

Check if new client [] Referred by: _____

Name: _____ Birthdate: _____ SSN: _____
Spouse: _____ Birthdate: _____ SSN: _____

Address _____ Phone number: _____

Email: _____

- **Married or Single?** If married, do you want to file jointly? Y / N
If filing separately, did you and spouse live together the last 6 months of the year?
- **Dependents** (print name, birthday, SSN and number of months in home on back) or [] if same as last year. Do they live with you at least 50% of the time? Y/N
- **Is anyone in the household legally blind** [], **disabled** [] or a veteran with service connected disability [%]? Who? _____
- **Is anyone in the household attending college?** (if yes include form 1098-T & and fees)
- **Do you pay for Child Care?** Include a statement from your child care provider.
- **Do you (and spouse) pay over 50% of household bills?**
- **Please include your final paystub for overtime or tip calculations.**
- **Did you purchase any energy efficient items?** _____ \$ _____
(Insulation, Furnace, AC, Water heater, Doors, Windows, Solar or Wind)
- **Did you make any other large purchases last year?** \$ _____
Description _____ Sales Tax \$ _____ Vehicle Vin# _____
- **Do pay or receive alimony from a Pre-2019 divorce** \$ _____ per month
- **Are you involved in Bankruptcy** [], **foreclosure** [], **repossession** [] or had any debt (including credit cards) cancelled []?
- **Do you pay property tax** [] or **rent** [] and months [] (amount paid, name and address of landlord) Please have property tax statement
- **Do you live** [] or **work** [] in any city that has income tax?
- **Did you contribute money to an IRA or Roth IRA? Do you want to by April 15th?**
- **Do you have any foreign investment accounts? Or buy or sell crypto currency?**
- **Was anyone in the household covered by Market Place Insurance?**
Attach form 1095-A
- **Have you paid an estimated taxes for the current year? If so, how much and when?**
- **If you have a business, please have all receipts added prior to dropping off.**
We do not need to see the receipts, just totals.
- **Direct Deposit info same** [] ? If new: Bank Name, Routing#, Account# and CK or SV

Notes:

In general, included here is our contract to file your taxes. It states that you are contracting us to file your taxes and that you are providing us with information to file your taxes. That we are not liable for tax or penalty for anything you do not provide us or that is incorrectly provided to you. That you should get us all information to finish your return at least 15 days prior to the due date. It includes a fee for time spent working on the return, not the outcome of the tax return as well as when payment is due to us.

Dear Client,

This engagement letter is to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide.

We will prepare your **2025** federal income tax return, and income tax returns for the states and cities required by the information you provide, (collectively, the "returns") with supporting schedules, and perform related research as considered necessary based on the information you provide. This engagement pertains only to the above tax year, and our responsibilities do not include preparation of any other tax returns that may be due to any taxing authority. Our engagement will be complete upon the delivery of the completed returns to you and the submission of the electronic returns to the appropriate agencies.

If, during our work, we discover information that affects your prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. Because of the limited scope of tax preparation services, our engagement as tax preparers cannot be relied upon to disclose errors, fraud, or other illegal acts that may exist. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. Similarly, our tax return preparation services are not designed to provide assurance on internal controls or to identify reportable conditions, that is, significant deficiencies or material weaknesses in the design or operation of internal control. Accordingly, we have no responsibility to identify and communicate significant deficiencies or material weaknesses in your internal controls as part of our tax services, and our tax services cannot be relied upon to disclose the same. However, during the procedures, if we become aware of such reportable conditions, we will communicate them to you.

We will require access to your financial statements and records in order for us to complete this engagement and to do so efficiently, specifically, we must receive sufficient information from which to prepare your returns within a reasonable period of time prior to the applicable filing deadline, specifically, at least 15 days before due date. Any failure to provide information on a timely basis, will impede our services, and may require us to pursue an extension of the due date of your returns, suspend our services or withdraw from the engagement.

The law provides various penalties and interest that may be imposed when taxpayers understate their tax liability. You acknowledge that any such understated tax, and any imposed interest and penalties, are your responsibility, and that we have no responsibility in that regard. If you would like information on the amount or circumstances of these penalties, please contact us. We may encounter instances where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In those instances, we will outline for you each of the reasonable alternative courses of action, including the risks and consequences of each such alternative. In the end, we will adopt, on your behalf, the alternative which you select after having considered the information provided by us. If we do not believe there is a reasonable basis for the position, the position will not be taken by our firm. In the event we and/or you are assessed penalties due to our reliance on inaccurate, incomplete, or misleading information you supplied to us (with or without your knowledge or intent), you will indemnify us, defend us and hold us harmless as to those penalties.

Our fees for this engagement are not contingent on the results of our services. Rather, our fees for this engagement will be based on our minimum rate of \$150 per half hour. Our fees and costs are payable upon completion of the tax return. We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection actions required to collect unpaid balances due us, you agree to reimburse us for our costs of collection, including attorneys' fees.

