

(314) 800-3251

Engagement Letter Agreement

Page 4 is required to be signed by Taxpayer & Spouse if filing joint.

Type your name in place of a signature.

Personal Tax Organizer (PTO)

Primary Taxpayer Full Name:

How Did You Hear About Us?

Personal Referrals Name:

After you download this Engagement Letter and Organizer, **"SAVE AS"** to your computer with a **unique file name** like **"2024 John Doe PTO"**. Open the new filename and enter your info.

You do not need to enter dollar amounts for income or expenses if those are shown on documents and forms that you will send to my office.

The next tax season it will be very easy. You will do a Copy/Paste, then RENAME it for that year. Example: **"2025 John Doe PTO"** make a copy of the saved file, and RENAME it to something like "John Doe 2025 Tax Year". Then press **RESET** button and all basic information will be Pre-filled (Name, Address, Phone # etc). **NOTE:** It is your responsibility to ensure all data is correct, new information is added, and irrelevant information is removed. **EXAMPLE: Add or remove Dependents; got married or divorced; moved to new address; new email address, etc.**

ALL CLIENTS - When your Tax Organizers are finished, and you received all your documents (W-2's Form 1099's, K-1's, etc), get them to your tax preparer.

1) Upload to our Gmail email or the Secure Portal service. (2) Deliver in person to the physical Secure Lock-box attached to the inside of garage door or in person if you have a Scheduled Appointment.

NEW CLIENTS - I need a copy of your prior year Federal and State Tax Returns.

Mid-America Tax

Tax Preparation Engagement Letter

Type of tax Return:

Tax Year(s):

If multiple years, enter all applicable years:

Thank you for choosing Mid-America Tax to assist you with your taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

Our engagement is limited to performing the following services:

This engagement pertains only to the year listed above, and our responsibilities do not include preparation of any other tax return years that may be due to any taxing authority. We are responsible for preparing only the returns referenced above. If you have taxable activity in a state or local municipality other than your state of residence, you are responsible for providing our firm with all the information necessary to prepare any additional applicable state and local income tax returns as well as informing us of the applicable states and local municipalities. If you have income tax filing requirements in a given state or local municipality but do not file that return, there could be possible adverse ramifications such as an unlimited statute of limitations, penalties, etc. This engagement letter does not cover the preparation of any financial statements sales and use tax, or gift tax returns, which, if we are to provide, will be covered under a separate engagement letter.

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. We have a tax organizer available to help you collect the data required for your return. **The Organizer will help you avoid overlooking vital information. By using it, you will contribute to efficient and accurate preparation of your returns and help minimize the cost of our services**

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, of course, inform you of any material errors, fraud, or other illegal acts we discover.

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.

You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. We are not responsible for the dis-allowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

Federal, state, and local taxing authorities impose various penalties and interest charges for non-compliance with tax law, including for example, failure to file or late filing of tax returns and underpayment of taxes. You as the taxpayer remain responsible for the payment of all taxes, penalties and interest charges imposed by taxing authorities. **If we determine, at our sole discretion, that we may be subject to a preparer penalty due to a tax position or irregularity on your return, you agree to either adequately disclose that position on your return or change the position to one that we confirm would not subject us to penalty.** **If you choose not to change your position or adequately disclose the tax position so as to eliminate our exposure to the preparer penalty, we, at our sole discretion and at any time, may withdraw from the engagement without completing your tax returns.**

Such withdrawal will complete our engagement and you will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenses incurred through the date of our withdrawal.

Federal, State, and local taxing authorities also impose various penalties and interest charges for noncompliance with tax law, including for example, failure to file or late filing of tax returns and underpayment of taxes. You as the taxpayer remain responsible for the payment of all taxes, penalties and interest charges imposed by taxing authorities.

The Affordable Care Act (ACA) has added various new health insurance mandates, penalties and credits. You acknowledge and Mid-America Tax agrees, that we will rely solely on information provided by you for the purposes of preparing your tax returns listed above and have provided no advice regarding your eligibility for any credits, estimates of any payments or estimates of any penalties under the ACA.

