



2022 PRINT Client Tax Intake Form

Please have your Drivers License or ID ready. We will also need your last two year tax returns.

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Primary Taxpayer Information

Marital Status:

- Single
- Married
- Married Filing Seperate
- Separated (Provide Date Below)
- Divorced (Only check if it was during the tax year)
- Widow (Only check if within 3 years)

If seperated, Last Date Lived Together:

Format: 08/20/1987

If widowed, Spouse's Date of Death:

Format: 08/20/1987

If Divorced, Divorce Date:

Format: 08/20/1987

Taxpayer name as it appears on your social security card:

Taxpayer Social Security Number:

Taxpayer Date of Birth:

Taxpayer Occupation:

Taxpayer Phone Number:

Taxpayer Email Address:

Taxpayer Preferred Contact Method: (you may select more)

- Phone Call
- Text Message
- Email

Address:

Address Line 1

Address Line 2

City

State 

Zip Code

Are you legally blind?

Yes No

Taxpayer Driver's License Number:

No dashes, all numbers.


State

Issue Date of Driver's License:

mm-dd-yyyy 

Format: 08/20/1987

Expiration Date of Driver's License:



Format: 08/20/1987

Is the taxpayer the dependent of another that can be claimed on a tax return?

Yes No

Spouse Information

Spouse's name as shown on social security card:

First


MI

Last

Spouse Social Security Number:

XXX-XX

Spouse Date of Birth:

mm-d 

Spouse Occupation:

Spouse Phone Number:

Spouse Email Address:

What is the spouse's preferred contact method?

Phone Call Text Message Email

Address: (If Different than Taxpayer)

Address Line 1

Address Line 2

City

State 

Zip Code

Is the spouse blind?


Yes No

Spouse Driver's License Number:

No dashes, all numbers.

State

Driver's license issue date:

mm-dd-yyyy 

Format: 08/20/1987

Driver's license expiration date:

mm-dd-yyyy 

Format: 08/20/1987

Is the taxpayer the dependent of another that can be claimed on a tax return?

Yes No

Preferred Contact:

Taxpayer Spouse

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Dependents

How many dependents do you want to claim on this tax return?

- 0
- 1
- 2
- 3
- 4
- 5

Dependent 1:

Dependent Name as shown on Social Security Card:

First	MI	Last
-------	----	------

Dependent Social Security Number:

Dependent Date of Birth:

Format: 08/20/1987

Relationship to Taxpayer:

- Child
- Parent
- Other

Name of School:

How many months was the dependent in taxpayeres home?

No dashes, all numbers.

Can anyone else claim this dependent?

- Yes
- No

Does this dependent file a tax return?

- Yes
- No

Dependent 2:

Dependent Name as shown on Social Security Card:

First	MI	Last
-------	----	------

Dependent Social Security Number:

Dependent Date of Birth:



Format: 08/20/1987

Relationship to Taxpayer:

- Child
- Parent
- Other

Name of School:

How many months was the dependent in taxpayeres home?

No dashes, all numbers.

Can anyone else claim this dependent?

- Yes
- No

Does this dependent file a tax return?

- Yes
- No

Dependent 3:

Dependent Name as shown on Social Security Card:

First	MI	Last
-------	----	------

Dependent Social Security Number:

Dependent Date of Birth:



Format: 08/20/1987

Relationship to Taxpayer:

- Child
- Parent
- Other

Name of School:

How many months was the dependent in taxpayeres home?

No dashes, all numbers.

Can anyone else claim this dependent?

Yes No

Does this dependent file a tax return?

Yes No

Dependent 4:

Dependent Name as shown on Social Security Card:

Dependent Social Security Number:

Dependent Date of Birth:

Format: 08/20/1987

Relationship to Taxpayer:

Child
 Parent
 Other

Name of School:

How many months was the dependent in taxpayeres home?

No dashes, all numbers.

Can anyone else claim this dependent?

Yes No

Does this dependent file a tax return?

Yes No

Dependent 5:

Dependent Name as shown on Social Security Card:

Dependent Social Security Number:

Dependent Date of Birth:

Format: 08/20/1987

Relationship to Taxpayer:

- Child
- Parent
- Other

Name of School:

How many months was the dependent in taxpayeres home?

No dashes, all numbers.

Can anyone else claim this dependent?

