



CLIENT INFORMATION

YOUR INFORMATION (PRIMARY TAXPAYER)

SOCIAL SECURITY NUMBER		DATE OF BIRTH	
FIRST, MI, LAST NAME			
CELL PHONE		CELL PHONE PROVIDER	
EMAIL ADDRESS			
IP PIN NUMBER			
DL/ID #		STATE ISSUED	
ISSUED DATE		EXPIRATION DATE	
OCCUPATION TITLE		DID YOU WORK OVERTIME OR RECEIVE TIPS	

SPOUSES INFORMATION

SOCIAL SECURITY NUMBER		DATE OF BIRTH	
FIRST, MI, LAST NAME			
CELL PHONE		CELL PHONE PROVIDER	
EMAIL ADDRESS			
IP PIN NUMBER			
DL/ID #		STATE ISSUED	
ISSUED DATE		EXPIRATION DATE	
OCCUPATION TITLE		DID YOU WORK OVERTIME OR RECEIVE TIPS	

FILING STATUS

<input type="checkbox"/>	Single (not married with no dependents, or have dependents but do not pay 50% of bills)
<input type="checkbox"/>	Married filing jointly (if you are married, you must file married filing separate or joint)
<input type="checkbox"/>	Married filing separately (both spouses MUST list this status, and neither can be SINGLE or HOH)
<input type="checkbox"/>	Head of Household (means you are not married, have dependents, pay more than 50% of household bills)
<input type="checkbox"/>	Qualifying Surviving Spouse (you did not remarry, have a dependent child living with you, & pay over half the household costs)

MAILING ADDRESS (NO PO BOX)

ADDRESS		APT #	
CITY	STATE	ZIP	

BANKING INFORMATION

BANK NAME		ROUTING NUMBER	
ACCOUNT #		CHECKING OR SAVINGS	

DEPENDENT 1					
FIRST & LAST NAME					
DATE OF BIRTH			SOCIAL SECURITY #		
RELATIONSHIP TO YOU				DISABLED?	
STUDENT?				MONTHS IN YOUR HOME?	
COLLEGE?					
DEPENDENT 2					
FIRST & LAST NAME					
DATE OF BIRTH			SOCIAL SECURITY #		
RELATIONSHIP TO YOU				DISABLED?	
STUDENT?				MONTHS IN YOUR HOME?	
COLLEGE?					
DEPENDENT 3					
FIRST & LAST NAME					
DATE OF BIRTH			SOCIAL SECURITY #		
RELATIONSHIP TO YOU				DISABLED?	
STUDENT?				MONTHS IN YOUR HOME?	
COLLEGE?					
DEPENDENT 4					
FIRST & LAST NAME					
DATE OF BIRTH			SOCIAL SECURITY #		
RELATIONSHIP TO YOU				DISABLED?	
STUDENT?				MONTHS IN YOUR HOME?	
COLLEGE?					

PERSONAL DEDUCTIONS – NOT BUSINESS RELATED					
Health Expenses			Charitable Donations		
Health Insurance Premiums Total	\$		Church/Charitable Donations (cash/check)	\$	
Out of pocket Medical Payments	\$		Noncash charitable Donations, Value	\$	
Out of pocket Vision & Dental payments	\$		Charitable Miles Driven		
Hospital, lab, Radiology etc.	\$		Other Tax Credits		
Medical Miles Driven			IRA Contribution	\$	
Prescription Drugs Copay	\$		Daycare Expense	\$	
Home Medical Equipment	\$		Educator Expense	\$	
Long Term Care Premiums	\$		Prior State Refund (if you itemized)	\$	
Taxes & Mortgage			Alimony Paid (Pre 12/31/2018)	\$	
Real Estate Tax	\$		Alimony Received (Pre 12/31/2018)	\$	
Sales Tax- Vehicle, Home, RV, Boat	\$		Childcare	\$	
Vehicle, Boat, RV, Mobile Home Tax	\$		College Tuition * 1098-T	\$	
Mortgage Interest	\$		Student Loan Interest	\$	
Mortgage Insurance (not homeowner's)	\$		Reservist, Performing Artist Expense	\$	
SC Fuel Credit Gallons			First Time Homebuyer Repayment	\$	

Engagement Agreement

Thank you for selecting First Consulting LLC (“FC,” “I,” “me,” or “my”) to assist you with your tax preparation needs. This agreement outlines the terms of our engagement and the services I will provide.

Scope of Services

I will prepare your federal income tax return and, if applicable, any state income tax returns you request, based on the information you provide (including but not limited to Forms W-2, 1099, 1098, child care information, and other relevant documentation). In accordance with Internal Revenue Service Circular 230 due diligence requirements, I may ask for clarification or additional information. However, I will not independently verify the accuracy or completeness of the information you provide.

Your Responsibilities

- Provide complete, accurate, and timely information necessary for the preparation of your tax return
- Ensure that all required documents and records have been submitted
- Maintain all supporting documentation and records for a minimum of three (3) years (ten (10) years minimum for businesses)
- Review your completed tax return carefully and inform me of anything you are unsure about or have questions about

By signing your tax return, you acknowledge that:

- The information provided is complete and accurate to the best of your knowledge
- You are not intentionally omitting any income or tax liability

Accuracy, Notices, and Corrections

Tax laws impose penalties for the understatement of tax liability. If you have any concerns, please contact me.

If you receive any notice from a taxing authority, you agree to notify me promptly. You are responsible for reviewing your return and informing me of any errors, omissions, or discrepancies.

If you choose not to notify me of any known issues, you accept responsibility for any resulting taxes, penalties, and interest assessed.

Fees and Payment Terms

Additional services include:

Amended Return - \$100

Amended Return from another preparer/company – starting at \$150

Emailed Copy of Return: No charge

Printed Copy - \$10

You understand and agree that:

- Fees are charged for preparation of your tax return regardless of whether you owe taxes or receive a refund
- My fees do not include or depend on the timing of any refund issued by a taxing authority
- There is no “rapid filing” or expedited refund service

Payment Policy

- 50% of the total fee is due prior to the start of any work
- The remaining balance is due within ten (10) days of completion
- Your tax return will not be filed or submitted until full payment has been received

Acknowledgment

By signing below, you acknowledge that you have read, understand, and agree to the terms of this Engagement Agreement.

Taxpayer

Date

Spouse

Date