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TaxPro 305, LLC

PERSONAL INCOME TAX RETURN ENGAGEMENT LETTER

January 2024

Dear Client(s):

TaxPro 305, LLC is pleased to provide you with the professional services described below. This letter is to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. We will perform our services in accordance with the Statements on Standards for Tax Services issued by the Internal Revenue Service.

Scope of Engagement

We will prepare your Federal, and home state income tax if applicable, return(s) for you for the 2023 Tax Year from information that you provide to us. We will also prepare any other State income tax return(s) that you identify and authorize us to prepare. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify some of the information.

Client Responsibilities

We will provide you with an income tax organizer or tax information checklist to help you gather and document the information we will need to prepare your income tax return(s). We ask that you complete the tax organizer/checklist and provide us with all supporting tax information (i.e. Forms W-2, 1099's, etc.)

You are responsible for determining your state or local tax filing obligations with any state or local tax authority, including, but not limited to, income, franchise, sales and use, and property taxes. If you ask us to prepare these return(s) additional charge(s) for those services will apply. You should retain all documents that provide evidence and support for your reported income and deduction(s) on your return(s). You are responsible for the adequacy and accuracy of all such documents. You may need to provide these documents to a taxing authority to substantiate the accuracy and completeness of the return(s).

You have the final responsibility for the accuracy and filing of your income tax return(s). Accordingly, please check them carefully for accuracy before you sign your tax return(s).

Should any government agency or creditor have first rights to your tax refund for account(s) in default, you will be responsible to pay for tax preparation fees at the time that filing is completed and/or refund is scheduled to be released. Preparation fees not paid are subject to late fees at 1.5% per month and collection fees/reasonable attorney fees.

TaxPro 305, LLC Responsibilities

All services performed in connection with the preparation of your income tax return(s) will be performed in our office located in Hialeah, FL 33015.

We will prepare your return(s) based on your filing status (single, married filing jointly, married filing separately, head of household or qualifying widow[er] with dependent child). If your marital status has changed, you want to change your filing status, or you have questions about your filing status, please advise us.

I have read and understand the above mentioned: Initials ________ Date: _______, 2024

PERSONAL INCOME TAX RETURN ENGAGEMENT LETTER (continued)

Business (Schedule C), Rental (Schedule E) and Unreimbursed Employee Business Expenses (Form 2106):

Unless otherwise advised, you confirm that expenses such as meals, travel, entertainment, vehicle use, gifts, and related expenses for your business are supported by necessary records required by the Internal Revenue Service (“IRS”). At your request, we are available to answer your question(s) and advise you on the types of record(s) required.

We will use our judgment to resolve questions in your favor where a tax law is unclear if there is reasonable and legal justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., IRS and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the current codes and regulations and their interpretations. If the IRS or State tax authorities should later contest the position taken, there may be an assessment of additional tax, interest, and penalties. We assume no liability for any such additional tax(es), interest, and penalties or other fee(s) and assessment(s).

Our work in connection with your income tax return(s) does not include any procedures designed to discover fraud, theft, or other irregularities, should any exist.

Our engagement does not include tax planning services, which are available as a separate engagement. During the course of preparing the Tax Return(s) identified above, we may bring to your attention certain available tax saving strategies for you to consider as possible means of reducing your income taxes in subsequent tax years. However, we have no responsibility to do so, and will take no action with respect to any such recommendations, as the responsibility for implementation remains with you, the Tax Payer.

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your tax return is selected for examination or audit, you may request that we assist you in responding to such inquiry. In that event, we would be pleased to discuss providing assistance to you under the terms of a separate engagement letter for that specific purpose.

We appreciate the opportunity to service you. Please sign and date the enclosed copy of this engagement letter to acknowledge your agreement with its terms. It is our policy to initiate services after we receive the signed copy of this engagement letter from you.

Best Regards,

TaxPro 305, LLC

I have read and understand the contents of this Letter of Engagement.

