



TAX AND BUSINESS SOLUTIONS, LLC
— Quality, Trust, and Expertise —

INDIVIDUAL TAX ORGANIZER

(617) 249-5201

www.sttaxbusinesssolutionsllc.com

info@sttaxbusinesssolutionsllc.com

Use the tax checklist below to find the documents and forms you'll need to get started.

PERSONAL INFORMATION

- Your social security number or tax ID number
- Your spouse's full name and social security number or tax ID number

DEPENDENT(S) INFORMATION

- Dates of birth and social security numbers or tax ID numbers
- Childcare records (including the provider's tax ID number) if applicable
- Income of other adults in your home
- Form 8332 showing that the child's custodial parent is releasing their right to claim a child to you, the noncustodial parent (if applicable)

SOURCES OF INCOME

- Employed
 - Forms W-2
- Unemployed
 - Unemployment, state tax refund (1099-G)
- Self-Employed
 - Forms 1099-MISC, Schedules K-1, income records to verify amounts not reported on 1099s
 - Records of all expenses — check registers or credit card statements, and receipts
 - Business-use asset information (cost, date placed in service, etc.) for depreciation Office in home information, if applicable Record of estimated tax payments made (Form 1040ES)
- Rental Income
 - Records of income and expenses
 - Rental asset information (cost, date placed in service, etc.) for depreciation
 - Record of estimated tax payments made (Form 1040ES)
- Retirement Income
 - Pension/IRA/annuity income (1099-R)
 - Traditional IRA basis (i.e. amounts you contributed to the IRA that were already taxed)
 - Social security/RRB income (1099-SSA, RRB-1099)
- Savings & Investments or Dividends
 - Interest, dividend income (1099-INT, 1099-OID, 1099-DIV)
 - Income from sales of stock or other property (1099-B, 1099-S)
 - Dates of acquisition and records of your cost or other basis in property you sold (if basis is not reported on 1099-B)
 - Health Savings Account and long-term care reimbursements (1099-SA or 1099-LTC)
 - Expenses related to your investments
 - Record of estimated tax payments made (Form 1040ES)
- Other Income & Losses

- Gambling income (W-2G or records showing income, as well as expense records)
- Jury duty records
- Hobby income and expenses
- Prizes and awards
- Trusts
- Royalty Income
 - 1099 Misc.
 - Any other 1099s received
 - Record of alimony paid/received with Ex-spouse's name and SSN

TYPES OF DEDUCTIONS

- Home Ownership
 - Forms 1098 or other mortgage interest statements
 - Real estate and personal property tax records
 - Receipts for energy-saving home improvements
 - All other 1098 series forms
- Charitable Donations
 - Cash amounts donated to houses of worship, schools, other charitable organizations
 - Records of non-cash charitable donations
 - Amounts of miles driven for charitable or medical purposes
- Medical Expenses
 - Amounts paid for healthcare insurance and to doctors, dentists, hospitals
- Health Insurance
 - Form 1095-A if you enrolled in an insurance plan through the Marketplace (Exchange)
 - Form 1095-B and/or 1095-C if you had insurance coverage through any other source (i.e. an employer, insurance company, government health plan such as Medicare, Medicaid, CHIP, TRICARE, VA, etc.)
 - Marketplace exemption certificate (ECN) if you applied for and received an exemption from the Marketplace (Exchange)
- Childcare Expenses
 - Fees paid to a licensed day care center or family day care for care of an infant or preschooler
 - Wages paid to a baby-sitter.
Don't include expenses paid through a flexible spending account at work.
- Educational Expenses
 - Forms 1098-T from educational institutions
 - Receipts that itemize qualified educational expenses
 - Records of any scholarships or fellowships you received
 - Form 1098-E if you paid student loan interest
- Job Expenses & Tax Prep Fees
 - Employment related vehicle expenses (tolls, mileage, gas, maintenance, license, property tax, interest expense, parking)
 - Receipts for classroom expenses (for educators in grades K-12)

