

# Individual Tax Preparation Complex Intake Form

**www.MobileTax.Pro**

ReVision Financial Solutions LLC

344 Rolling Hill Rd Suite 101C, Mooresville, NC 28117

704-980-0899 ~ MobileTax.Pro@mail.com

**Note: All Names Must Be Written As Shown On Social Security Card**

**Status:**     Never Married         Legally Married         Legally Divorced         Legally Separated by court order  
 Legally Married, but not living with spouse     Civil Union         Widowed, year of death \_\_\_\_\_

If separated, enter the date you last lived with Spouse: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_        Check here if Married Filing Separately

**If Married Filing Separately you MUST also include Spouse's information below.**

| Taxpayer  |   |                                | Spouse  |   |                                |
|---|---|--------------------------------|---|---|--------------------------------|
| SSN:  | DOB:  | Date of Death:                 | SSN:  | DOB:  | Date of Death:                 |
| First Name:   |   | Middle Initial:                | First Name:   |   | Middle Initial:                |
| Last Name:  |   |                                | Last Name:  |   |                                |
| <input type="checkbox"/> ID <input type="checkbox"/> Driver's License <b>and</b> Enter Number:  |   | License State:                 | <input type="checkbox"/> ID <input type="checkbox"/> Driver's License <b>and</b> Enter Number:  |   | License State:                 |
| Date Issued:  | Date Expires (must be valid):   |                                | Date Issued:  | Date Expires (must be valid):   |                                |
| Job Title:  |   |                                | Job Title:  |   |                                |
| Cell Phone:   |   |                                | Cell Phone:   |   |                                |
| Email Address:  |   |                                | Email Address:  |   |                                |
| Street Address:   |   |                                | Street Address:   |   |                                |
| City, State, Zip:   |   |                                | City, State, Zip:   |   |                                |
| Residential State:  | Residential County:   | School District:               | Residential State:  | Residential County:   | School District:               |
| <input type="checkbox"/> Someone else can claim you   | <input type="checkbox"/> Full-time Student  | <input type="checkbox"/> Blind | <input type="checkbox"/> Someone else can claim you   | <input type="checkbox"/> Full-time Student  | <input type="checkbox"/> Blind |
| Health Insurance:   | <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr |                                | Health Insurance:   | <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr |                                |
| <input type="checkbox"/> Full Year <b>OR</b>  | <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug |                                | <input type="checkbox"/> Full Year <b>OR</b>  | <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug |                                |
|   | <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec |                                |   | <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec |                                |
| Was insurance acquired through the Marketplace (Obamacare)?<br><input type="checkbox"/> No <input type="checkbox"/> Yes: Provide 1095-A form from the Marketplace |   |                                | Was insurance acquired through the Marketplace (Obamacare)?<br><input type="checkbox"/> No <input type="checkbox"/> Yes: Provide 1095-A form from the Marketplace |   |                                |

**Documentation Required: Please submit as applies**

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Taxpayer ID Card | <input type="checkbox"/> Spouses ID Card | <input type="checkbox"/> Health Insurance forms 1095-B or 1095-C | <input type="checkbox"/> Marketplace Exemption Certificate (ECN) |
|---|--|--|--|

**Additional Documentation Required: IMPORTANT!**

The IRS requires that you maintain documentation to prove claims made on your tax return for at least 3 years. For items on this form indicated by an \* (asterisks), although you are not required to be provided said documentation to our office for tax preparation, you should have this documentation and keep it with your 2018 tax records.

