



Kenison Enterprises

We appreciate the opportunity of providing tax preparation services to you. To ensure a complete understanding between Crystal Clear Tax Solution and our clients, please review and acknowledge the describe the scope and limitations of the services we will provide for you.

Services Provided. We will prepare your Federal Income Tax Return and file electronically with the Internal Revenue Service.

I acknowledge/agree: _____

Services Not Provided. We will make no audit the information that you submit. We have not been requested to discover errors, misrepresentations, fraud, illegal acts, or theft. Therefore, have not included any procedures designed or intended to discover such acts, and you agree we have no responsibility to do so. We ensure all returns are completed accurately. In the event you are audited, we will make every effort to assist you though the Audit at no additional charge.

I acknowledge/agree: _____

Client Responsibilities. To perform our services, we will need to obtain information verifying your identity and the identity of any named individual included on your Federal Return. In addition, we will need documentation to support all claims to income, deductions, and/or credits.

I acknowledge/agree: _____

Confidentiality. It is our policy to handle the information you provide us with the utmost confidentiality and care. We will not disclose your financial and confidential information without your express written permission. We will maintain physical, electronic and procedural safeguards to ensure confidentiality at all times.

I acknowledge/agree: _____

Fees. Our fee for the services provided will cover the cost of the Federal Income Tax Preparation and filing with the Internal Revenue Service. Additional fees may apply for fee withholding and refund options.

I acknowledge/agree: _____

Refund Deduction. We will deduct the tax preparation fee plus an additional processing fee from the federal income tax return. Should the income tax refund be offset due to a debt owed to the Internal Revenue Service or any other authorized agency, all tax preparation fees will be electronically deducted by EFT/ACH.

I acknowledge/agree: _____

Final Review. We will not submit tax returns without a verbal or electronic approval to submit upon completion. Your approval to submit confirms that you have reviewed your return and agree to all information provided to the Internal Revenue Service.

I acknowledge/agree: _____

I acknowledge the terms of agreement stated above and authorize Crystal Clear Tax Solutions to prepare my 2020 federal income tax return and submit to the Internal Revenue Service my behalf.

Taxpayer/Authorized Officer

Social Security Number

Date

Company Name

Tax Identification Number

Taxpayer Information Sheet

Tell us about yourself:

First Name: _____ M.I. ____ Last Name: _____

Social Security #: ____ - ____ - _____ Date of Birth: ____/____/____

Occupation: _____ Email Address: _____

Mobile (____) ____ - _____ Home (____) ____ - _____ Work (____) ____ - _____ Ext. _____

State DL/ID #: _____ State: _____ Issue Date: _____ Exp. Date: _____

Are you any of the following:

Legally Blind Permanently and totally disabled Retired

Did your address change from last year? ____ Yes ____ No

Mailing Address:

Street: _____ Apt. No.: _____

City: _____ State: ____ Zip Code: _____

Did you reside in the current state for the entire year? ____ Yes ____ No

If not, please state other state of residence prior to your current address _____

Mailing Address: (if different)

Address: _____ City: _____ State: ____ Zip Code: _____

Tell us about your spouse (if applicable):

Spouse First Name: _____ M.I. ____ Spouse Last Name: _____

Spouse Social Security #: ____ - ____ - _____ Spouse Date of Birth: ____/____/____

Cell (____) ____ - _____ Home (____) ____ - _____ Spouse Occupation: _____

Is your spouse any of the following:

Legally Blind Permanently and totally disabled Retired

State DL/ID #: _____ State: _____ Issue Date: _____ Exp. Date: _____

Dependent #1

First Name: _____ M.I. _____ Last Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Relationship: _____

Please check one of the following:

- Your child living with you
- Your child not living with you
- Other dependent
- Not a dependent (EIC/Child Care/Child Credit only)

Dependent #2

First Name: _____ M.I. _____ Last Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Relationship: _____

Please check one of the following:

- Your child living with you
- Your child not living with you
- Other dependent
- Not a dependent (EIC/Child Care/Child Credit only)

Dependent #3

First Name: _____ M.I. _____ Last Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Relationship: _____

Please check one of the following:

- Your child living with you
- Your child not living with you
- Other dependent
- Not a dependent (EIC/Child Care/Child Credit only)

Tell us about your tax situation:

Filing Status:

- Single/Head of Household
- Married ***circle one:*** married filing jointly married filing separate
- Divorced
- Widow

Sources of Income:

- Employer (W-2)
- Contractor (1099-MISC)
- Unemployment (Texas Workforce Commission)
- Disability (SSI)
- Retirement Distribution (SSI, 401K, IRA)
- Business Income (Sole-proprietorship, Partnership, S Corp, etc.)
- Other: _____

Please answer yes or no to the following questions

General Information

- Are you over the age of 64? Yes No
- Are you disabled? Yes No
- Was your health insurance obtained through a Marketplace? Yes No
- Can you be claimed as a dependent on someone else's taxes? Yes No
- Did you serve in the armed forces? Yes No
- Do you have any household employees? Yes No

Income

- Did you child(ren) receive any income? Yes No
- Did you earn income in any state other than Texas? Yes No
- Did you receive any interest income? Yes No
- Did you receive any dividend income? Yes No
- Did you sell any of your investments? Yes No
- Do you have a business? If yes, please complete *Small Business Information Sheet* Yes No
- Do you own real estate property or receive royalty income? Yes No
- Did you receive money from a retirement plan or move funds from one plan to another? Yes No
- Did you receive benefits from the Social Security Administration? Yes No
- Did you receive any unemployment income? Yes No
- Did you receive income from other sources (alimony, gambling winnings, jury pay, etc)? Yes No

Deductions

Did you have educational expenses or receive any scholarships/fellowships? Yes No

Are a member of the Armed Forces and paid for moving expenses to a new job location? Yes No

Did you pay educator expenses? Yes No

Did you pay alimony? Yes No

Did you participate in an Archer Medical Savings Account (MSA) Yes No

Do wish to claim any travel, transportation, meal, or entertainment expenses for your job or did your employer pay for any of your job expenses? Yes No
(National Guard or Reserve member with overnight travel, qualified performing artist, or fee basis state or local government officials only)

Do you have a deduction for domestic production activities? Yes No

Did you contribute to an IRA? Yes No

Credits

Did you make energy saving improvements to your home? Yes No

Did you have child care or dependent care expenses? Yes No

Were you a full-time student during part of any five months? Yes No

Did you pay college tuition costs? Yes No

Did you contribute to a qualified retirement plan? (Traditional, Roth IRA, ABLE) Yes No

Itemized Deductions – Itemized Filers Only

Did you pay for medical/dental expenses for yourself or your dependents? Yes No

Did you pay state and local real estate taxes? Yes No

Did you pay state and local personal property taxes? Yes No

Did you pay mortgage interest? Yes No

Did you pay investment interest? Yes No

Did you make any charitable contributions? Yes No

Did you have any casualty or theft losses as a result of a federally declared disaster? Yes No

How would you like your refund? **Check** **Prepaid Net Spend Debit Card**

Direct deposited to my account:

Bank Name: _____

Checking or Savings

Routing #: _____

Account #: _____