- Yes
- No

Does this dependent file a tax return?

- Yes
- No



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2022 Tax Organizer

Do you have signature authority over any foreign account or trust?

Yes No

Did you have any foreign assets holding or gifts from a foreign source?

Yes No

Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

Yes No

Do you or your spouse owe any child support, student loan debt, or back taxes that the other spouse is not responsible for?

Yes No

If you clicked yes, the spouse who does NOT owe is considered an injured spouse. Please list the name of the injured spouse.

Did you receive a retirement distribution in 2020 that was split to be taxed over 3 years?

Yes No

Did you repay any retirement distributions received in 2020 related to COVID?

Yes No

Did you purchase energy efficient improvements on your home? (If yes, we need a receipt.)

Yes No

Have you taken a credit before? (\$500 life time cap)

- Yes
- No

Please check the following types of income that you received this year. Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> W-2's | <input type="checkbox"/> Farm Income (Schedule F) |
| <input type="checkbox"/> 1099-K | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> 1099-INT (Interest Income) | <input type="checkbox"/> Railroad Retirement |
| <input type="checkbox"/> 1099-DIV (Dividend Income) | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> 1099-SSA (Social Security) | <input type="checkbox"/> Alimony Received |
| <input type="checkbox"/> 1099-G (Unemployment) | <input type="checkbox"/> Long Term Care or Death Benefits |
| <input type="checkbox"/> 1099-MISC | <input type="checkbox"/> Schedule K-1 (from Estate, Partnership, S-Corp) |
| <input type="checkbox"/> 1099-B (Brokerage/Stock Sales) | <input type="checkbox"/> Business Income (Schedule C) [If selected, please complete business form.] |
| <input type="checkbox"/> 1099-R (Retirement Income) | <input type="checkbox"/> Jury Duty, Awards, or prizes |
| <input type="checkbox"/> 1099-NEC | <input type="checkbox"/> Received Tip Income and Did Not Report to Employer |
| <input type="checkbox"/> 1098 Mortgage | <input type="checkbox"/> Engaged in any Bartering Transactions |
| <input type="checkbox"/> Sale of Home, Business, or Rental Assets | <input type="checkbox"/> Cancellation of debt |
| <input type="checkbox"/> Legal Settlement | |
| <input type="checkbox"/> Gambling Income | |

If you received a W-2, how many did you receive?

Tell us about your expenses this year. Check all that apply:

- Alimony Paid
- Student Loan Interest Paid
- Education Expenses/1098-T
- Day Care Expenses
- Medical Insurance and Expenses
- Real Estate Taxes
- Home Mortgage Interest
- Charitable Contributions (Please make sure you provide receipts) [Note: You do not have to be able to itemize.]
- Estimated Tax Payments
- IRA Contribution (other than employer)
- Purchased a Vehicle (Provide Bill of Sale or Registration with Sales Tax Included)

Estimated Tax Payments: List dates and amounts paid:

Please check all that apply:

- 1095-A (Marketplace Insurance)
- Received correspondence from IRS
- Foreclosure on residence
- Health Savings Account (not through your employer)
- Gave a gift of more than \$16,000 during the year
- Purchased item outside Tennessee and paid no sales tax (furniture, vehicle, etc.)

If you receive a refund, would you like it to be direct deposited?

- Yes No

If you are going to owe money, would you like it to be auto drafted?

- Yes No

Name of Bank:

Routing Number:

Account Number:

Type of Account:
 Checkings Savings

You will be provided an electronic copy of your tax return. If requested a paper or flash drive copy, one can be provided for a small fee. *

- I would like a paper copy of my tax return for a \$5 fee.
- I would like a flash drive copy of my tax return for a \$3 fee.
- Portal Only, No Charge.

Any notes/comments you may have, please add here.

Dear Client,

Thank you for the privilege of allowing us to provide you with year-round tax services. We are committed to providing you the highest quality of tax preparation and excellent service. This engagement letter expresses the terms and conditions under which we will provide you with tax services, and it outlines each of our responsibilities.

