

PAYMENT AUTHORIZATION FORM

Full Name: _____

***\$175 non-refundable deposit** is required with submission of tax documents to our office and will be applied to your total tax preparation fee. The remainder of the fee will be charged automatically upon completion of the returns.*

Please select from one of the following payment methods to pay for your tax preparation fee:

CASH or CHECK - Postdated checks **will not** be accepted after return is completed.

ACH (use bank account on page 2 to pay the tax preparation fee)

CREDIT / DEBIT CARD - Card will not be charged until we notify you of the completion of your tax return.

Select card type: Visa MasterCard Amex Discover Other _____

Cardholder's Name _____

Card Number _____ Exp. Date _____ Sec Code _____

PAY BY REFUND (\$40.00 PROCESSING FEE IN ADDITION TO YOUR TAX PREPARATION FEE)

DISCLOSURES

- **A \$175 non-refundable deposit**, per tax return, is required for **all clients**. **This \$175 non-refundable deposit is due with the submission of the tax documents to our office, and will be applied to your total tax preparation fee.**
- **The remainder of the tax preparation fee will be charged automatically upon the completion of the returns.**
- All past due tax returns and amended tax returns must be paid in full to start the work.
- **Tax Returns will not be e-filed until the preparation fee is paid in full and authorization forms are signed.**
- **Returns awaiting e-file due to authorization or payment will not be put on extension.**
- Any returned/bounced check will incur a **\$45 fee**, and must be resolved immediately to avoid any additional late fees.
- If you choose the "Pay By Refund" method, it is required that you provide a credit/debit card.
In the event your "Pay by Refund" is declined or insufficient to pay in full, your credit/debit card will then automatically be charged for the preparation fee.
- Invoices not paid **within 30 days** will incur **the late fee of \$40.**
- If you need an extension filed, please request in writing. **The extension fee is \$100** for new clients or if your paperwork is not in the office and deposit is not received.

I have read and understand the terms stated above.

I hereby authorize Ideal Tax Consultants, Inc. to process my payments based on my choice above.

Taxpayer's Signature _____

Date _____

REQUIRED ENGAGEMENT LETTER FOR PERSONAL TAX RETURNS

Thank you for choosing Ideal Tax Consultants, Inc. 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.

We will prepare your federal and, if applicable, 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.

Please utilize our Organizer(s) 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. 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.

We determine our fees for preparation of your return once we received all the information needed to prepare your return. If a material number of additional documents and information, that impact the return, are provided after we determine our fee there may be additional fees. It is very rare that we must charge additional fees and we will let you know if there will be additional fees and how much when the applicable information is received. **To avoid additional fees complete the client organizer and provide all documents as soon as possible. If you don't have all the information, we ask that you wait until you do have everything before sending it to us. We require the non-refundable deposit of \$175 at the time you submit your documents to us, and the remainder of the amount due for services paid when we provide you with a draft (prior to filing) or two weeks after request for additional information go unanswered by you. No postdated checks will be accepted after return is prepared. Note that no extensions will be filed for returns that are completed, but still awaiting your payment and authorization.**

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, cancelled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain ONLY copies of income source documents (W-2s, 1099-MISC, 1099-R, 1099-G) for 3 years, after which the documents will be destroyed.

It is your responsibility to review your returns before they are filed to determine that all information is accurate, income has been correctly reported and that you have substantiation for your deductions. You must pay the balance owed for our services and provide a signed e-file authorization to assure the return is filed by the due date. To assure completion of your **personal return (Form 1040)** by the **April 15** due date **we must have all information by March 15.** To assure completion of your personal return by the **extended deadline of October 15** we must have all information by **September 15.**

If you know you will **need an extension**, please send us a **written request**. An extension gives additional time to file your tax returns; it **DOES NOT extend the time to pay the taxes owed**. Penalties and interest are applied to taxes paid after the April 15 due date. If think you may owe, **let us know** if you would like to make a **payment with your extension**.

Our engagement to prepare your tax returns will conclude with the delivery of the completed returns to you (whether electronically or by paper). **Our engagement DOES NOT include audit support. Any notice that will require additional work will require additional fees for services; these fees will be determined and discussed prior to us completing any additional work.** Thank you for the opportunity to be of service. If you have any questions, contact our office at (631)253-3200.