| Dependents   |                      |                 |   |
|--|----------------------|-----------------|---|
| <b>Dependent One</b>   |                      |                 |   |
| First Name:  | MI:                  | Last Name:      | SSN:  |
| Relationship to Taxpayer/Spouse:   | # of Months in Home: | DOB:            | # of Months with Health Insurance: <input type="checkbox"/> Full Year or # ____ |
| Was dependent in school full-time any 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Name of school: |   |
| Is this dependent as a disabled adult? <input type="checkbox"/> No <input type="checkbox"/> Yes: Is there written documentation certifying the disability? <input type="checkbox"/> Yes <input type="checkbox"/> N/A |                      |                 |   |
| Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      |                 |   |
| Is the custodial parent allowing you to claim this dependent? <input type="checkbox"/> N/A <input type="checkbox"/> Yes: attached signed form 8867 from custodial parent.  |                      |                 |   |
| Was child care paid for this dependent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Name of Provider:    |                 | Amount paid during 2018:  |
| <b>Dependent Two</b>   |                      |                 |   |
| First Name:  | MI:                  | Last Name:      | SSN:  |
| Relationship to Taxpayer/Spouse:   | # of Months in Home: | DOB:            | # of Months with Health Insurance: <input type="checkbox"/> Full Year or # ____ |
| Was dependent in school full-time any 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Name of school: |   |
| Is this dependent as a disabled adult? <input type="checkbox"/> No <input type="checkbox"/> Yes: Is there written documentation certifying the disability? <input type="checkbox"/> Yes <input type="checkbox"/> N/A |                      |                 |   |
| Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      |                 |   |
| Is the custodial parent allowing you to claim this dependent? <input type="checkbox"/> N/A <input type="checkbox"/> Yes: attached signed form 8867 from custodial parent.  |                      |                 |   |
| Was child care paid for this dependent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Name of Provider:    |                 | Amount paid during 2018:  |
| <b>Dependent Three</b>   |                      |                 |   |
| First Name:  | MI:                  | Last Name:      | SSN:  |
| Relationship to Taxpayer/Spouse:   | # of Months in Home: | DOB:            | # of Months with Health Insurance: <input type="checkbox"/> Full Year or # ____ |
| Was dependent in school full-time any 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Name of school: |   |
| Is this dependent as a disabled adult? <input type="checkbox"/> No <input type="checkbox"/> Yes: Is there written documentation certifying the disability? <input type="checkbox"/> Yes <input type="checkbox"/> N/A |                      |                 |   |
| Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      |                 |   |
| Is the custodial parent allowing you to claim this dependent? <input type="checkbox"/> N/A <input type="checkbox"/> Yes: attached signed form 8867 from custodial parent.  |                      |                 |   |
| Was child care paid for this dependent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Name of Provider:    |                 | Amount paid during 2018:  |
| <b>Dependent Four</b>  |                      |                 |   |
| First Name:  | MI:                  | Last Name:      | SSN:  |
| Relationship to Taxpayer/Spouse:   | # of Months in Home: | DOB:            | # of Months with Health Insurance: <input type="checkbox"/> Full Year or # ____ |
| Was dependent in school full-time any 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                      | Name of school: |   |
| Is this dependent as a disabled adult? <input type="checkbox"/> No <input type="checkbox"/> Yes: Is there written documentation certifying the disability? <input type="checkbox"/> Yes <input type="checkbox"/> N/A |                      |                 |   |
| Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      |                 |   |
| Is the custodial parent allowing you to claim this dependent? <input type="checkbox"/> N/A <input type="checkbox"/> Yes: attached signed form 8867 from custodial parent.  |                      |                 |   |
| Was child care paid for this dependent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Name of Provider:    |                 | Amount paid during 2018:  |

**Childcare Provider(s) Additional Information (complete or attach documentation)**

|   |    |    |
|---|----|----|
| a. Enter name of provider:              | a1 | a2 |
| b. Enter Address of provider:           | b1 | b2 |
| c. Enter City, State & Zip of provider: | c1 | c2 |
| d. Enter SSN or EIN of provider:        | d1 | d2 |
| e. Enter amount paid to this provider:  | e1 | e2 |

