TYMAT LLC

778 OAKVIEW CT Lilburn, GA 30047 info@tymatllc.com

Phone: (678)650-2143 | Fax: (678)669-2872

Today's Date:
Taxpayer's & Spouse Names:
Taxpayer's Address:
Your privacy is important to us. Read the following privacy policy.
We collect nonpublic personal information about you from various sources, including:
* Interviews regarding your tax situation
* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions
We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.
We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.
If you have any questions about our privacy policy, contact our office at (678)650-2143.
Sincerely,
TALAL ANNOUZ EA TYMAT LLC

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778 OAKVIEW CT Lilburn, GA 30047 info@tymatllc.com

Phone: (678)650-2143 | Fax: (678)669-2872

Today's Date:	
Taxpayer's & Spouse Names:	
Taxpayer's Address:	
Subject: Preparation of Your 2021 Tax Returns	
Dear Taxpayer(s),	

Thank you for choosing TYMAT LLC to assist you with your 2021 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2021 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2021 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (678)650-2143.

Sincerely,	
TALAL ANNOUZ EA TYMAT LLC	
(Both spouses must sign for preparation of joint returns.)	
Accepted By:	
Taxpayer	
Spouse	
Date	-

2021 Tax Organizer Personal Information

Page 1

Personal Info	rmation							
	Name			s	SN	Has IP PIN	Date of	birth
Taxpayer	r							
Spouse								
Name of person to w	hom all information should be addressed, if not the	ne taxpayer						
Street address, c	ity, state, and ZIP							
	Occupation		Daytime phone	Evening	g phone		Cell phon	1e
Taxpayer								
Spouse	1							
Taxpayer email	_							
Spouse email								
Are y	ou or your spouse blind? ou or your spouse disabled? ou or your spouse a full-time student? ou or your spouse want to designate \$3 to y time during 2021 did you receive, sell, of you be claimed as a dependent on ano your earned income in 2021 less than you f "Yes," enter the amount of your 2019 ea ou receive the third stimulus payment (Ec Taxpayer	ther taxpayer's ta ur earned income rned income. onomic Impact Pa	rwise dispose of any financux return, Can someone els in 2019? ayment or EIP) in 2021?	ial interest i	ı as their d	lepender		
Identification Taxpayer's type Driver's lice Photo ID number	of photo ID		Spouse's type of photo I Driver's license Photo ID number	St	ate-issued	•		
State photo I D wa			State photo ID was issued					
Date photo I D wa	s issued		Date photo ID was issued					
Date photo I D ex	pires		Date photo ID expires					
Account Info	mation for Deposits and Withdra	wals						
	Name of bank	Bank routing number	Bank account number	Type of a		Use	this accour	nt for hdrawa l s
		. James Hamber		Checking	Savings	Берс	onia Will	inurawais
Appointment	Information							
	tment is scheduled for							

Dependent and Other Information

Page 2

ame:								
arrie.							SSN	· ***_**_***
ependent Information								
First and last name		Has		Months			Full-	Childcare
SSN		IP PIN	Relationship	in home	Date of birth	Disabled	time student	Expenses
st dependents required to file a 'es No	a return							
	vance payments of the Cl	nild Tay Cr	edit from the IRS at	any time fro	um July through I	December	20212	
	he amount each taxpaye			-				
the amount rec	eived as shown on IRŚ L	etter 6419.	, box 2. Or, provide	Letter 6419	from the IRS.			
Taxpayer __								
Spouse								
If you were married	l last year and filed a join	t retum wit	h your spouse, are y	/ou filing a j	oint return with t	ne same s	pouse thi	s year?
Child and Other Depende	ent Care Expenses							
Name of care provider			Address			SSN or E	IN	Amount Paid
•								
:stimates								
∃stimates	Federal			dent State			Resident	•
verpayment applied —		mount	Resi Date paid		mount	F Date paid	Resident	City Amount
verpayment applied —		mount			mount		Resident	•
verpayment applied om 2020		mount			mount		Resident	•
verpayment applied om 2020 irst quarter		mount			mount		Resident	•
Estimates Verpayment applied om 2020 irst quarter econd quarter hird quarter		mount			mount		Resident	•
verpayment applied om 2020 irst quarter econd quarter hird quarter		mount			mount		Resident	•
verpayment applied om 2020 rst quarter econd quarter nird quarter ourth quarter		mount			mount		Resident	•
verpayment applied om 2020 rst quarter econd quarter nird quarter burth quarter dditional payments	Date paid A		Date paid	A			Resident	•
overpayment applied om 2020 irst quarter econd quarter	est in or authority over a	ny foreign :	Date paid	rust?() Ye			Resident	•

		Income		Pa	ge 3
Name:				SSN	: ***_**_***
Wages & Salaries					
Provide all copies of Form W-2	Employer na	ma	2	021 federal	2020 federal
	Employer na	ille		wages	wages
Retirement					
Provide all copies of Form 1099)-R				
	Payer nam	е		2021 distribution	2020 distribution
		RA and give it to an organization eligib	le to receive tax-ded	luctible contrib	utions?
Yes No Did yo	u use any of the distributions	for disaster or coronavirus relief?			
Form Typo	Quantity	Г Т	0		
Form Type W-2	Quantity	Form Type K-1 (1065)	Quant	lity	
1099-B 1099-INT		K-1 (1120Ś)		<u> </u>	
1099-D I V					
1099-NEC 1099-R					
1099-SSA					
1099-MISC 1099-K					
1098					
1098-E 1098-T					
1090-1					

