

Tax Year

Services By Kendra

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Total Charge

For Office Use Only

Application: Personal Tax Preparation**Primary Taxpayer**

Last Name

First Name

M. I.

D.O.B.

SSN #

Occupation

Spouse

Last Name

First Name

M. I.

D.O.B.

SSN #

Occupation

Address

Street Address

City

State

Zip

☐ Yes ☐ No
Own home?**Contact Information**() -
Cell Phone() -
Home / Business Phone (Circle One)

Email Address

Check One

- ☐
- Send tax return OR
-
- ☐
- Estimate of refund amount

Check if Applicable

- ☐
- SSI/Gov Benefits
-
- ☐
- Barter income

Driver's License - Primary

Number

Expiration

State

Issue Date:

Driver's License - Spouse

Number

Expiration

State

Issue Date

Banking Information* * If banking information is left blank, your refund check will be mailed or put on a GreenDot card*

Bank Name

Routing Number

Account Number

☐ Checking
☐ Savings**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 Monthly

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 return amount. Half of payment is due before filing and no forms will be given for a non filed return. Completed forms will be given once submitted to IRS and IRS accepts them.

Signature _____

Date _____

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. Fill out the below area if you want an estimate ONLY - do not send tax forms yet

Did you sell any crypto? YES NO (Please include any 1099 you recieved.
Did you have anything out of the ordinary happen or big expenses? YES NO What?
Did you go to school? YES NO *Include 1099K/money spent on books
Did you take out a home loan? YES NO
Did you get unemployment or social security? YES NO \$
Alimony Income \$
Other Miscellaneous Income
Jury Duty Income
Gambling & Lottery Winnings Income (W-2G Form)
Did you move for a job or have to buy your own uniform/supplies?
Totals:

Did IRS send you a pin to file? _____

MONTHLY EXPENSE

➤ Cell Phone Bill \$ _____
➤ Rent Payment \$ _____
➤ Cable Bill with/or Internet \$ _____
➤ Car Insurance \$ _____
➤ PG&E \$ _____
➤ Water/Garbage Bill \$ _____
➤ Health Insurance \$ _____
➤ Other Expenses \$ _____
➤ Gas/Toll \$ _____

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
List of assets purchased during year
 Name of asset
 Purchase date of asset
 Cost of asset
Room in home where files/computer are
Square footage of home office
Square footage of home
Home Repairs, Mortgage Interest

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 _____