

Tax Year

Services By Kendra

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Application: Personal Tax Preparation

Primary Taxpayer

Last Name	First Name	M. I.	D.O.B.	SSN #	Occupation
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Spouse

Last Name	First Name	M. I.	D.O.B.	SSN #	Occupation
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Address

Street Address	City	State	Zip	<input type="checkbox"/> Yes <input type="checkbox"/> No Own home?
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Contact Information

() - Cell Phone	() - Home / Business Phone (Circle One)	Email Address
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Check One

- ☐ Send tax return OR
☐ Estimate of refund amount

Check if Applicable

- ☐ SSI/Gov Benefits
☐ Barter income

Driver's License - Primary

Issue Date

No.

State

Expiration

Driver's License - Spouse

Issue Date

No.

State

Expiration

Banking Information* * If banking information is left blank, your refund check will be mailed. Can wait to give info*

Bank Name	Routing Number	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Dependent Information

Name	D.O.B.	SSN #	Relationship	College Student?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent's Childcare Provider

Provider Name
Address
EIN / SSN #
Phone
Dependent Name
Amount Paid

Vehicle Information

Make/Model/Year
Purchase Price
Loan Interest Payment
Registration Payment

The purpose of this form is to gather information to be used to prepare your tax return. All information is implicitly protected and will not be used except for that purpose. Applicant, by the use of this form, gives Services by Kendra permission to transmit the tax return to the IRS and/or EPS Financial.

Total charged is for the amount of time took to get the greatest amount of return given your information. Flat fee of 25% of the return amount. 1/2 Payment is due before filing and no forms will be given for a non filed return. The rest of payment is due once return money is in your bank. Completed forms will be given once submitted to IRS.

Individual Return Tax Checklist

Before gathering documents for your tax return, go through this checklist to help you save time and energy. Focus on the categories that apply to you and provide that information to Kendra for the completion of your tax return.

- ☐ Personal Tax Preparation Application Form (This form)
- ☐ If alimony paid, Ex-spouse's name, social security number & amount of alimony paid
- ☐ **Amounts of any money you receive from other sources** LIST What and amounts: _____
- ☐ **W2's** (if just getting estimate use these boxes otherwise attach copy of W2) Total amount _____ Total fed tax taken _____ Total state tax _____
- ☐ Copy of previous year's tax return
- ☐ 1099's or Schedule K amounts _____
- ☐ ID Pin if sent by IRS

Income

- ☐ Social Security Income (1099-SSA, RRB-1099 Form)
- ☐ Unemployment Income (1099-G Form)
- ☐ Retirement/Pension of 401K Income (1099-R Form)
- ☐ Interest & Dividend Income (1099-INT, 1099 OID, 1099-DIV Form) Sale of
- ☐ Stocks, bonds, etc. Income (1099-B Form)
- ☐ Investments Income (Schedule K-1 1065, Schedule K-1, 1120-S Form)

Miscellaneous Income

- ☐ Gambling & Lottery Winnings Income (W-2G Form)
- ☐ Alimony Income
- ☐ Rental Property Income (1099-Misc Form)
- ☐ Other Miscellaneous Income
- ☐ Jury Duty Income
- ☐ Prizes & Awards Income (1099-Misc Form)
- ☐ Scholarships & Fellowships Income
- ☐ Adoption Costs
- ☐ Education Costs (1098 Form)
- ☐ Student Loan Interest (1098-E Form)
- ☐ IRA Contributions
- ☐ Medical Savings Account Contributions
- ☐ Property Tax

Itemized Deductions

- ☐ Un-reimbursed Employment Expenses
- ☐ Un-reimbursed Volunteer Expenses
- ☐ Charitable Contributions
- ☐ Home Mortgage Interest (1098 Form)
- ☐ **Casualty & Theft Losses** Employment
- ☐ Educational Expenses
- ☐ Employment Search Expenses
- ☐ **Medical & Dental** Expenses
- ☐ Investment Expenses
- ☐ Moving Expenses

☐ ON SEPERATE PAPER :

- List of large itmes purchased during year, purchase date and cost
- List any home or auto repairs with cost

MONTHLY EXPENSES

- Cell Phone Bill \$ _____
- Rent Payment \$ _____
- Cable Bill with/or Internet \$ _____
- Subscription to Gaming / Streaming Services \$ _____
- Car Insurance \$ _____
- Estimate of Electricity Bill \$ _____
- Water/Garbage Bill \$ _____
- Health Insurance \$ _____
- Toll/Gas approximation \$ _____
- Other Expenses \$ _____

I understand that Kendra Sullivan is not a licensed tax professional even though she held one in the past. I understand that nothing is official and submitted until I give the final approval and I agree to pay Kendra Sullivan for the work prior to the final submission. I agree to indemnify and hold harmless Kendra Sullivan against all claims, suits, or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Kendra Sullivan incurs any of these types of expenses, I agree to reimburse Kendra Sullivan. I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge Kendra Sullivan and all of its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Kendra Sullivan for personal injury or property damage. I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Signature _____

Date _____