

## PERSONAL INCOME TAX RETURN ENGAGEMENT LETTER

January 2026

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 2025 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: \_\_\_\_\_, 2026

# **TaxPro 305, LLC**

## **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:**

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**Client Name (Print)**

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**Client Signature**

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**Spouse's Name, If Applicable (Print)**

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**Spouse's Signature**

**Date: \_\_\_\_\_, 2026**

**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 SCREENSHOT 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.

**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 2025: \_\_\_\_\_ 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 2025: \_\_\_\_\_ 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 2025: \_\_\_\_\_ 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 2025.**

**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 2025 Tax Return to claim Earned Income Credit.**

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_,2026\*

**Taxpayer Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_,2026\*

\*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 2025: \$** \_\_\_\_\_ **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 2025 Tax Return to claim Dependent Care Credit.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2026\*

Taxpayer's Spouse: \_\_\_\_\_ Date: \_\_\_\_\_, 2026\*

\* 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 2025 tax return to claim Lifetime Learning /American Opportunity Credit and / or Education Deduction.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2026\*

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2026\*

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) \_\_\_\_\_ \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**RENTAL PROPERTY****\*\*PLEASE COMPLETE ONE FOR EACH PROPERTY**

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

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Number of days:

Rented

Personal use

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**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) \$ \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_