Confidentiality. All information you provide to us in connection with this engagement will be maintained by us on a strictly confidential basis. In the event we receive a subpoena or summons requesting that we produce documents from this engagement or testify about the engagement we will notify you prior to responding to it if we are legally permitted to do so. You may, within the time permitted for our firm to respond to any request, initiate such legal action as you deem appropriate to protect information from discovery. If you take no action with the time permitted for us to respond or if your action does not result in a judicial order protecting us from supplying requested information, we may construe your inaction or failure as consent to comply with the request. Time incurred in connection with subpoenas, and/or other related legal matters involving you, and or your account(s), will be billed at our normal hourly billing rates.

Internet Communication. In the interest of facilitating our services to you, we may communicate by facsimile transmission or send electronic mail over the internet. This often involves sending data, documents and other information, including sensitive tax and financial information. Such communications may include information that is confidential to you. Our firm employs measures in the use of facsimile machines and computer technology designed to maintain data security. While we will use reasonable efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these electronic devices during this engagement. You should ensure that your email server and the information stored on your system is secure. We are not responsible for any transmission problems or for the failure of you or any authorized recipient of the information to receive files. You are solely responsible for (i) notifying the firm of the failure to receive files containing your information so that we may provide a copy in an alternate form; (ii) securing your email server and restricting access to your email in order to maintain confidentiality of the information transmitted; (iii) storing the electronic files containing the information; and (iv) acquiring and maintaining the software needed to open and access the files containing the information.

Our fee for services will be based upon the complexity of the return(s) and the extent of the tax forms required for us to properly file your tax return(s). If a federal, state, or qualified dependent return is requested, but actual preparation determines that there is no filing requirement, we will waive our fee for the no filing determination. We do reserve the right to charge based on our standard charges if there is extensive research required to make the "no filing" determination. Invoices are due and payable upon presentation. **To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days from the date the bill is sent to client.** Currently our fee ranges are as follows:

Federal and State Individual Income Tax Returns	\$150 - \$600 (Average \$350)
Small Business (Schedule C and related forms)	\$100 - \$400 (Average \$170)
Rental Property (Schedule E and related forms)	\$300 - \$1,200 (Average \$650)
Federal and State S-Corp, Partnerships, & Estates	\$300 - \$1,250 (Average \$500)

You agree that our firm's liability for any and all claims, damages, losses and costs of any nature arising from this engagement is limited to the total amount of fees paid by you to our firm for the services rendered under this agreement.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, as these items may later be needed to prove accuracy and completeness of a return.

After you engage Mid-America Tax to prepare your tax returns, if at any time you notify us in writing to stop working on your tax returns, you agree to pay us for any and all work that we did on your behalf, and at your request.

If you have not elected to e-file your returns, or for another reason are not allowed to e-file, you will be solely responsible to file the returns with the appropriate taxing authorities. We will provide you the appropriate addresses.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign where indicated and submit to our office. Your tax return(s) cannot be prepared until this engagement letter is signed and we receive it in our office.

We appreciate your confidence in us. Please call (314) 800-3251 if you have questions.

Sincerely,

**Stephen Kenniston
PMP, President - Mid-America Tax**

My typed name takes place of my signature. By signing below, I accept the terms of this agreement.

Taxpayer's Signature

Spouse's Signature - Required if filing Married Joint

Tax Year _____

Personal Tax Organizer (PTO)

Personal Information		Taxpayer		Spouse	
Legal Name First, MI, Last					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone		Cell		Work	Cell
Home phone		Fax		Home	Fax
Address					Apt/Suite
City				State	ZIP

Taxpayer Legally Blind ☐ Yes ☐ No Spouse Legally Blind ☐ Yes ☐ No
 Taxpayer Disabled ☐ Yes ☐ No Spouse Disabled ☐ Yes ☐ No
 Pres Campaign Fund (Taxpayer) ☐ Yes ☐ No Pres Campaign Fund (Spouse) ☐ Yes ☐ No
Filing status: Single ☐ Head of Household ☐ Married filing joint ☐ Married filing separate ☐ Widower ☐ Year of Spouse death? _____

