

PAYMENT AUTHORIZATION FORM

Full Name (s): _____

\$250 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 by the payment method listed below.

CREDIT / DEBIT CARD

Select card type: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover ☐ Other _____

Cardholder's Name _____

Card Number _____ Exp. Date _____ Sec Code _____

ADDITIONAL FEES

- ☐ PAPER COPY OF THE TAX RETURN - \$30.00.
- ☐ MAILING ORIGINAL TAX DOCUMENTS BACK FEE - \$15.00 (PLEASE MAIL COPIES IN TO AVOID IT OR USE PORTAL).
- ☐ EXTENSION FILING - \$150.00 (REQUEST IN WRITING BY APRIL 1. THE FEE APPLIES IF YOU ARE NEW CLIENT OR YOUR DOCUMENTS AND DEPOSIT TO START THE TAX RETURN ARE NOT IN THE OFFICE).
- ☐ EXTENSION FILING AFTER APRIL 1 - \$225.00 (REQUEST IN WRITING BY APRIL 10. THE FEE APPLIES IF YOU ARE NEW CLIENT OR YOUR DOCUMENTS AND DEPOSIT TO START THE TAX RETURN ARE NOT IN THE OFFICE).

DISCLOSURES

- A \$250 non-refundable deposit, per tax return, is required for all clients. This \$250 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 PAYMENTS will incur a \$45 fee, and must be resolved immediately to avoid any additional late fees.
- Invoices not paid within 30 days will incur the late fee of \$40.
- Last day to request an extension is April 10 (in writing via email).

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 \$250 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. The fee to mail originals back to you is \$15.00. In order to avoid it, please mail the copies of the documents or use our secure online portal to submit the documents. 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**. ***There will be a fee of \$150 (before April 1) and a fee of \$225 (between April 2 and April 10) to file extension if you are new client or your deposit to start the work is not received yet. No extension requests are accepted after April 10.***

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 – Actual or Electronic.

DATE

TAXPAYER 2 NAME

SIGNATURE – Actual or Electronic.

DATE

Full Name(s): _____

CURRENT CLIENTS WHO HAVE NOTHING TO CHANGE/CHECK ON PAGE 4-6 OF TAX ORGANIZER

Please complete this section **ONLY** if you reviewed pages 4 through 6 and you have no changes from 2023 tax information (current Ideal Tax clients).

If you complete this section **we will not be contacting you** to verify anything. Tax return will be completed based on 2023 tax forms and information provided on 2023 tax year organizer. If anything is missed, the taxpayer may receive IRS or state tax letters.

Ideal Tax will not be responsible for any penalties and interest on additional tax due and will charge you for the amended tax return or the letters handling.

It is the **taxpayer's responsibility to review completed tax returns** for any errors or omissions.

Once you submit **signed authorization forms to us, no changes will be made.**

I hereby certified that:

(please initial on each line)

- _____ I reviewed pages 4 through 6 and I have no changes to make for 2023 tax year.
- _____ I do not have health insurance bought through Healthcare.gov (reported on Form 1095-A).
- _____ My address did not change from the address reported on 2023 tax return.
- _____ My banking did not change from the bank account used on 2023 tax return.
- _____ My dependents did not change from dependents reported on 2023 tax return.
- _____ I will provide childcare information if had any on page 5. If none provided, Ideal Tax will report you had none.
- _____ I provided my 2024 tax documents in full and will not hold Ideal Tax responsible if there are any discrepancies or omissions.

HOW WOULD YOU LIKE A COPY OF YOUR TAX RETURN DELIVERED TO YOU:

This section must be completed by everyone.

- ☐ SECURE PORTAL.
- ☐ PASSWORD PROTECTED PDF ATTACHED TO YOUR INVOICE VIA EMAIL: _____.
- ☐ PAPER COPY VIA MAIL (ADDITIONAL \$30.00). PROVIDE ADDRESS TO MAIL:
_____.

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 1 NAME

SIGNATURE – Actual or electronic.

DATE

TAXPAYER 2 NAME

SIGNATURE – Actual or electronic.