- Employment-related expenses (dues, publications, tools, uniform cost and cleaning, travel) J
- Job-hunting expenses
- Record of moving expenses not reimbursed by employer
- Amount paid for preparation of last year's tax return
- State & Local Taxes or Sales Tax
 - Amount of state/local income tax paid (other than wage withholding), or amount of state and local sales tax paid
 - Invoice showing amount of vehicle sales tax paid
- Retirement & Other Savings
 - Form 5498-SA showing HSA contributions
 - Form 5498 showing IRA contributions
 - All other 5498 series forms (5498-QA, 5498-ESA)
- Federally Declared Disaster
 - City/county you lived/worked/had property in
 - Records to support property losses (appraisal, clean up costs, etc.)
 - Records of rebuilding/repair costs Insurance reimbursements/claims to be paid
 - FEMA assistance information
 - Check FEMA site to see if my county has been declared a federal disaster area

INDIVIDUAL TAX ORGANIZER

DATE:	PREVIOUS CLIENT <input type="checkbox"/> or NEW CLIENT <input type="checkbox"/>
TAX PRO:	REFERRED BY:
FILING STATUS (SELECT ONE)	
SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> MARRIED FILING SEPARATE <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> QUALIFYING WIDOW <input type="checkbox"/>	

CLIENT INFORMATION			
NAME:	SSN:	DATE OF BIRTH:	
PHONE #:	EMAIL:		
DRIVERS LICENSE STATE:	DRIVERS LICENSE#:	DL ISSUE DATE:	DL EXPIRATION DATE:
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
MARITAL STATUS:		OCCUPATION:	
BANK NAME:		CHECKING or SAVINGS	
BANK ACCOUNT NUMBER:		BANK ROUTING NUMBER:	

SPOUSE INFORMATION			
NAME:	SSN:	DATE OF BIRTH:	
PHONE #:	EMAIL:		
DRIVERS LICENSE STATE:	DRIVERS LICENSE#:	DL ISSUE DATE:	DL EXPIRATION DATE:
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
MARITAL STATUS:		OCCUPATION:	
BANK NAME:		CHECKING <input type="checkbox"/> or SAVINGS <input type="checkbox"/>	
BANK ACCOUNT NUMBER:		BANK ROUTING NUMBER:	

DEPENDENT INFORMATION (PLEASE LIST ALL DEPENDENTS)			
NAME:		DATE OF BIRTH:	
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.	
NAME:		DATE OF BIRTH:	
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.	
NAME:		DATE OF BIRTH:	
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.	
NAME:		DATE OF BIRTH:	
RELATIONSHIP:	SSN:	# OF MONTHS THIS CHILD LIVED WITH YOU.	
DEPENDENT CARE EXPENSES:			
CHILD CARE PROVIDER:		<input type="checkbox"/> SSN OR <input type="checkbox"/> EIN	
STREET ADDRESS:			
CITY:		STATE:	ZIP:
EDUCATION INFORMATION			
SCHOOL ATTENDED:			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
HEALTH CARE SURVEY			
Check any of the following which describes how you (an any other family members on this return) received health care coverage in 2018:			
A. Received health care coverage through employer for entire year (including COBRA coverage)			A <input type="checkbox"/>
B. Received health care coverage from the government such as Medicaid, Medicare, Veterans benefits, and any other governmental health care program for the entire year.			B <input type="checkbox"/>
C. Purchased private health insurance (not through the "Marketplace") for the entire year.			C <input type="checkbox"/>
D. Purchased health insurance through the "Marketplace" (Form 1095-A)			D <input type="checkbox"/>
E. At least one family member (including taxpayer) did not have health care coverage at anytime during the year.			E <input type="checkbox"/>

FINANCIAL SURVEY	
Are you an IRS agent, associate, affiliate, or informant?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you owe any government entity?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Have you filed all your prior year taxes?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Did you get a refund last year?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you have health insurance?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Would you like to have a health and life insurance assessment?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Are you interested in debt elimination and credit restoration?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you have a 401k or retirement account?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
Do you own a home?	YES <input type="checkbox"/> or NO <input type="checkbox"/>

