Zuniga Professional Services, Inc.

Tax Organizer
2022

Zuniga Professional Services, Inc.

Please email this Tax Organizer and all supporting documents to:

rocio@zunigafirm.net

8050 Florence Ave. Ste.11
Downey, CA 90240
Office: 562-220-2548
Mobile: 562-841-7100

Tax Preparation Engagement Letter

Name: ________________________

Last 4 of Social Security Number: __________________________

Thank you for choosing ZPS, 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.

Our engagement is limited to performing the following services: 1040 for Tax Year________

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 that referenced, 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 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, 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 disallowance 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 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, at our sole discretion, our exposure to the preparer penalty, we, at our sole discretion and at any time, may withdraw from the engagement without completing or delivering tax returns to you. 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 Tax Pros Plus 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). Invoices are due and payable upon presentation.

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, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

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 (562)220-2548 if you have questions.

Sincerely,

Rocio Zuniga
ZPS, Inc.

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

Taxpayer's Signature

Spouse's Signature

Date

Tax Year _____

Client Tax Organizer

Personal Information

	Taxpayer			Spouse		
First name & Initial						
Last name						
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
Taxpayer Disabled ☐ Yes ☐ No
Pres Campaign Fund (Taxpayer) ☐ Yes ☐ No
Spouse Legally Blind ☐ Yes ☐ No
Spouse Disabled ☐ 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	Relationship	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? ☐ Yes ☐ No
2. Did your address change during the year? ☐ Yes ☐ No
3. Were there any changes in dependents? ☐ Yes ☐ No
4. Did you receive unreported tip income of $20 or more in any month? ☐ Yes ☐ No
5. Did you receive any unemployment or disability income? ☐ Yes ☐ No
6. Did you buy or sell any stocks, bonds or other investment property? ☐ Yes ☐ No
7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? ☐ Yes ☐ No
8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? ☐ Yes ☐ No
9. Could you be claimed as a dependent on another person's tax return? ☐ Yes ☐ No
10. Did you pay anyone for domestic services in your home? ☐ Yes ☐ No
11. Did you pay anyone for childcare services? ☐ Yes ☐ No
12 Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)? ☐ Yes ☐ No
13 Did you give a gift of more than $14,000 to one or more people? ☐ Yes ☐ No
14. Did you go through bankruptcy, foreclosure, or repossession proceedings? ☐ Yes ☐ No
15. Did you incur a loss because of damaged or stolen property? ☐ Yes ☐ No
16. Were you notified or audited by either the IRS or State taxing agency? ☐ Yes ☐ No
17. Did you work from a home office or use your car for business? ☐ Yes ☐ No
18. May the IRS discuss your tax return with your preparer? ☐ Yes ☐ No
19 Were you a citizen of, have income from, or live in a foreign country? ☐ Yes ☐ No
20. Do you want to electronically file your tax return? ☐ Yes ☐ No
21. Did you buy any internet merchandise for which you did not pay sales/use tax? ☐ Yes ☐ No
22. Health Insurance Did you have ACA compliant health insurance during the year? **(Attach Form 1095-A, 1095-B, and/or 1095-C)** ☐ Yes ☐ No

Income

Type of Income	Form(s) to Attach	# Attached	Notes
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)		
Property Sold	Form(s) 1099-S & closing statements		
Address of Property Sold	Date Acquired	Cost & Improvements	

Other Income

Type	Amount	Type	Amount
Alimony Received		Gambling/lottery winnings	
Jury duty		Disability Income	
State Income tax refund		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	

Miscellaneous/Unreimbursed Expenses

Type	Amount	Type	Amount
Dues - union, professional		Safe deposit box	
Books, subscriptions, supplies		IRA custodial fees	
Licenses		Investment periodicals, advisory fees	
Tools, equipment, safety equipment		Job search expense	
Uniforms (including cleaning)		Moving of household goods (job related)	
Tuition, Books (work related)		Other____________________	
Entertainment		Other____________________	
Tax Preparation Fee		Other____________________	

Estimated Tax Payments

	Federal	State		Federal	State
1st Quarter			3rd Quarter		
2nd Quarter			4th Quarter		

Day Care Expense

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

Health Insurance

Taxpayer	☐ I was insured through the Marketplace **Attach Form 1095-A, 1095-B, and/or 1095-C** ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all *Indicate months covered:* ☐ Full year ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number______________
Spouse	☐ I was insured through the Marketplace **Attach Form 1095-A, 1095-B, and/or 1095-C** ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all *Indicate months covered:* ☐ Full year ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number______________

Health Insurance continued

Dependent __________	☐ I was insured through the Marketplace **Attach Form 1095-A, 1095-B, and/or 1095-C** ☐ Insured privately, through employer, or Medicaid ☐ Not insured at all *Indicate months covered:* ☐ Full year ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec Was exempt from health care mandate. ☐Yes ☐No Has Exemption Certificate Number? ☐Yes ☐No If yes, provide number______________
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Self-Employment Information

Business Name | |

Total Sales		☐Taxpayer ☐Spouse

Expenses

Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages (gross W-2)	
Equipment Rental Expense		Postage	
Auto Expense		Bank Charges	
Auto Mileage		Tools & Equipment	
		Uniforms	

Assets Purchased			**Notes**
Date	Amount	Asset	

Cost of Goods Sold

Inventory at beginning of year	Material & supplies
Purchases	Other:
Cost of items for personal use	Other:
Cost of labor	Inventory at end of year

Expenses Related to Business

Auto Expense

Name of business vehicle is used for

Description of vehicle: Date vehicle was placed in service:

Check if Applicable:

	Another vehicle is available for personal use		There is evidence to support your deduction
	This vehicle is available for use during off-duty hours		The evidence is written

Number of miles the vehicle was driven during the tax year: Business_____ Commuting _______ Total__

Type	Amount	Type	Amount	Type	Amount
Garage rent		Property tax		Gas	
Insurance		Repairs		Tires	
Licenses		Tolls		Oil	
Parking fees		Interest		Lease payments	
Other ___________________		______________________________		________________________________	
______________________		______________________________		________________________________	

Business Use of Home

Name of business home is used for

What is the square footage of your home that was used regularly and exclusively for business?

What is the total square footage of your home?

For daycare facilities not used exclusively for business, complete the following questions.

How many days during the year was the area used?

How many hours per day was the area used?

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest		
Real estate taxes		
Excess mortgage interest		
Insurance		
Rent		
Repairs & maintenance		
Utilities		
Other expenses		

In the “Office expenses” column, enter those expenses that pertain exclusively to your office. In the “Home expenses” column, enter those expenses that pertain to the entire dwelling.

Rental Income	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

Notes

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I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve Tax Pros Plus LLC, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/we guarantee payment of the preparation fee and any related charges.

Primary Taxpayer's Signature ____ Date ______________________________

Print Name ____

Spouse's Signature ____ Date _________________________________

Print Name ____