Dependents (Children & Others)							
Name	Choose Relationship Son/Daughter	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

- | | | | |
|--|--|--|--|
| 1 Did your marital status change during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12 Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 Did your address change during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13 Did you give a gift of more than \$14,000 to one or more people? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 Were there any changes in dependents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14 Did you go through bankruptcy, foreclosure, or repossession proceedings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 Did you receive unreported tip income of \$20 or more in any month? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15 Did you incur a loss because of damaged or stolen property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 Did you receive any unemployment or disability income? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16 Were you notified or audited by either the IRS or State taxing agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did you buy or sell any stocks, bonds or other investment property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17 Did you work from a home office or use your car for business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18 May the IRS discuss your tax return with your preparer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19 Were you a citizen of, have income from, or live in a foreign country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 Could you be claimed as a dependent on another person's tax return? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20 Do you want to electronically file your tax return? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 Did you pay anyone for domestic services in your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21 Did you buy any internet merchandise for which you did not pay sales/use tax? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 Did you pay anyone for childcare services? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22 Health Insurance Did you have ACA compliant health insurance during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(Attach Form 1095-A, 1095-B, and/or 1095-C)

Income: Nothing to fill in here. Just provide us with the tax documents / forms.

Type of Income	Form(s) to Include	
Wage & Salary Income	Form W-2s	
Pensions, Annuities, Profit Sharing, IRA's, etc.	Form(s) 1099-R	
Social Security/Railroad Benefits	Form(s) SSA-1099	
Interest Income	Form(s) 1099-INT & Broker statements	
Dividend Income	Form(s) 1099-DIV	
Partnership, Trust, Estate Income	Form(s) K-1	
Investments Sold	Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price)	

Other Income

Type	Amount	Type	Amount
Alimony Received		Gambling/lottery winnings	
Jury duty		Disability Income	
		Other	
Other		Other	

Adjustments to Income

Type	Amount	Type	Amount
Alimony Paid Name _____ SS# _____		Tuition and Fees paid Who was it paid for? _____ IRA/SEP Contributions - Taxpayer	
Educator Expenses		IRA/SEP Contributions - Spouse	
Health Savings Account		Student loan interest	

Medical/Dental Expenses

Type	Amount	Type	Amount
Medical insurance premiums (paid by you)		Medical equipment, supplies	
Long Term Care insurance		Nursing care	
Prescription drugs		Medical therapy	
Glasses, contacts		Hospital	
Hearing aids, batteries		Doctor/Dental/Orthodontist	
Braces		Mileage	

Taxes Paid

Type	Amount	Type	Amount
Real property tax (attach bills)		Other _____	
Personal property tax		Other _____	

Interest Expense

Mortgage interest paid (attach 1098's)		Interest paid to individual for your home (attach amortization schedule)	
		Paid to _____	SSN _____
Investment Interest		Address _____	

Charitable Contributions

Type	Amount	Type	Amount
Total cash contributions		Charitable mileage	
Total non-cash contributions (If over \$500 attach list)			

Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen			
Location of Property		Amount of Damage	
		Insurance reimbursement	
Description of Property		Repair costs	
		Federal grants received	

Day Care Expense: You do NOT need to fill out this section if you provide Day Care Statements

Provider #1		Provider #2	
Address			
EIN/SS#			
Amount Paid			
Children cared for			

Health Insurance

Taxpayer	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid <input type="checkbox"/> Not insured at all
	If Insured - Include Form 1095-A, 1095-B, and/or 1095-C
Spouse	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid <input type="checkbox"/> Not insured at all
	If Insured - Include Form 1095-A, 1095-B, and/or 1095-C

Health Insurance continued **If Insured - Include Form 1095-A, 1095-B, and/or 1095-C**

Dependent _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all
Dependent _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all
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