EXPENSE WORKSHEET			
EDUCATION EXPENSES		SELF EMPLOYED BUSINESS EXPENSES	
Student Loan Interest	\$	Legal & Professional Services	\$
Post-Secondary Tuition/Fees	\$	Advertising Expenses	\$
Other Job Training	\$	Car/Truck Mileage	\$
MEDICAL EXPENSES		Office Expenses	\$
Prescription Drugs	\$	Rent/Lease Expense	\$
Medical Insurance	\$	Utilities/Telephone	\$
Dental Insurance	\$	Repairs & Maintenance	\$
Long Term Care Insurance	\$	Supplies	\$
Hospital & Emergency Bills	\$	Taxes & Licenses	\$
Lab & X-Ray Expenses	\$	Business Meals & Entertainment	\$
In-Home Health Care/Nurses	\$	Misc. Business Expenses	\$
Glasses & Contact Lenses	\$	Tools	\$
Hearing Aids & Batteries	\$	MISCELLANEOUS EXPENSES	
Orthopedic Shoes	\$	Employment/Job Seeking Expenses	\$
Canes/Crutches/Braces	\$	Unreimbursed Uniforms & Cleaning	\$
Wheel Chairs	\$	Unreimbursed Work Tools	\$
Other Medical Transportation	\$	Unreimbursed Work Shoes/Gloves	\$
Other Misc. Medical Expenses	\$	Tax Preparation Fees	\$
TAXES PAID		Safe Deposit Box	\$

Real Estate Taxes	\$	Investment Expenses	\$
Personal Property Taxes	\$	Unreimbursed Cell Phone	\$
State Income Taxes	\$	Legal Fees	\$
INTEREST PAID		Hobby Expenses	\$
Home Mortgage Interest	\$	Miles to 2 nd Job Location	\$
Points Paid at Closing	\$	Educator Expenses	\$
Closing Cost Paid	\$	Unreimbursed Business Travel	\$
Investment Interest	\$	Parking/Tolls	\$
Business Loan Interest	\$		
Business Car Loan Interest	\$	ADDITIONAL DEDUCTIONS NOT LISTED	
CASUALTY LOSSES			\$
Accident/Fire/Theft/Disaster	\$		\$
VOLUNTEER WORK EXPENSES			\$
Religious/Charitable Organization	\$		\$
Mileage	\$		\$
GAMBLING LOSSES			\$
Gambling Losses	\$		\$
CHARITABLE CONTRIBUTIONS			\$
Value of Furniture or Clothing	\$		\$
Religious Offerings	\$		\$
Goodwill/Salvation Army	\$		\$
Value of Car Donation	\$		\$
Misc. Contributions	\$		\$
DISCLAIMER: I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			
TAXPAYER:		DATE:	
SPOUSE:		DATE:	

SELF-EMPLOYMENT QUESTIONNAIRE

Business Description _____

Name of Business _____

Income

Amount from 1099-MISC (BOX 7 Non-employee Compensation) \$ _____ Number of 1099-MISC forms _____

Income NOT on 1099-MISC \$ _____

Expenses

Advertising	\$ _____	Office Expense	\$ _____
Contract Labor	\$ _____	Commission and fees	\$ _____
Depletion	\$ _____	Employee benefit programs	\$ _____
Health Insurance	\$ _____	Insurance (other than health)	\$ _____
Mortgage interest	\$ _____	Other interest	\$ _____
Legal/Professional Svc	\$ _____	Rent/ lease of equipment	\$ _____
Rent/ lease of property	\$ _____	Supplies	\$ _____
Repairs and maintenance	\$ _____	Travel	\$ _____
Taxes and licenses	\$ _____	Utilities	\$ _____

Meals and entertainment (50%) Enter 100% of the expenses. \$ _____

Meals and entertainment (80%) Enter 100% of the expenses. (DOT Drivers ONLY) \$ _____

Car & Truck Expenses

Gas \$ _____ Repairs \$ _____ Tires \$ _____ Vehicle Description: _____
Oil \$ _____ Insurance \$ _____ Date in service: _____

Business Miles Driven _____ Total Miles Driven _____

1. What type business do you own? _____
2. What is your business name? _____
3. How long have you owned your business? _____
4. Can you provide any documentation to substantiate your business? i.e. Business license, Tax returns, etc. _____
5. Who maintains the business records? _____
6. Do you maintain separate banking accounts for personal and business transactions?
➤ If not, how do you differentiate between personal and business transactions?

