



## Tax Preparation Service Agreement

Thank you for considering Touché Financial Solutions, LLC to provide you excellent tax preparation services for the **2023 tax year**.

We will be preparing tax return(s) for the following tax years:

Returns completed will be (circle one): **1040 1040ez 1041 1120 1120s 1065 Other:**

**Total Cost of Service: \$**

**Deposit Amount: \$**

Outlined below is a service agreement between Touché Financial Solutions (tax preparer), and you (client, customer, taxpayer).

### **1. Touché Financial Solutions will perform the following services:**

- Engage you in a brief consultation to assess your current tax situation and determine tax preparation needs
- Complete a federal tax return
- Complete the applicable state return(s);
- Review all documents received and analyze the potential for attaining more deductions and credits;
- Prepare your return to be e-file or mail with the IRS and applicable state;
- Discuss your prepared return with you prior to filing the return, and
- Present tax planning, strategy, and recommendations to maximize your tax return in the following year

### **2. Representation:**

Should the need arise, on certain situations Touché Financial Solutions, LLC will speak to the IRS on your behalf.

### **3. Availability**

Touché Financial Solutions, LLC will be available from 10am – 6pm Monday – Friday and 8am – 12pm Saturday during the tax season. (January 1st, - April 15th) After the tax season, the hours of availability will resume to normal business hours.

### **4. Delivery of Completed Tax Return**

- Services will NOT begin without a 50% non-refundable deposit
- Completed tax returns (or a copy) will be provided following balance of payment of services rendered
- The Customer may have a copy of the return delivered as a hard copy, via email or placed onto a scandisk. Touché WILL NOT fax completed tax returns.

---

*Touché Financial Solutions, LLC*  
*2025 Riverside Dr, Columbus Ohio 43221*

**5. Security**

Touché Financial Solutions will take every precaution to safeguard clients' information and prevent identity theft.

**6. Payment of Services Rendered**

- Services will not begin until 50% of tax preparation fee have been paid
- Payment is due in full at the completion of services rendered BEFORE tax returns are submitted to the IRS. Payment for services rendered is due on all completed tax returns whether the client is to receive a refund or not. Final payment may be deducted from clients refund. Client must verify NO offsets are outstanding on account.

**7. Client's Responsibilities/Amendments**

Touché Financial Solutions, LLC is not responsible for returns completed without all of the necessary documentation.

After the client submits deposits and informs Touché Financial Solutions to proceed with completing the return it is the responsibility of the client to ensure all applicable documentation has been provided to Touché Financial Solutions.

In the event, the Client discovers that they fail to provide all documentation and the tax return has already been completed (before filing), a fee of **\$100.00** will be assessed to make the necessary changes.

If the client's discovery is made following the filing of said tax return an amendment tax return will be required to include the additional information. Amendments are **\$200.00** per return.

By signing the below, you as the client are certifying you acknowledge that you have read and agree to the terms and conditions set forth above. You are also confirming you have provided and disclosed ALL information truthfully, accurately, & complete. In the event, it was discovered you provided fraudulent and/or misrepresented information to Touché Financial Solutions by Touché Financial Solutions or ANY tax reporting agencies, all monies paid will be forfeited, tax preparation services will be discontinued, and you will take full responsibility for any fines, penalties, or other legalities.

**Taxpayer (s) Acknowledgement:**

Print Name	Date	Print Name	Date
Signature		Signature	

**Tax preparer Acknowledgement:**

Print Name	Date
Signature	

(“We”, “Us”, and “Our”) Name of tax preparer Federal law requires this consent form to be provided to you (“you” refers to each taxpayer, if more than one). Unless authorized by law, we cannot use or disclose your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. Because our ability to disclose your tax return information to another institution affects the service(s) that we provide to you and its (their) cost, we may decline to provide you with the tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you. 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.

In order to process your return, we must disclose all your 2022 tax return information to National Tax Office, LLC that we partner with in order to provide certain services.