This engagement letter is contractual in nature, and includes all of the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

If, after full consideration and consultation with counsel if so desired, you agree that the foregoing terms shall govern this engagement, please sign this letter in the space provided and return the original signed letter to us, keeping a fully-executed copy for your records.

Thank you for your attention to this matter, and please contact us with any questions that you may have.

Thank you,
Cox Accounting & Tax Service, LLC

ACCEPTED AND AGREED:

Printed Name _____

Signature *X* _____

Date _____

Return Worksheet

Income Items - no forms

<input type="checkbox"/>	Un-reported Tips	_____
<input type="checkbox"/>	Jury Duty	_____
<input type="checkbox"/>	Alimony Received	_____
<input type="checkbox"/>	Royalties	_____
<input type="checkbox"/>	VA Benefits & % Disabled	_____ %
<input type="checkbox"/>	Child Support	_____

<input type="checkbox"/>	How much Stimulus did you receive	_____
<input type="checkbox"/>	Gambling Income	_____
<input type="checkbox"/>	Prizes and Awards	_____
<input type="checkbox"/>	State payments (adult care or child care)	_____
<input type="checkbox"/>	Scholarships & fellowships	_____
<input type="checkbox"/>	Tax Refund (prior year)	State: _____ City: _____
<input type="checkbox"/>	Any other income:	_____

Miscellaneous Items

<input type="checkbox"/>	Health Savings Account Contributions	_____
<input type="checkbox"/>	IRA Contributions	_____
<input type="checkbox"/>	Roth IRA Contributions	_____
<input type="checkbox"/>	Other retirement contributions	_____
<input type="checkbox"/>	Student Loan Interest paid	_____
<input type="checkbox"/>	Self-Employed health insurance	_____

<input type="checkbox"/>	Military or Military Reserve Expenses	_____
<input type="checkbox"/>	Military or Military Reserve Mileage	_____
<input type="checkbox"/>	Early withdrawal penalty for CD's	_____
<input type="checkbox"/>	Moving expenses for moves over 50 miles	_____
<input type="checkbox"/>	Moving Mileage	_____
<input type="checkbox"/>	Employer moving reimbursements	_____

Deductions

<input type="checkbox"/>	Doctor, Dentist, Hospital, and Ambulance	_____
<input type="checkbox"/>	Prescriptions	_____
<input type="checkbox"/>	Health Insurance Premiums	_____
<input type="checkbox"/>	Other Medical:	_____

<input type="checkbox"/>	Eyeglasses, Contacts, and Hearing aides	_____
<input type="checkbox"/>	Medical Supplies	_____
<input type="checkbox"/>	Auto Mileage for care	_____
<input type="checkbox"/>	Medical Travel expenses	_____

Federal Estimated Tax

Date Pd.	Amount Pd.
/ /	\$
/ /	\$
/ /	\$
/ /	\$

State Estimated Tax

Date Pd.	Amount Pd.
/ /	\$
/ /	\$
/ /	\$
/ /	\$

City Estimated Tax

Date Pd.	Amount Pd.
/ /	\$
/ /	\$
/ /	\$
/ /	\$

<input type="checkbox"/>	Home Property Taxes:	Paid	Y N
<input type="checkbox"/>	Other Property Taxes paid	_____	

<input type="checkbox"/>	Actual Sales Tax paid	_____
<input type="checkbox"/>	Personal Property Tax (license tabs)	_____

<input type="checkbox"/>	Mortgage Interest paid	_____
<input type="checkbox"/>	Land Contract interest	_____
	Receipt & Address:	_____
<input type="checkbox"/>	Interest paid on Condo, Camper or Boat	_____

<input type="checkbox"/>	Home equity interest	_____
	Paid to:	_____ Interest paid
	SSN or Fed ID#	_____
<input type="checkbox"/>	Investment Interest Expense	_____

<input type="checkbox"/>	Church & Charity (list separately)	_____
<input type="checkbox"/>	Other than Cash donations	_____

<input type="checkbox"/>	Charitable & Volunteer mileage	_____
<input type="checkbox"/>	Other donations:	_____

<input type="checkbox"/>	Business / Rental Income	_____
	Work Miles	_____
<input type="checkbox"/>	Advertising	_____
<input type="checkbox"/>	Insurance	_____
<input type="checkbox"/>	Safety Gear / Uniforms	_____
<input type="checkbox"/>	Phone / Internet	_____
<input type="checkbox"/>	Legal & Accounting	_____

<input type="checkbox"/>	Office Expense / Postage	_____
<input type="checkbox"/>	Tools / Equipment	_____
<input type="checkbox"/>	Meals / Entertainment	_____
<input type="checkbox"/>	Labor paid out	_____
<input type="checkbox"/>	Loan Interest Paid	_____
<input type="checkbox"/>	Business Property Taxes	_____
<input type="checkbox"/>	Other:	_____