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

Denny Cummings
Ideal Tax Consultants, Inc.

Accepted By: (*Both spouses must sign for preparation of joint returns)

TAXPAYER 1 NAME	SIGNATURE	DATE
TAXPAYER 2 NAME	SIGNATURE	DATE

CLIENT TAX ORGANIZER

TAX YEAR 2020

TAXPAYER INFORMATION			
Provide your name as it appears on your social security card			
LAST NAME		FIRST NAME	
Can anyone claim you as a dependent? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you new to our firm? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		How did you hear about us?	
SS #	DOB	OCCUPATION	
EMAIL	CELL#	HOME#	
ADDRESS			
CITY	STATE	ZIP	<input type="checkbox"/> Blind <input type="checkbox"/> Disabled
School District	County		
If you moved in 2020, enter previous address:			
Date of move			
Would you like a paper copy of your tax return? Additional fee is \$25.00 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing address to return original documents:			
RESIDENT STATUS	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident		
MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married – [Will file jointly <input type="checkbox"/> YES <input type="checkbox"/> NO] <input type="checkbox"/> Legally Separated <input type="checkbox"/> Lived Separately for last 6 months of 2020 <input type="checkbox"/> Widow(er) – Date of Spouse’s Death _____ - provide death certificate		

SPOUSE INFORMATION			
(ONLY IF FILING MARRIED)			
LAST NAME		FIRST NAME	<input type="checkbox"/> Blind <input type="checkbox"/> Disabled
SS #	DOB	OCCUPATION	
EMAIL	CELL #	HOME#	
RESIDENT STATUS	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident		

BANKING INFORMATION	
Would you like your refund direct deposited? <input type="checkbox"/> YES - provide a VOID CHECK <input type="checkbox"/> NO - your refund check will be mailed	
BANK NAME _____	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ROUTING # _____	ACCOUNT # _____
<i>Be aware that for the government to deposit funds to your account the name(s) on the account must match your name(s) on the tax return.</i>	

HEALTH INSURANCE THROUGH HEALTHCARE.GOV	
Did you obtain health insurance through a Federal or State Health Insurance Exchange, (ie. Healthcare.gov)? <input type="checkbox"/> NO <input type="checkbox"/> YES - provide Form 1095-A *	
*Be aware not providing this form will result in refund adjustment and delay processing by IRS. If you receive an IRS letter for not providing Form 1095-A to us, additional fees will be incurred to fix this matter.	

STIMULUS RECEIVED	
Did you receive a Stimulus Payment(s) in 2020/2021? If yes, How Much? #1\$ _____ #2 _____	

DEPENDENTS (CHILDREN & OTHERS)

LAST NAME	FIRST NAME	SS#	DOB	Relationship	Disabled	College Student

*Please **confirm which dependents** you are claiming, if we prepared your 2019 taxes and you are claiming **the same dependents**, you **may fill in** just their names.

*If you need to **remove any dependents** please clearly write **“REMOVE”** next to their name.

*If you are **adding any dependents** please provide copies of **birth certificates and social security cards** for all children listed above. For all other dependents, please provide a copy of their **social security card**.

CHILD CARE INFORMATION

Did you participate in a Daycare Benefit Plan with your Employer? YES NO

Do you have qualified expenses paid to a daycare, babysitter, preschool or camp? YES NO -- If YES, provide / complete below

Child Care Providers Name		Fed ID / SS#	
Address			
Amount Paid \$	Dependent(s) Name:		
Child Care Providers Name		Fed ID / SS#	
Address			
Amount Paid \$	Dependent(s) Name:		

COLLEGE STUDENT INFORMATION (TAXPAYER/SPOUSE/DEPENDENTS)
*Provide **Form 1098-T** for each college attended

LAST NAME	FIRST NAME	COLLEGE NAME	TUITION PAID 2020	AMT PAID BOOKS, ETC	YR IN COLLEGE

*Did you/spouse/dependents receive distributions from college savings plans? – provide **Form 1099Q** YES NO

