	<input type="checkbox"/> Premiums for partners and S corp shareholders	
<input type="checkbox"/> Service Fees	<input type="checkbox"/> Equipment fees	
<input type="checkbox"/> Collections Expenses	<input type="checkbox"/> Computers and Tech Supplies	
<input type="checkbox"/> Credit Card convenience Fees	<input type="checkbox"/> Car Expenses	
<input type="checkbox"/> Depreciation	<input type="checkbox"/> Equipment	
<input type="checkbox"/> Consulting fees	<input type="checkbox"/> Equipment repair	
<input type="checkbox"/> Franchise fees	<input type="checkbox"/> Equipment maintenance	
<input type="checkbox"/> Insurance premiums for	<input type="checkbox"/> Charitable Deductions	
<input type="checkbox"/> Credit	<input type="checkbox"/> Charitable Deductions for Business Purposes	
<input type="checkbox"/> Liability	<input type="checkbox"/> Charitable Travel	
<input type="checkbox"/> Malpractice	<input type="checkbox"/> Discounts to Customers	
<input type="checkbox"/> Workers comp		
<input type="checkbox"/> Other insurance		
<input type="checkbox"/> Interest		
<input type="checkbox"/> Mortgage interest		

Notes