7. How did you compute your business income? _____
8. Do you have books or records to support your income computation? _____
9. Do you have receipts to support your expenses? _____
10. Do you have business cards? _____

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

EARNED INCOME CREDIT

Part I: Qualifications

Could you, or your spouse if filing jointly, be considered a "Qualifying Child" on another persons tax return during tax year 2018?	Yes	No
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NOTE: If you answered "Yes", you are not able to qualify for the earned income credit (skip Part II and Part III).

Part II: Qualifying Children

Child 1

Child 2

	Name		Name	
Is the Child: The Taxpayer's Son, Daughter, or adopted child OR A child of the Taxpayer's son, daughter or adopted child OR The Taxpayer's stepchild OR The Taxpayer's eligible foster child?	Yes	No	Yes	No
If the child is married, are you claiming this child as a dependent? (If child is not married, then simply mark yes)	Yes	No	Yes	No
Did the child live with you in the United States for over half of the year, OR The full year if the child is an eligible foster child?	Yes	No	Yes	No
Was the child, at the end of the year: Under age 19 OR Under age 24 and a full-time student OR Any age and permanently and totally disabled?	Yes	No	Yes	No
Could any other person check "Yes" on lines 9 through 12 for the child? Prep Note: If yes, questions on line 13b and 13c must also be answered. (line 13a)	Yes	No	Yes	No

● If you checked "No" on any of the first four questions above, then:

The child is not the taxpayer's qualifying child. If the taxpayer does not have a qualifying child, go to "Part III" to see if the taxpayer can claim the EIC for people who do not have qualifying children

Part III: Earned Income Credit for Taxpayers without a Qualifying Child

Was your main home, and your spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the U.S. are considered to be living in the U.S. during that period.)	Yes	No
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NOTE: If you answered "No", you are not able to qualify for the earned income credit (skip Part II and Part III).

Part IV- Due Diligence Requirements

To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries made and the taxpayer's responses.

Form 8879 Information

(1) = Check mailed from IRS	(4) = Balance Due	Tax Payer's PIN	Spouse's PIN
(2) = Direct Deposit to TP's Acct.	(5) = RA/RT		
Was the return prepared by the Taxpayer (self-prepared)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the return prepared by a Paid-Preparer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

TAXPAYER QUESTIONNAIRE REVIEW

The above information is true and correct, and I / we understand that the information given on this questionnaire will be used to complete my / our 2022 tax return(s). I / We agree to hold this company harmless for any errors that they may make on my / our tax return. I / We also understand that error on my / our return will cause a delay in the processing of the return and the receipt of the refund, if any.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

FINANCIAL PRODUCTS

Complete the following if refund type is a RA/RT

Identification Information: Bank Products require at least 1 of the following forms of ID

- Drivers License DMV/BMV State ID Military ID US Passport/Resident Alien ID
 Matricular Consular Foreign Passport

Taxpayer ID NUMBER _____ STATE _____ EXP. DATE _____

Spouse ID NUMBER _____ STATE _____ EXP. DATE _____

Application Information:

If filing a joint return, who is borrower? T = Taxpayer Only; S = Spouse Only; B = Both Taxpayer & Spouse

With the IRS removing the Debit Indicator (DI), there is a chance that a RA/RT will not be refunded in full.

Some reasons for not getting a complete RT refund:

1. IRS says you owe back taxes
2. IRS says you have a current garnishment
3. IRS is auditing your Earned Income Credit
4. Earned Income Tax Credit (EITC) is claimed and an EITC qualifying child is a foster child
5. You have an outstanding debt with any bank that provides RA/RT

PLEASE NOTE - WE DO NOT HAVE ANY CONTROL OVER THE ABOVE REASONS!