Sale of Capital Assets

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Name:			551	N: ^^^-^^-
Sale of Capital Assets (not reported on Form 1099-B)				
Provide all brokerage statements Description of property	Date purchased	Date sold	Sales price	Cost
	purchaseu	SOIU	price	Cost
				-
				_
			_	-
				_
				_
				_
				_
				-
				-
Installment Sale Income				
Description of property:				
Date acquired Date sold			2021	Prior years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions and expense of sale		· · · · · · _		
Commissions and expense of sale				
Gross profit percentage		· · · · ·		

Schedule C - Profit or Loss from Business (IF APPLICABLE)

Page	5	
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Name:	(IF APPLICABLE)	SSN: ***_***
General Business Information		
TS Business name	Emplo	yer ID number
Professional product or service		
Business address, city, state, ZIP		
Accounting Method: Cash Accrual	Other (specify)	
This business started or was acquired during 2	021. This business was disposed of	during 2021.
Select if this business is for: Professional gambler Newspaper delivery and you are under 18 year Yes No Payments of \$600 or more were paid to the local selection of the local selection in the local se	to an individual, who is not your employee, for services provid the individuals? Program (PPP) loan for this business.	ed for this business.
Income		
2021		2021
Gross receipts or sales	Other income	
Returns & allowances		
Expenses Vehicle used for business mo	re than 50%()Yes ()No - Year: Make:	
2021	Model:Cost: \$	2021
Advertising	Repairs & maintenance	
Car & truck expenses	Supplies	
Commissions & fees	Taxes & licenses	
Contract labor	Travel	
Depletion	Total meals	
Employee benefit programs	Utilities	
Insurance (other than health)	Wages	
Interest - mortgage	Family health coverage payments for taxpayer, spouse or dependents	
Interest - other	Other expenses (list)	
Legal & professional services		
Office expenses		
Pension & profit sharing plans		
Rent or lease (vehicles, machinery, & equipment)		
Rent (other business property)		
Cost of Goods Sold		
2021		2021
Inventory at beginning of year	Materials & supplies	
Purchases	Other costs	
Cost of personal use items	Inventory at end of year	
Cost of labor	There was a change in inventory	method.

Schedule E - Income or Loss from Rental Real Estate & Royalties

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Name: (IF APPLICAB	SLE)	SSN: ***-***
General Property Information		
Property description		
Address, city, state, ZIP		
Select the property type Single family residence Multi-family residence Commercial Number of days property was rented If the rental is a multi-dwelling unit and you occupied part of the unit, enter the This property was placed in service during 2021. This property was disposed of during 2021. This property was disposed of during 2021.	Land Self-rental Royalties Other s property was used for personal use ne percentage you occupied	ividual who is s rental.
Income		
2021 Rent Income	2021 Royalties from oil, gas, mineral, copyright or patent	
Expenses		
Rental unit expenses	Rental and homeowner expenses	
Advertising		edule E is for a t dwelling and you
Auto & travel		e unit and rented
Cleaning & maintenance		er units, use the d homeowner
Commissions		column to show
Insurance		that apply to the entire
Legal & professional fees		Jse the "Rental unit column to show
Management fees	expenses	that pertain ONLY to
Mortgage interest	the rental p	portion of the property.
Other interest	If the Sche	edule E is not for a
Repairs		property in which you e unit, complete just
Supplies		l unit expenses"
Taxes	column.	
Utilities		
Depletion		
Other expenses (list)		

Schedule A - Itemized Deductions (IF APPLICABLE)

Page	9 /		
SSN:	***	**	

Name: **Medical and Dental Expenses Charitable Contributions** 2021 2021 Health insurance premiums (paid by you, not through work) Donations to charity (cash) Long-term care premiums (you) Disaster relief contributions Long-term care premiums (your spouse) Miles driven for charitable purposes Long-term care premiums (dependents) Donations to charity (noncash) If noncash donations are greater than \$500, list below. Mileage driven for medical purposes . . Out of pocket medical and dental expenses (list) **Other Miscellaneous Deductions** Amortizable bond premiums . . . Federal estate tax Gambling losses Impairment-related work expenses Claim repayments **Taxes Paid** Unrecovered pension investments State and local income taxes Schedule K-1 General sales tax (vehicle, boat, home, etc.) * Ordinary loss debt instrument Real estate taxes Excess deduction on termination Personal property taxes For state purposes ONLY Other taxes (list) **Job Expenses & Certain Miscellaneous Deductions** Necessary job expenses you paid that were not reimbursed by your employer (list) **Interest Paid** Home mortgage interest paid (attach Form 1098) Some of your home mortgage loan was not used to buy, build, or improve your home. Home mortgage interest paid Union dues to an individual Tax preparation fees Paid to: Other nonpersonal expenses related to taxable income (list) Name Address City, State, ZIP SSN or EIN Investment expenses not Home mortgage insurance premiums entered elsewhere Home equity interest