**Income**

| Did you or your spouse at any time during the year:  | Circle: |    | If YES, please provide:                             |
|--|---------|----|---|
| 1. Receive wages, salaries, or any other employer compensation?  | Yes     | No | <input type="checkbox"/> All W2 forms               |
| a. Have you ever received W-2 forms for ALL employers?   | Yes     | No |   |
| 2. Receive winnings from gambling? (lottery, casinos, raffles, etc.)   | Yes     | No | <input type="checkbox"/> All W2-G forms             |
| 3. Receive pension, annuity, IRA or retirement income?   | Yes     | No | <input type="checkbox"/> All 1099-R forms           |
| 4. Receive interest on savings, cash, US bonds or stock dividends?   | Yes     | No | <input type="checkbox"/> All 1099-INT forms         |
| 5. Have ownership of or signature authority over a Foreign bank accounts?                                      | Yes     | No | <input type="checkbox"/> See the next line.         |
| a. Report the Bank name, location, account number, and the highest amount held in the account during the year. |         |    |   |
| 6. Receive dividend income?  | Yes     | No | <input type="checkbox"/> All 1099-DIV form          |
| 7. Sale stock or other property? <input type="checkbox"/> Provide asset(s) information list, including:        | Yes     | No | <input type="checkbox"/> All 1099-B & 1099-S forms  |
| a. Date of acquisition, acquisition cost, and improvements.  |         |    |   |
| 8. Receive unemployment or government payments?  | Yes     | No | <input type="checkbox"/> All 1099-G forms & 7a      |
| a. Enter any unemployment repaid in 2017: \$   |         |    |   |
| 9. Receive miscellaneous income? (prizes, awards, jury duty)   | Yes     | No | <input type="checkbox"/> All 1099-MISC forms & 8a-b |
| a. Enter miscellaneous income amount: \$ _____   |         |    |   |
| b. Enter description of miscellaneous income:  |         |    |   |
| 10. Receive railroad retirement?   | Yes     | No | <input type="checkbox"/> All RRB 1099-R forms       |
| 11. Receive Social Security benefits?  | Yes     | No | <input type="checkbox"/> All SSA-1099 forms         |
| 12. Receive alimony?   | Yes     | No | <input type="checkbox"/> Answers for 11a-b          |
| a. Enter the amount of alimony received: \$ _____  |         |    |   |
| b. Enter the date of the order/agreement:  |         |    |   |
| 13. Receive ABLE distributions?  | Yes     | No | <input type="checkbox"/> All 1099-QA forms          |
| 14. Receive any 1099-C Cancellation of Debt forms?   | Yes     | No | <input type="checkbox"/> All 1099-C forms           |
| 15. Receive a K-1 from a partnership, S-corporation, estate or trust?  | Yes     | No | <input type="checkbox"/> All K-1 forms              |

**Adjustments**

| Did you or your spouse at any time during the year:   | Circle: |    | If YES, please provide:                           |
|---|---------|----|---|
| 16. Pay educator expenses (as a teacher, aide, counselor, or principal)*  | Yes     | No | <input type="checkbox"/> Answer for 15a           |
| a. Enter the amount spent: \$ _____   |         |    |   |
| 17. Make self-employed retirement contributions? Enter amount \$ _____  | Yes     | No | <input type="checkbox"/> Answers for 16a          |
| a. Check the type of contribution: <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE<br><input type="checkbox"/> KEOGH defined-contribution <input type="checkbox"/> KEOGH defined-benefit |         |    |   |
| 18. Buy Health Insurance as a self-employed person?*  | Yes     | No | <input type="checkbox"/> Answer for 17a           |
| a. Enter the premium amount paid: \$ _____  |         |    |   |
| 19. Pay alimony?*   | Yes     | No | <input type="checkbox"/> Answers for 18a-c        |
| a. Enter name of recipient(s): _____  |         |    |   |
| b. Enter SSN of recipient(s): _____   |         |    |   |
| c. Enter amount(s) paid: \$ _____   |         |    |   |
| 20. Make contributions to an IRA?   | Yes     | No | <input type="checkbox"/> Answers for 19a-b        |
| a. Enter taxpayer's contribution amount: \$ _____   |         |    |   |
| b. Enter spouse's contribution amount: \$ _____   |         |    |   |
| 21. Pay interest on student loans?  | Yes     | No | <input type="checkbox"/> All 1098-E forms         |
| 22. Pay tuition for college? Provide a list of expenses not reported on 1098-T.*  | Yes     | No | <input type="checkbox"/> All 1098-T forms & 21a-d |
| a. Has the American Opportunity credit been claimed a total of 4 times prior to this tax return? <input type="checkbox"/> No <input type="checkbox"/> Yes   |         |    |   |
| b. Was the student enrolled at least half-time? <input type="checkbox"/> Yes <input type="checkbox"/> No  |         |    |   |
| c. Did the student complete the first 4 years of college before 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No  |         |    |   |
| d. Has the student been convicted of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> No <input type="checkbox"/> Yes                                      |         |    |   |