Taxpayer Initial _____ Spouse Initial _____

I understand that all information I have provided on this form is true. If any of this information is incorrect, I understand that a formal letter will be sent if the refund is not paid in full.

In addition, I understand that my refund may be provided to me in more than 1 check.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

FOR OFFICE USE ONLY

Process Checklist (to be included in customer file)

- Make copies of form of ID and Social Security cards
- Interview sheet filled out
- One copy of tax return, W-2s and/or 1099 (Taxpayer & Spouse, if applicable)
- Signature on 8879/Pin # and Bank application



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Dear Client,

Thank you for the opportunity to work with you in preparing your income tax returns. To foster a complete understanding of our relationship, take a moment to review the following information.

We will prepare your income tax returns based solely on the information you furnish to us. Upon completion of your tax returns, we will return any original tax documents to you. From time to time our office may retain scanned copies of your documents for our records. However you should retain all documents, canceled checks and other data that form the basis of income and deductions and other tax return forms, schedules, elections, and disclosures. Such documents include but are not limited to, proper records to support deductions claimed for meals, entertainment, travel, business gifts, charitable contributions, and vehicle use (if applicable), as well as bank and credit card statements. These records will be necessary to prove the accuracy and completeness of the returns to taxing authorities, should your returns be selected for examination. We recommend keeping all documents and copies of your returns for a minimum of five years after you file your tax returns or after their due date, whichever is later.

Our work in connection with the preparation of your income tax returns cannot be relied upon to disclose errors, irregularities or illegal acts, including, without limitation, fraud that may exist within the documents or figures you provide. We will use our professional judgment in resolving questions where the tax law is unclear or where there may be conflicts between the tax authority's interpretations of the tax law and other supportable positions. Unless instructed by you, we will take a tax position in your favor whenever reasonable. We cannot provide any assurance that tax positions taken will not be challenged or ensure the ultimate outcome of such a challenge. Moreover, we cannot be responsible for issues arising from any income, expenses or other information not provided to us at the time of tax preparation or prior to the filing of your returns.

Please note that this engagement, and this firm's services, include but are not limited to general and annual income tax related services. Unless specifically requested by you and agreed upon in writing we do not provide any services related to the payroll tax, sales tax, excise tax, and personal or real property tax. Nor can we be relied upon to determine or report your compliance, or lack thereof, with any Federal, State, or Local business-related laws, health care or human resources regulations, retirement plan compliance or any business, property, or professional permitting/licensing.

The charges for our services are on a "per form" basis with references to time spent by our professional staff to perform the work, and costs incurred for related supplies and expenses, including copy charges, long distance phone charges, and computer processing charges. Our fee for the preparation of your tax returns will be due and payable upon presentation of your completed income tax filing. It is company policy not to release tax returns or any tax-related reports, schedules, information, advice, or notes without payment in full. Should a situation arise where services have been rendered but payment is not received, and our firm is forced to or elects to seek legal assistance to collect fees due to us, please note that you may be asked to reimburse our firm for the legal costs to collect any outstanding balance due. Also, please note that an additional fee of one hundred and fifty dollars may be applied to certain accounts who begin the preparation process after September 25th each year. This fee is to cover the additional labor and administrative costs that arise when beginning a tax return so close to a terminal filing deadline. Should arrangements in writing have been made prior to September 25th or should arrangements have been made in writing with S&T Tax and Business Solutions LLC at any time this fee may be waived upon request.

Because we understand that cost is an important issue for many clients, we will do our best to provide you with an estimate of our fees prior to completing your returns, but please understand that circumstances arise which may raise or lower the estimated fee. We will contact you if such a situation arises after you receive an estimate.

Upon completion of your returns and after you have paid your tax preparation fees, we will provide you with a copy of your returns as well as the e-file signature authorizations and any applicable payment vouchers to complete your tax filing. You should review the completed returns carefully. If you see anything that requires changing, please bring it to our attention immediately and we will either explain the matter to you or correct it without delay and provide you with new, corrected copies. If you are satisfied with the returns and see no issues, please sign and date the e-file signature authorizations and return them to this office immediately.