For your convenience, we have entered into agreements with a bank to provide qualifying taxpayers with the opportunity to apply for a (bank product) Refund Transfer (RT) and/or Loan via Electronic Refund Check or Electronic Refund Deposit. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your 2022 tax return information to our partnered financial institution.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to National Tax Office, LLC, and financial institution we partnered with all your 2022 tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provided to us during the preparation of your 2022 tax return to determine whether to present you with the opportunity to apply for a bank product (described above) and services.

Name of Taxpayer

Taxpayer Signature

Date

Name of joint Taxpayer

Joint Taxpayer Signature

Date

# Tax Intake Form

## TAXPAYER

Social Security Number: - -  
First Name: MI: Last Name:  
Date of Birth: Date of Death:  
Work Phone: Cell/Other Phone:  
Occupation: Email:  
Legally Blind? Yes NO Dependent of Other? Yes NO

## SPOUSE

Social Security Number: - -  
First Name: MI: Last Name:  
Date of Birth: Date of Death:  
Work Phone: Cell/Other Phone:  
Occupation: Email:  
Legally Blind? Yes NO Dependent of Other? Yes NO

## FILING STATUS

Single:  
Married Filing Joint:  
Married Filing Separately:  
Head of Household:  
Qualifying Widower:

## ADDRESS

Street & Apt. No.  
City:  
State: Zip:  
County:

## DEPENDENTS

First, Middle initial, Last Name	D.O.B	Social Security Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **For Office use only - Compliance check list**

**Please make sure to collect, scan and upload all the listed item below to software**

- **Client Intake Form** (Please up load ALL the forms provided in the booklet)
- **Tax Client Photo ID (Readable)** (For every taxpayer listed on tax return)
- **Copy of Social Security Cards**
- **Copy of Income** (W-2, 1099 and all the other income documentation provided by taxpayer)
- **Copy of any supporting documents pertaining to tax return** (Any documents the taxpayer gives you scan and upload them)

Tax Preparer Name: \_\_\_\_\_ Date: \_\_\_\_\_

## How do you want your refund? (Check one of the following)

7-14 days (RT Refund Transfer: Check)

In about 7-14 days from the date your return is accepted electronically by the IRS, you receive a check for the amount your refund less filing fees. (Check will be available in our office)

7-14 days (RT Refund Transfer: Debit Card)

In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited onto the debit card we issued you.

7-14 days (RT Refund Transfer: Direct Deposit)

In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited into your bank account.

## Cash Advance option (Check one of the following)

\*The loan offered based on your expected tax refund to up to \$6000. Some loans are interest bearing loan, and will have an annual APR. Please confirm the interest rates with your preparer.

Apply for Cash Advance (RT Refund Transfer)

YES

NO

## The Following products require fees paid at the time of the service

E-file: Direct Deposit

- Your refund will be deposited into your savings or checking account directly from IRS approximately 10-14 days after your return is accepted by IRS.

3-4 Weeks (E-file: Check)

- Your refund will be mailed to you directly from IRS in approximately 3-4- weeks after your return is accepted electronically by the IRS.

Mail a paper return

- Your refund will be mailed to you directly from IRS in approximately 6-8- weeks after your mail your return to the IRS.

**Signature:**

**Date:**

\*All times are estimated because the IRS no longer publishes the refund cycle chart. If you claim the EITC Or AOTC on your tax return, the IRS cannot issue your refund before mid-February.