ACCEPTED BY:

______________________________	______________________________
Client Name (Print)	**Client Signature**
______________________________	______________________________
Spouse's Name, If Applicable (Print)	**Spouse's Signature**

Date: ___________, 2024

TaxPro 305, LLC

INTERVIEW FORM

*****PLEASE COMPLETE ALL INFORMATION REQUESTED ON ALL FORMS APPLICABLE TO YOUR TAX RETURN, SO AS TO NOT DELAY YOUR APPOINTMENT*****

Taxpayer Name: ____ **SS#** _________________________

DOB: ____/____/____ **Home Phone #:** _______________________ **Cell #:**____________________________

Address: ____

City ____ **State**______ **Zip Code**______________

Email address: ____ **If applicable, IRS PIN:**____________

Taxpayer's Spouse (if applicable): ____________________________________ **SS#** ______________________

DOB: ____/____/_____ **Cell #:**___________________________

Email address: ____ **If applicable, IRS PIN:**____________

Filing Status (please check box): ☐ **Single** ☐ **Head of Household** ☐ **Married** ☐ **Married Filing Separately**

Head of Household: Filing status for single or unmarried taxpayer who keeps up a home for a Qualifying Person for tax year.

*** FOR HEAD OF HOUSEHOLD PLEASE PROVIDE A COPY OF: UTILITY BILL, RENT/LEASE AGREEMENT, ETC... (YOU CAN TAKE A SCREENTSHOT OF A MONTHLY BILL FROM YOUR CELL PHONE AND EMAIL TO TAXPRO@TAXPRO305.COM ON SUBJECT LINE TYPE HOH)

*** YES THIS IS NEW FROM THE IRS AND REQUIRED TO HAVE ON FILE EACH YEAR

Mark box for Documents provided by Taxpayer(s):

☐ Photo ID(s) ☐ Social Security Card(s) ☐ ObamaCare Form 1095A; 1095 b or c ☐ Health Ins Card(s)

☐ Wages Report(s) (W-2 / 1099 Misc Form) Self Employed? ☐ Yes *Request Form(s) for Claiming Expense(s)

☐ Other 1099 Form(s) ☐ Bank Interest /Dividends ☐ Form(s) 1098

- Was everyone on your Tax Return covered by Health Insurance for all 12 months of the year? ☐ Yes ☐ No

  Did you receive any income from Unemployment, Gambling, Retirement, Stocks, Etc.? ☐ Yes ☐ No

  Are you currently in default for a Student Loan , Child Support and/ or IRS Debt? ☐ Yes ☐ No

Banking Information: (Please Check Corresponding Box) ☐ **Picking up a Check**

Direct Deposit ☐ *Provide a voided check if available. To Your Checking Account? ☐ or Savings Account? ☐

*Bank Routing Number: ____________________________________ Bank Name: ___________________________

*Bank Account Number: _____________________________________ * Verify your Routing and Bank Account numbers.

TaxPro 305, LLC

EARNED INCOME CREDIT FORM

PLEASE COMPLETE ALL INFORMATION REQUESTED ON ALL FORMS APPLICABLE TO YOUR TAX RETURN.

Taxpayer(s) Referred to as TP on this form. ***Print Name(s) as they appear on the individual's Social Security card.***

Name of TP: ____ SS# of TP: __________________

Name of TP's Spouse: ____ SS# of Spouse: _______________

Name of Dependent #1: ____ DOB:_____/_____/_____

Mark Box for Dependent Relationship to TP: □ Son □ Daughter □ Grandchild □ Brother □ Sister □ Niece □ Nephew □ Stepchild □ Foster Child □ Adopted Child □ Other:_________________________________

SS#___________________ Card Provided? □ Y or □ N If 19-23 yrs old, does he or she attend school? □ Y □ N Does the dependent live with TP? □ Yes □ No If so, how many months out the year 2023: ________ months.

Name of Dependent #2: ____ DOB: _____/_____/_____

Mark Box for Dependent Relationship to TP: □ Son □ Daughter □ Grandchild □ Brother □ Sister □ Niece □ Nephew □ Stepchild □ Foster Child □ Adopted Child □ Other:__________________________________

SS#___________________ Card Provided? □ Y or □ N If 19-23 yrs old, does he or she attend school? □ Y □ N Does the dependent live with TP? □ Yes □ No If so, how many months out the year 2023: ________ months.