Please note that all taxing authorities prohibit us from transmitting your tax returns without signed authorization from you. Please also note that if your returns cannot be e-filed, we will provide you with paper copies to sign and mail to the taxing authorities.

By signing this engagement, you agree to compensate S&T Tax and Business Solutions LLC for services you have requested. In the event you terminate the engagement prior to the completion of your tax accounting work, S&T Tax and Business Solutions LLC reserves the right to invoice you for any out of pocket expenses, time at our hourly rate, or other expenses that were incurred during this engagement. If you sought in-person consultation services, received advisory services by phone or email, sought representation work or received any tax accounting services, by signing this engagement letter you agree to compensate S&T Tax and Business Solutions LLC for these services, even if you terminated the engagement prior to our firm completing the work requested or required.

Please be advised that if you receive any correspondence from a taxing authority that pertains to a tax return prepared by this firm, we will be happy to address this matter on your behalf. Included in the cost of your tax preparation is 30 minutes of correspondence work per tax year at no additional charge. During that 30 minutes, we will assess your situation and apprise you of the course of action we believe is best to take. If we can also compose and send off a reply to the appropriate taxing authority, then we will certainly do so. If the matter or issue involves more than 30 minutes of work, each additional hour (or fraction thereof) will be billed at a standard hourly rate of one hundred and fifty dollars (\$150) per

60-minute hour. When possible, we will do our best to inform you if we believe your issue will require more than 30 minutes to handle. However, there may be a situation when we are unable to inform you in advance. Even if we are unable to inform you, the standard hourly rate listed above will apply and is payable upon completion of this work. At any time in the process, you may choose to have us cease our work in connection with your correspondence, but we will require said request in writing with your name and signature included. If during the course of this work, it becomes apparent the correspondence received was due to an error or omission by this office there will be no charge for handling the correspondence regardless of the time involved. Please note that except in cases where our office is deemed at fault, a flat \$50-dollar handling charge will be assessed for all matters where our assistance is requested in handling any such correspondence from any taxing authority. This charge is not included in your annual tax preparation fees and is payable upon completion of our work in connection with said correspondence.

Please also note that audit/examination representation work is not included in the tax preparation fee and is considered a different engagement with a separate fee structure. If you have any questions regarding the specifics of audit/examination representation, please feel free to ask any time before, during or after your appointment. Again, if your returns are audited or examined by any taxing authority, for any reason, the fee you paid for their preparation does not include the costs to represent you with regard to any audit or examination.

S&T Tax and Business Solutions LLC takes your privacy and personal information very seriously. We will take whatever steps are necessary to safeguard that information and will never sell or disclose said information to anyone outside the firm for any reason. Please note that while we will protect your confidential information, our firm, from time to time, will need to utilize some of your information for internal purposes not related directly to your current year tax preparation. An example of this usage would be emailing you a newsletter or holiday card to your confidential home address or perhaps a personal phone call to wish you or a member of your family greetings or a happy birthday. By signing this letter, you agree to allow our staff limited access to your information for such informal, non-tax preparation related situations.

Please also note that in an effort to help combat the increasing threat of identity theft and to ensure the returns filed by our firm are accurate, true, and pertain to the proper client or taxpayer, S&T Tax and Business Solutions LLC reserves the right to request, a condition of our providing services, certain documents to verify your identity and the identity of others that may be listed on your tax returns. This is for your protection and for the protection of your spouse and/or dependents, and these documents will be safeguarded to the best of our ability and in accordance with our document protection procedures. Such documents requested by our firm may include but are not limited to; government-issued photo identification, Social Security Cards, birth certificates, or visa and immigration-related documents.

If you agree with the terms of our engagement as described in this letter, please sign below. Please be aware that by signing below and giving us your income tax information, you expressly agree to the terms of this engagement letter. We want to thank you for putting your trust in S&T Tax and Business Solutions LLC and look forward to a long and mutually satisfying relationship.

Sincerely,

Tanya Walker, Owner
S&T Tax and Business Solutions LLC

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____