**Tax Client Photo ID and Voided Check – Required!**

Taxpayer Name -

Taxpayer SSN - -

Photo ID - Required

One other form of ID - Required

**PHOTO ID #1 –Required**

**1 Other Form of ID – Required**

Spouse Name -

Spouse SSN - -

Photo ID of Spouse - Required

One other form of ID - Required

**PHOTO ID #1 –Required**

**1 Other Form of ID – Required**

**Place Voided Check Here (only if you selected Direct deposit on page – 3)**

I hereby authorize the use of this identification above to electronically file my federal tax return according to IRS publication 1345

Taxpayer Signature:

Date:

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

# Due Diligence Questionnaire

How many people live with you?      How many:    Adults                                  Children

List Relationships:

Does anyone above make more than you? Yes      No  
If Yes, How much?                                  Are expenses shared? (groceries, rent, insurance, etc.) Yes      No  
Is the taxpayer, spouse or depended(s) can be claim as qualifying child on any other tax return? Yes      No

If Yes, who?

Did anyone help support you during the year?      Yes      No  
If yes, who?    How much? \$

In the case of audit can you prove financial responsibility and residency for any of the Dependents being claimed?

Which document(s) can you provide? (i.e. copy of lease, medical records, school records, food stamps or benefit statements)

Are any of the dependents being claimed NOT your Son or Daughter?      Yes      No  
If Yes, why are the parents not claiming the child? (Please explain and list the child's name(s) if more than one listed on the return)

Were any of the credits disallowed or reduced in a previous year?      Yes      No  
If yes, please explain

Did you have any other income during the year? (Child support, alimony)      Yes      No  
If yes, please specify

Other comments:

Client Signature

Date:

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.

# Schedule - C - Form

Fill out COMPLETLEY or mark "N/A". DO NOT leave blank. Use a separate worksheet for EACH SCH - C  
**\*\*Please Note: If possible, it is preferred a bank statements, P&L and balance sheet be provided by the client. If available, write "see next page" below and stuck under this page. If NOT AVAILABLE, please use the input sheet below. You may be required to provide proof of all income & expenses claimed below.**

**Business Info: (Required for all)** Taxpayer: \_\_\_\_\_ or Spouse: \_\_\_\_\_  
 Name of Business (If any): \_\_\_\_\_  
 Address of Business: \_\_\_\_\_  
 Business EIN (If any): \_\_\_\_\_ - \_\_\_\_\_  
 Date Business Started: \_\_\_\_\_  
 Did you materially participate in the business? YES: \_\_\_\_\_

**Income Questions: (Required if no P&L or Trial Balance Available)**

Total Sales: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

**General Expenses: (Required if no P&L or Trial Balance Available)**

Advertising:	\$ _____	Repair & Maintenance:	\$ _____
Auto Expense:	\$ _____	Supplies:	\$ _____
Commissions:	\$ _____	Taxes & Licenses:	\$ _____
Contract Labor:	\$ _____	Travel:	\$ _____
Depletion:	\$ _____	Meals (Total):	\$ _____
Employee Benefit Program:	\$ _____	Utilities:	\$ _____
Insurance (other than health):	\$ _____	other:	\$ _____
Interest:	\$ _____		\$ _____
a) Mortgage:	\$ _____		\$ _____
b) Other:	\$ _____		\$ _____
Legal & Professional:	\$ _____		\$ _____
Office Expense:	\$ _____		\$ _____
Pension & Profit Sharing:	\$ _____		\$ _____
Rent or Lease:	\$ _____		\$ _____
a) Vehicles:	\$ _____		\$ _____
b) Machinery:	\$ _____		\$ _____
c) Other:	\$ _____		\$ _____

Total Expenses: \$ \_\_\_\_\_

Total Income – Total Expenses = \$ \_\_\_\_\_ Net Income

(Please attach any other supporting document(s) if available)

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

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.



# Dependent Care Form

Taxpayer SSN:                                 -                                 -

Taxpayer Name:

## STANDARD DEPENDANTS

1. Name of child:

SSN:   -                                 -

Daycare or provider Name:

FEIN (or social of caregiver):                                 -                                 -

Total amount paid \$

2. Name of child:

SSN:   -                                 -

Daycare or provider Name

FEIN (or social of caregiver):                                 -                                 -

Total amount paid \$

3. Name of child:

SSN:   -                                 -

Daycare or provider Name

FEIN (or social of caregiver):                                 -                                 -

Total amount paid \$

4. Name of child:

SSN:   -                                 -

Daycare or provider Name:

FEIN (or social of caregiver)                                 -                                 -

Total amount paid \$

## NON-STANDARD DEPENDENTS (Grandchild, niece, nephew, stepchild, foster child, etc.):

Name of child

Why aren't parents claiming child?