We will prepare your 2022 Federal Tax Return and any required State Income Tax Returns in accordance with appropriate tax laws and regulations. You are responsible for informing us if you have a tax filing requirement in any state. Your returns will be prepared solely from the information provided by you! Bookkeeping Plus, Inc. will use due diligence in collecting information but will not audit the client's books or records to verify its accuracy. As your tax professional, we will use the information you provide and will apply the tax law to the best of our ability to provide a true and correct tax return. To timely file your tax returns, we need all required information no later than 15 days before your due date. You may be required to request an extension if we do not receive all required information by the above date. We do not file extensions automatically. If you want us to request an extension, you must notify us no later than 5 days before your due date. Please note that an extension is an extension of time to file the return and not an extension to pay taxes due. Additional charges may also be assessed when information necessary to complete the preparation of the tax return is not submitted at least 15 days before a filing deadline.

Payment of services will be due at the completion of the return. A retainer may be collected before any work begins. Payment must be made in full before return is signed and released for filing. Fees are based on the number or documents and the time required to complete your return. Additional charges may include, but are not limited to, research basis of stocks/bonds or investments, multi-state returns filed, accounting for an entire year, tax consultation for estimates, and preparation of amended returns for prior years. Upon preparation of your return and the return or your records our engagement will be complete regarding this matter. However, we will be pleased to assist you with future matters. If your return is later selected for examination, we will be pleased to assist you upon your request for an additional fee.

The client at any time can terminate the relationship with Bookkeeping Plus, Inc. If Bookkeeping Plus, Inc. has performed significant work towards preparation of the return, the client is responsible for paying a fee for the time that was invested in the return. This will be charged at an hourly rate of \$150 with the minimum fee being \$100. In case of termination, any retainer will be forfeited to Bookkeeping Plus, Inc.

Bookkeeping Plus, Inc. stands behind the work that we do and expects clients to contact us first if errors are discovered either by the taxpayer or from taxing agencies. Bookkeeping Plus, Inc will use all proper and regular

remedies to correct errors and omissions caused by Bookkeeping Plus, Inc. Bookkeeping Plus, Inc. will be not charge for corrections made, and we will pay appropriate penalties and interest if we are at fault. However, we are not responsible for any taxes owed.

Bookkeeping Plus, Inc. will retain copies of the records you supplied to us along with our work papers for a period of 5 years. After 5 years our workpapers and records may be destroyed. All your original records will be returned to you at the end of this engagement. You should keep all original documents, canceled checks and other data that supports your reported income and deductions in secure storage for seven years. These records may be necessary to prove accuracy and completeness of the returns to a taxing authority.

Please review your return(s) or any other form we have prepared for you carefully before signing and filing them. If you have any questions, please contact us. Thank you for allowing us to serve you. We greatly appreciate your business! This engagement letter will be in effect for one year from date signed unless the agreement is terminated or amended in writing by the taxpayer or preparer.

PRIVACY POLICY - YOUR PRIVACY IS SECURE

As a provider of personal financial services, we are required by law to inform our clients of our policies regarding privacy of client information. Your nonpublic personal information is collected from various sources which may include tax organizers, worksheets, client questionnaires, applications, other financial documentation, personal interviews, telephone conversations, transactions with the firm, and consumer reporting agencies if background or credit checks are conducted on your behalf. We have always protected your right to privacy and will continue to make this a top priority.

WHAT INFORMATION WE DISCLOSE

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

HOW WE PROTECT YOUR INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. We will only use a secure portal (Client Center) to electronically transmit documents.

Please call if you have any questions. Your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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.

COMMUNICATION

Bookkeeping Plus, Inc. may send a text to your mobile phone or email you appointment reminders, pickup information or questions. We will not text any confidential information to you. All confidential information will be available on a secure portal. In the event confidential information is emailed, it will be password protected for security purposes. You may opt-out of text or email communication by contacting our office.

Please select all boxes to show you have acknowledged each one.

- Payment must be rendered before the tax return is efiled.
- I have had the opportunity to read the Privacy Policy.
- I grant permission for Bookkeeping Plus to communicate with me through any secure method if I am unavailable through my preferred method.
- All of the information I provided is true and accurate to the best of my knowledge. I have proof of my income and deductions.
- Bookkeeping Plus may send a text to your mobile phone or email you appointment reminders, pickup information, or questions. We will not text or email any confidential information to you, it will be shared using a secure portal. You may opt-out of text or email communication by contacting our office.

Please provide a copy of your 2020 and 2021 tax return.

Signature

×

[draw](#) type

Date:

Format: 08/20/1987

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Submit