Name of Dependent #3: ____ DOB: _____/_____/_____

Mark Box for Dependent Relationship to TP: □ Son □ Daughter □ Grandchild □ Brother □ Sister □ Niece □ Nephew □ Stepchild □ Foster Child □ Adopted Child □ Other: ____

SS#___________________ Card Provided? □ Y or □ N If 19-23 yrs old, does he or she attend school? □ Y □ N Does the dependent live with TP? □ Yes □ No If so, how many months out the year 2023: ________ months.

I. I wrote / provided the Dependent's relationship above and I affirm this includes one of the following:

- **Is son, daughter, stepchild, or descendant of such child**
- **Is brother, sister, or half brother or sister.**
- **Is step sibling or descendant of step sibling.**
- **Is an adopted child or foster child (placed by authorized agency).**

II. All dependent(s) above have lived with me within the United States of America for more than half the year in 2023.

III. The Dependent's age is written above and I affirm this is less than or equal to 19 years old or that he/she is a full time student and/or permanently / totally disabled.

IV. I have provided the name, age, and social security number of each dependent written above. By my signature herein below I state under penalty of perjury that the information which I have written and provided above is true and correct. I am providing this information for the purpose of filing my 2023 Tax Return to claim Earned Income Credit.

Taxpayer Signature: ____ Date: _____________,2024*

Taxpayer Spouse's Signature: ____ Date: _____________,2024*

*If dated following filing of original return, list date signed for re-interview.

TaxPro 305, LLC

DEPENDENT CARE CREDIT FORM

Taxpayer(s) (TP) to read, complete form, and sign.
Taxpayer(s) (TP) to provide copy of statement from provider for expense/cost, credit card or cash receipt.
If receipts are unavailable, TP signature(s) attests to accuracy and date provided below:

- Cost of Care for dependent child under age of 13 years.
- Cost of Care for dependent over 13 years old physically or mentally unable to care for self.
- Dependent must be a citizen, national, or resident of the United States.
- Cost of Care for Tax Payer spouse unable to care for self .
- Cost of Care must have been paid by Tax Payer. NOT ELIGIBLE if paid and/or reimbursed by insurance and/or employer.

Name of Taxpayer: ____

Name of Taxpayer Spouse: ____

Name of Dependent #1: ____

☐ Child under 13 yrs of age ☐ Spouse ☐ Other: __________ Relationship to TP: _____________

Name of Dependent #2: ____

☐ Child under 13 yrs of age ☐ Spouse ☐ Other: __________ Relationship to TP: _____________

Name of Dependent #3: ____

☐ Child under 13 yrs of age ☐ Spouse ☐ Other: __________ Relationship to TP: _____________

Care at Home: Individual's SS #: __________________ **or Agency's EIN:** ____________________

Name of Person or Agency providing care: ____

Address: ______________________________________ City __________ State ____ Zip _____

****Outside Care:**
Name of Facility: ____ **EIN:** ________________

Address: ______________________________________ City __________ State ____ Zip _____

AMOUNT PAID IN TAX YEAR 2023: $ _________________ **Receipt(s) Attached: Yes ☐ No ☐**

By my signature herein below, I state under penalty of perjury that the information I have provided above is true and correct. If I did not supply a copy of receipt/proof of expense to tax specialist (preparer), if requested by the IRS, I can provide through contacting the person or institution listed above. I am providing this information for the purpose of filing my 2023 Tax Return to claim Dependent Care Credit.

Taxpayer Signature: ____ Date: _____________ , 2024*

Taxpayer's Spouse: ____ Date: _____________ , 2024*

*** If dated following filing of original return, list date signed for re-interview.**
**** If outside care, dependent must regularly spend 8 or more hours per day at TP home.**

TaxPro 305, LLC

EDUCATIONAL (Lifetime Learning), AMERICAN OPPORTUNITY CREDIT OR EDUCATION DEDUCTION

Taxpayer(s) (TP) to read, complete form, and sign. Taxpayer(s) (TP) to provide copy of statement from provider for expense/cost, credit card or cash receipt. If receipt(s) are unavailable, TP signature(s) attests to accuracy and date provided below:

- Tuition to University, College, Trade School, Vocational Training.
- Tuition must have been paid by TP.
- Related expenses included: other fees charged by school (review and detail).
- Not covered: Books, travel, room & board, health fees.
- NOT ELIGIBLE: Tuition amount paid /reimbursed by a scholarship(s), loan(s) or employer(s).