How long has child lived with you?

did parent send fund to help support child?

Y / N

**Do you have:** Court documentation of custody?                                 Y / N

Document proving relationship to child?                                 Y / N

## ADULT DEPENDANTS

Who is the dependent?

Where do they live?

Is dependent disabled?                                 Y / N

Why are they not filing their own return?

Can anyone else claim this dependent?                                 Y / N

Client Signature

Date:

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.

# Student Acknowledgment Form

I, \_\_\_\_\_ was a student during the 20 \_\_\_\_\_ school year,  
and attended \_\_\_\_\_ . I certify that all of the  
information found on this form is true and to the best of my knowledge. I understand it is my responsibility to have all  
valid documents and or receipts, as required to apply for any type of school credit. Below is a recap of all  
information, status, and expenses I have encountered.

**My scholar status:**

( ) Full Time Student

( ) Part Time Student

**PLEASE PROVIDE** a 1098-T Form

**Below are my total educational expenses:**

Books: \$

Supplies (On campus): \$

Supplies (Off campus): \$

Other expenses: \$

Total: \$

By signing below I certify all information is true, valid, and to the best of my knowledge. I accept full responsibility  
of the statements mentioned above. Any and all disputes regarding this matter shall be forwarded to me with the  
information found on my tax returns forms.

Name First/Last Name printed:

Date:

# Schedule - A - Information

<b><u>MEDICAL EXPENSES</u></b>	<b><u>(Current Year)</u></b>
Medical & Dental Expenses	\$ _____
Medical Insurance Premiums Paid (Other than Social Security Medicare Payments)	\$ _____
Long Term care Premiums	\$ _____
Prescription Drugs & Medications	\$ _____

Medical Miles Driven:  
January 1 to June 30:                      July 1 to December 31:

<b><u>TAX EXPENSES</u></b>	<b><u>(Current Year)</u></b>
State & Local Income Taxes Paid (Other than those on W-2's, 1099's, etc.) Prior year Income Taxes paid in current year	\$ _____
Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Other taxes:	\$ _____
	\$ _____
Qualified New Vehicle Taxes	\$ _____
Additional State/ Local Taxes	\$ _____

<b><u>INTEREST EXPENSE</u></b>	<b><u>(Current Year)</u></b>
Home Mortgage Interest reported on Form 1098	\$ _____
Home Mortgage Interest paid to others	\$ _____
Refinancing Points Paid in 2017	\$ _____
Investment Interest (other than K-1)	\$ _____

<b><u>CONTRIBUTIONS</u></b>	<b><u>(Current Year)</u></b>
Cash Contributions (If over \$500 please provide detailed list)	\$ _____
Non Cash Contributions (If over \$500 please provide detailed list)	\$ _____
Volunteer Mileage Driven	

<b><u>Miscellaneous</u></b>	<b><u>(Current Year)</u></b>
Un-reimbursed Business Expenses	\$ _____
Union Dues	\$ _____
Tax Prep Fees (Paid for Previous Return)	\$ _____
Safe Deposit Rental	\$ _____
Investment Expenses (Other than K-1)	\$ _____
Gambling Losses (Due to extent of winnings)	\$ _____
Other Expenses:	\$ _____
	\$ _____

### **CASUALTY & THEFT LOSSES**

If you had any casualty or theft losses during the year, please provide detail below, including date, description, amount of casualty or loss, any insurance reimbursement & basis in the property.

Client Signature

Date:

By signing above, I hereby certify the information given above is true and accurate to the best of my knowledge and can provide proof upon request.