**Estimated Tax Payments**

| Did you or your spouse at any time during the year:  | Circle:   | If YES, please provide:                     |
|--|-----------|---|
| 23. Make estimated tax payments to the IRS? If yes, enter the amount below:  | Yes    No | <input type="checkbox"/> Enter on next line |
| 1 <sup>st</sup> Qtr \$                  2 <sup>nd</sup> Qtr \$                  3 <sup>rd</sup> Qtr \$                  4 <sup>th</sup> Qtr \$ |           |   |
| 24. Make other estimated tax payments? If yes, enter the amount below:   | Yes    No | <input type="checkbox"/> Enter on next line |
| 1 <sup>st</sup> Qtr \$                  2 <sup>nd</sup> Qtr \$                  3 <sup>rd</sup> Qtr \$                  4 <sup>th</sup> Qtr \$ |           |   |

**Itemized Deductions**

| Did you or your spouse at any time during the year:   | Circle:   | If YES, please provide:                             |
|---|-----------|---|
| 25. Pay high medical expenses (more than 7.5% of gross income)?   | Yes    No | <input type="checkbox"/> List of all paid & 24a     |
| a. Enter miles driven for all medical purposes: _____   |           |   |
| 26. Pay for items with high sales tax (new vehicle, home improvements, etc.)?   | Yes    No | <input type="checkbox"/> List of all paid           |
| 27. Pay real estate taxes?  | Yes    No | <input type="checkbox"/> All 1098 forms             |
| 28. Pay personal property taxes (cars, boats, trailers, singlewides, etc.)  | Yes    No | <input type="checkbox"/> List of all paid           |
| 29. Pay home mortgage interest?   | Yes    No | <input type="checkbox"/> All 1098 forms             |
| 30. Pay home equity interest?   | Yes    No | <input type="checkbox"/> All 1098 forms *           |
| a. Amount used to buy, build or improve your home? \$ _____   |           |   |
| 31. Pay home equity interest not reported on a form 1098 (at closing, etc.)?  | Yes    No | <input type="checkbox"/> Amount: \$ _____ *         |
| a. Amount used to buy, build or improve your home? \$ _____   |           |   |
| 32. Pay mortgage points not reported on a form 1098 (at closing, etc.)?   | Yes    No | <input type="checkbox"/> Amount: \$ _____ *         |
| 33. Make cash gifts to a charitable organization? You must have receipts for all.   | Yes    No | <input type="checkbox"/> Amount: \$ _____ *         |
| 34. Make non cash donations to a charitable organization?   | Yes    No | <input type="checkbox"/> Receipt for all donations. |
| a. Enter miles driven for all charitable purposes: _____  |           |   |
| 35. Have casualty and theft losses from a federally declared disaster?  | Yes    No | <input type="checkbox"/> Provide 34a-c              |
| a. <input type="checkbox"/> Provide documents to support your property loss.<br>b. <input type="checkbox"/> Provide records of repair costs.<br>c. <input type="checkbox"/> Provide documents showing insurance reimbursements. |           |   |
| 36. Own a Business or were self-employed? See worksheet on next page.   | Yes    No | <input type="checkbox"/> Provide 35a                |
| a. <input type="checkbox"/> Provide documents to support your Income and Expenses.  |           |   |
| 37. Receive business income through a 3 <sup>rd</sup> party network (Square, Paypal, etc.)?   | Yes    No | <input type="checkbox"/> All 1099-K forms           |
| 38. Own a rental property? Download Rental Property Worksheet, and:   | Yes    No | <input type="checkbox"/> Provide 37a                |
| a. <input type="checkbox"/> Provide documents to support your rental Income and Expenses.   |           |   |

- Note:**
- \* Starting in 2018, home equity interest is not deductible unless funds were used to buy, build or improve your home.
  - \* Starting in 2018, all Miscellaneous Deductions which exceed 2% are no longer deductible. This includes Unreimbursed Employee Business Expenses, Tax Preparation Fees, Investments Expenses, etc.
  - \* Starting in 2018, the Moving Expenses deduction is no longer allowed, except certain military personnel.