CHARITABLE CONTRIBUTIONS / DONATIONS

Did you give to a qualified charity last year? YES NO

-- If YES, provide name of charity and dollar amount donated

CHARITY / ORGANIZATION	\$ AMOUNT
	\$
	\$
	\$
	\$

ANSWER THE FOLLOWING QUESTIONS – REQUIRED

***ANY UNANSWERED QUESTIONS WILL AUTOMATICALLY BE UNDERSTOOD AS A “NO”**

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency ? Provide details and documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you self-employed? (Sole Proprietor, Single Member LLC) <i>If YES, complete the Income & Expense Organizer *</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you own an interest in a partnership or S-corporation? <i>If YES, provide Form K-1</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you buy/sell/refinance a home in 2020? <i>If YES, provide HUD-1 / closing statements.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you a resident of, or did you have income in more than one state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled? <i>If YES, provide 1099A / 1099C or Court Order</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you receive unemployment compensation? <i>If YES, provide 1099-G. (See Department of Labor website)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you make withdrawals from any retirement plan, or annuity? <i>If YES, provide 1099-R</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have any gambling winnings/losses? <i>If YES, provide W2-G and records of winnings/losses</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you RECEIVE alimony? <i>If YES, provide amount \$ _____ ex-spouse name _____ SS# _____</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you PAY alimony? <i>If YES, provide amount \$ _____ ex-spouse name _____ SS# _____</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
The date the divorce decree was finalized or modified to include alimony _____	
Did you have a Health Savings Account (HSA)? <i>If YES, provide Form 5498</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you use funds from Health Savings Account? <i>If YES, provide Form 1099-SA</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you sell any stocks / investments? <i>If YES, provide 1099-B.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you receive rent for a rental property? <i>If YES, complete the Rental Income & Expense Organizer*</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you make any estimated tax payments for 2020 to the government? <i>If YES, provide the records verifying the payments made: copies of the checks, electronic payment confirmations made to IRS and state tax departments. Records must show payee, date, amount and tax year. Estimated Payments are prepayments of taxes usually for self-employed taxpayers, not taxes that are past due.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you receive NYS property tax credit in 2020, How much? \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Traditional IRA Contribution amount 2020 (not made through you employer, provide statement)	\$ _____
Roth IRA Contribution amount 2020 (not made through you employer, provide statement)	\$ _____
Did you contribute to a 529 College Savings Plan ? <i>If YES, provide year end statement.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you pay interest on a student loan for yourself, spouse, or dependent during the year? <i>If YES, provide 1098-E</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have any major medical expenses in 2020? How much did you pay in 2020? \$ _____ <i>Note: the IRS only gives credit if your medical expenses exceed 7.5% of your income.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you purchase a qualified plug-in electric vehicle? <i>If YES, provide sales contract. Lease does not qualify.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you install qualified solar electric property, solar water heating property, small wind energy property, geothermal heat pump or fuel cell property in your home? <i>If YES, provide contract and payment confirmations.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have any Casualty or Theft Loss in Federally declared disaster area? <i>If YES, provide property type, amount of damage, insurance reimbursement, and repair cost.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a volunteer firefighter? <i>If YES, provide Dept. Name, amount of property tax exemption received \$ _____</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you pay Long Term Insurance premiums? <i>If YES, provide letter from insurance with premium paid</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

* Download organizers on www.idealtaxusa.com or inquire at the front desk.

ADDITIONAL INFO - If you need to include anything else, feel free to attach to this form

Acknowledgements

- I (We) have provided all the necessary documents and information that are required to prepare my tax return.
- I (We) understand that submitting additional documents after my initial submission will incur a surcharge based on the amount of time needed to make any changes.
- I (We) understand that Ideal Tax Consultants Inc. will not be held responsible for any errors on the tax return due to client omissions or incorrect information on this client information form, and that an additional fee will be incurred in order to make any corrections or amendments.
- I (We) understand that if requested by the IRS or State, I (We) will produce receipts and documentation to substantiate income and deductions on the tax return.

Taxpayer Name _____ **Signature** _____ **Date** _____