Name of Taxpayer: ____

Name of Student Enrolled: ____

Mark Corresponding Box: □ Taxpayer □ Spouse □ Dependent

Name of School: ____

School Address: ____

If 1098-T is not provided, please explain why: ______________________________
____

Semester(s) Attended: □ Spring Semester □ Summer Semester □ Fall Semester If Full Time, check □

How many years of college/postsecondary education completed by student:
□ None □ 1 yr □ 2 yrs □ 3 Yrs □ 4 yrs or more

TUITION PAID BY TP: $ ___________ GRANT(S): $ ___________ SCHOLARSHIP(S): $ __________

OTHER EXPENSE(S) LIST:

Item ______________________________________ AMOUNT PAID: $_______________
Item ______________________________________ AMOUNT PAID: $_______________
Item ______________________________________ AMOUNT PAID: $_______________
Item ______________________________________ AMOUNT PAID: $_______________

Are Receipt(s) Attached: □ Yes □ No

By my signature herein below I state under penalty of perjury that the information I have provided above is true and correct. If I did not supply a copy of receipt(s)/proof of expense(s) to tax specialist (preparer), and if requested by the IRS, I can provide the information through contacting the institution listed above. I am providing this information for the purpose of the filing of my 2023 tax return to claim Lifetime Learning /American Opportunity Credit and / or Education Deduction.

Taxpayer Signature: ______________________________ Date: _____________ , 2024*

Spouse's Signature: ______________________________ Date: _____________ , 2024*

* If dated following filing of original return, list date signed for re-interview.

Company name ____

Company Profession ____

Company EIN# _______________________ Tax year _______________________

Company address ____

____

Entity type (please circle one/select one):

Form 1040 (Schedule C) Form 1120 Form 1120s Form 1065P Other__________

***Please attach copy of EIN letter from the IRS if possible

Income from sales $__________ Income from loans $__________ Income from owner $___________

Advertising	____	$____________
Auto payments	____	$____________
Bank fees	____	$____________
Business related expense	____	$____________
Insurance	____	$____________
Materials/supplies	____	$____________
Meals and entertainment	____	$____________
Office expense	____	$____________
Parking fees and tolls	____	$____________
Phone expense	____	$____________
Rent	____	$____________
Repairs and maintenance	____	$____________
Shipping and postage	____	$____________
Subscriptions and dues	____	$____________
Training/education/seminars	____	$____________
Travel	____	$____________
Utilities	____	$____________
All other expense	____	$____________
All other expense	____	$____________

Signature ____ Date _____/_____/_____

UBER / LYFT / DOORDASH / INSTACART / ETC / DEDUCTION WORKSHEET

Income (not listed on 1099) $________

Third party fees ____$________

Fuel ____$________

Cell phone ____$________

Parking fees and tolls ____$________

Auto payments ____$________

Auto Insurance ____$________

Auto maintenance ____$________

Auto repairs ____$________

Auto detailing ____$________

Registered tag ____$________

Other (list) ____$________

Other (list) ____$________

Other (list) ____$________

Other (list) ____$________

Other (list) ____$________

Other (list) ____$________

Other (list) ____$________

Signature ____ Date _____/_____/_____

RENTAL PROPERTY **PLEASE COMPLETE ONE FOR EACH PROPERTY

Physical address of each property (street, unit#, city, state, ZIP code)

____
____
____

Number of days:
Rented __________
Personal use __________

INCOME:

Rents received $__________

EXPENSES:

Advertising $__________
Auto and travel $__________
Cleaning and maintenance $__________
Commissions $__________
Insurance $__________
Legal / professional fees $__________
Management fees $__________
Mortgage interest $__________
Other interest $__________
Repairs $__________
Supplies $__________
Taxes $__________
Utilities $__________
Other (list)

______________________ $__________

______________________ $__________

______________________ $__________

______________________ $__________

Signature ________________________________ Date__________________