I, \_\_\_\_\_ and \_\_\_\_\_

Verify that the answers contained in the intake form are true and accurate to the best of my/our knowledge.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Business Expense Worksheet**

Taxpayer Name: \_\_\_\_\_

| <b>Business</b>  |   |   |   |
|--|---|---|---|
| Owner <input type="checkbox"/> Taxpayer<br><input type="checkbox"/> Spouse   | Business Product or Service:  |   |   |
| Business Name:   |   |   | EIN: _____  |
| Street Address:  |   |   |   |
| City State Zip:  |   |   |   |
| Business Phone:  |   | Business Fax:   |   |
| Website:   |   | Email Address:  |   |
| Accounting Method:<br><input type="checkbox"/> Cash <input type="checkbox"/> Accrual   |   | Did you materially participate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     | Did you make a payment of \$600+ for business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership<br><input type="checkbox"/> Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Non-Profit |   | Received 1099-K (Square, Paypal, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No | State EIN:  |
| Year Started:  | Did business end in 2018?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Employees:  | Business code (if known):   |
| <b>Income</b>  |   |   |   |
| Gross Income:  |   | Returns & Allowances:   | Other:  |
| <b>Vehicle</b>   |   |   |   |
| Vehicle Year:  | Vehicle Make:   | Vehicle Model:  | Date Placed in Service:   |
| Miles on Jan 1, 2018:  | Miles on Dec 31, 2018:  | 2018 Total Business Miles:  | 2018 Personal Miles:  |
| Was vehicle available for personal use?  |   | Is the vehicle over 6,000 lbs?  |   |
| <b>Expenses</b>  |   |   |   |
| Advertising  | \$ _____  | Pension/profit share  | \$ _____  |
| Vehicle Expenses   | \$ _____  | Rent-vehicle, machinery   | \$ _____  |
| Commission & Fees  | \$ _____  | Rent-other  | \$ _____  |
| Contract Labor   | \$ _____  | Repairs/maintenance   | \$ _____  |
| Depletion  | \$ _____  | Supplies  | \$ _____  |
| Depreciation   | \$ _____  | Taxes & Licenses  | \$ _____  |
| Employee Benefits  | \$ _____  | Travel  | \$ _____  |
| Insurance  | \$ _____  | Meals   | \$ _____  |
| Interest – Mortgage  | \$ _____  | Utilities   | \$ _____  |
| Interest – other   | \$ _____  | Wages   | \$ _____  |
| Legal & Professional   | \$ _____  | Other expenses  | \$ _____  |
| Office Exposés   | \$ _____  | Notary Income   | \$ _____  |
| <b>Business Assets</b>   |   |   |   |
| Asset Description (qualified real property, truck, office furniture, etc.)   |   |   | Cost:   |
| Date Acquired:   | Date Placed in Service:   | New or Used   | % of Business Use   |

**Business Expense Worksheet**

Taxpayer Name: \_\_\_\_\_

|  |                         |             |                   |
|--|-------------------------|-------------|-------------------|
| Asset Description (qualified real property, truck, office furniture, etc.) |                         |             | Cost:             |
| Date Acquired:   | Date Placed in Service: | New or Used | % of Business Use |
| Asset Description (qualified real property, truck, office furniture, etc.) |                         |             | Cost:             |
| Date Acquired:   | Date Placed in Service: | New or Used | % of Business Use |
| Asset Description (qualified real property, truck, office furniture, etc.) |                         |             | Cost:             |
| Date Acquired:   | Date Placed in Service: | New or Used | % of Business Use |

**In Home Office**

|  |                             |
|--|-----------------------------|
| Square Footage use ONLY for Business (and for NO other purpose): | Total house Square Footage: |
|--|-----------------------------|

| Expense                 | Directly Related to Business | Not Directly Related |
|-------------------------|------------------------------|----------------------|
| Rent                    | \$ _____                     | \$ _____             |
| Total Mortgage Interest | \$ _____                     | \$ _____             |
| Real Estate Taxes       | \$ _____                     | \$ _____             |
| Insurance               | \$ _____                     | \$ _____             |
| HOA                     | \$ _____                     | \$ _____             |
| Cleaning/Maintenance    | _____                        | _____                |
| Repairs                 | \$ _____                     | \$ _____             |
| Utilities               | \$ _____                     | \$ _____             |
| Phone                   | \$ _____                     | \$ _____             |
| Internet                | \$ _____                     | \$ _____             |
| Security                | \$ _____                     | \$ _____             |
| Casualty Losses         | \$ _____                     | \$ _____             |
| Other Expenses          | \$ _____                     | \$ _____             |
| <b>TOTAL</b>            | \$ _____                     | \$ _____             |