DATE

CLIENT TAX ORGANIZER

TAX YEAR 2024

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 2024, enter previous address:			
Date of move			
Would you like a paper copy of your tax return? Additional fee is \$30.00 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing address for paper copy:			
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 2024 <input type="checkbox"/> Widow(er) – Date of Spouse’s Death _____ - provide 2024 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

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.

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 # _____

HEALTH INSURANCE THROUGH HEALTHCARE.GOV

Did you obtain health insurance through a Federal or State Health Insurance Exchange, (ie. Healthcare.gov, Marketplace)? <input type="checkbox"/> YES - provide Form 1095-A * <input type="checkbox"/> NO, I HAVE HEALTH INSURANCE THROUGH MY EMPLOYER, MEDICAID, MEDICARE. <input type="checkbox"/> NO, I DON’T HAVE HEALTH INSURANCE AT ALL (Some state tax authorities will assess penalties). *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.

DEPENDENTS (CHILDREN & OTHERS)

LAST NAME	FIRST NAME	SS#	DOB	Relationship	Disabled	College Student
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

*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/ SUMMER/DAY CAMP 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			
Total Amount Paid \$	Dependent(s) Name:		
Child Care Providers Name		Fed ID / SS#	
Address			
Total Amount Paid \$	Dependent(s) Name:		

COLLEGE STUDENT INFORMATION (TAXPAYER/SPOUSE/DEPENDENTS)

*Provide Form 1098-T for each college attended. Year in college refers to how many years of college you completed as of 01/01/24.

LAST NAME	FIRST NAME	COLLEGE NAME	TUITION PAID 2024	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 2024, 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) If YES, complete the Income & Expense Organizer *	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you own an interest in a partnership or S-corporation? If YES, provide Form K-1	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you buy/sell/refinance a home in 2024? If YES, provide HUD-1 / closing statements .	<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? If YES, provide 1099A / 1099C or Court Order.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you receive unemployment compensation? If YES, provide 1099-G . (See Department of Labor website)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you make withdrawals from any retirement plan, or annuity? If YES, provide 1099-R	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have any gambling winnings/losses? If YES, provide W2-G and records of winnings/losses	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you RECEIVE alimony? If YES, provide amount \$ _____ ex-spouse name _____ SS# _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you PAY alimony? If YES, provide amount \$ _____ ex-spouse name _____ SS# _____	<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)? If YES, provide Form 5498	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you use funds from Health Savings Account? If YES, provide Form 1099-SA	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you sell any stocks / investments? If YES, provide 1099-B .	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you receive rent for a rental property? If YES, complete the Rental Income & Expense Organizer *	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you make any estimated tax payments for 2024 to the government? 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. <i>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
Traditional IRA Contribution amount 2024 (not made through you employer, provide statement)	\$ _____
Roth IRA Contribution amount 2024 (not made through you employer, provide statement)	\$ _____
Did you have any Roth IRA, Traditional IRA conversions or Backdoor Roth IRA contributions? If YES, provide Forms 1099-R and 5498 .	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you contribute to a 529 College Savings Plan ? If YES, provide year end statement. Plan State _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you pay interest on a student loan for yourself, spouse, or dependent during the year? If YES, provide 1098-E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have any major medical expenses in 2024? How much did you pay in 2024? \$ _____ <i>Note: the IRS only gives credit if your medical expenses exceed 7.5% of your income. State may vary.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you purchase a qualified plug-in electric vehicle? If YES, provide sales contract and Form 15400 . If you already received the credit at the dealership you still have to report it on your tax return. Some may have to pay it back.	<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, fuel cell property or energy efficient building property in your home? If YES, provide contract and payment confirmations .	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have any Casualty or Theft Loss in Federally declared disaster area? If YES, provide date, name of disaster, property type, amount of damage, insurance reimbursement, and repair cost. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a volunteer firefighter? If YES, provide Dept. Name, amount of property tax exemption received \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you pay Long Term Insurance premiums (not a life or disability insurance, it is insurance that will pay for long term care if you are over 65 and need constant assistance)? If YES, provide letter from insurance with premium paid	<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

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DATE