**Costs of Goods Sold**

|                          |          |                  |          |
|--------------------------|----------|------------------|----------|
| Beginning Inventory      | \$ _____ | Ending Inventory | \$ _____ |
| Purchases, less personal | \$ _____ | Cost of Labor    | \$ _____ |
| Materials/Supplies       | \$ _____ | Other Costs      | \$ _____ |

I, \_\_\_\_\_ and \_\_\_\_\_

Verify that the answers contained in the intake form are true and accurate to the best of my/our knowledge.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Client Consent to Use of Information

Taxpayer hereby consents to the use by ReVision Financial Solutions LLC of any and all tax return information contained in the taxpayer's federal income tax returns for the purpose of mailing, including electronic transmission, to the taxpayer information pertaining to tax tips, change to tax law, newsletters, upcoming seminars, workshops, podcasts, webinars, webcasts, and promotional announcements

The tax information may not be disclosed or used by ReVision Financial Solutions LLC for any purpose other than that permitted by this consent document.

This consent will be valid for a period of three years beginning on January 1, 2019 and expire on December 31, 2021.

Federal law requires this consent form be provided to you. Unless authorized by law, ReVision Financial Solutions LLC cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage ReVision Financial Solutions LLC's tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here:

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here:

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here: Laurie Johnson

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

**[www.MobileTax.Pro](http://www.MobileTax.Pro)**

ReVision Financial Solutions LLC  
344 Rolling Hill Rd Suite 101C, Mooresville, NC 28117  
704-980-0899 ~ [MobileTax.Pro@mail.com](mailto:MobileTax.Pro@mail.com)

## Tax Preparation Engagement

### Tax Preparation Engagement

Tax Preparation services provided by ReVision Financial Solutions LLC (hereafter RFS) includes preparing the Client/Spouse (hereafter you/your) 2018 Federal and/or State tax return(s), and/or any prior year returns, based on the information you provide. Services do not include auditing or verification of information.

### Taxpayer Return Data

You verify that all information submitted for inclusion on the tax return, including names, social security numbers, date of births, dependent information, and income & expense amounts are accurate to the best of your knowledge.

### Return Filing

As the IRS holds you responsible for your tax return, you must review your return carefully for accuracy before signing. RFS will contact you within 24 hours if the electronic filing of your return is rejected. You agree that, in the event of a reject, you will work with RFS to correct the rejected return in a timely manner.

### Unpaid/Amended Refund Amount

If, for any reason, your refund is not released by the IRS, your refund amount is amended by the IRS, or your tax return is audited, you are responsible for paying outstanding or additional taxes. In this event, you are further responsible for all yet unpaid tax preparation fees.

### Scheduling Fee

You agree to pay a \$25.00 registration fee upon the submission of your tax documents for review and processing. You acknowledge that this fee is not refundable. The fee is payable via Cash or Credit Card.

### Engagement Termination

Tax Preparation is fulfilled upon the verbal review with you of the information contained on your completed tax return and the full tax preparation fee is considered earned at that time. However, this engagement extends and does not terminate until the delivery of your completed tax return to you, or through your file exchange web portal, either in print or by digital copy. Although RFS provides electronic filing of tax returns at no cost, the completion of electronic filing is not considered a part of this engagement.

### Client Consent

I acknowledge the above and authorize ReVision Financial Solutions LLC to prepare and file my tax return.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here:

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here:

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here: Laurie Johnson

[www.MobileTax.Pro](http://www.MobileTax.Pro)

ReVision Financial Solutions LLC

344 Rolling Hill Rd Suite 101C, Mooresville, NC 28117

704-980-0899 ~ [MobileTax.Pro@mail.com](mailto:MobileTax.Pro@mail.com)