

# CLIENT INFORMATION FORM

3030 East Market Street • York, PA 17402 (717) 757-5482 • TEXT (717) 759-4227 "We'll count the beans, you enjoy the coffee."

You will need tax information such as: W-2's. 1099, 1098, 1095, Driver's Licenses for you & your spouse;								
You will also need Social Security Cards for your Dependents								
Your Personal Information (if you are filing a joint return enter the primary taxpayer's name first)								
Taxpayer Name:		Spouse:						
Your SSN:	Spouse SSN:							
Daytime Phone:		Daytime Ph	one:					
Email address:		Email addr	ess:					
Your occupation:		Spouse's occupation:						
Have you moved in the last 12 months?	YES or NO	Date Move	d:					
Mailing Address:	Apt#	City		State	Zipcode			
Taxpayer DOB:		Spouse DO	B:					
Did the IRS issue you a PIN: Date:		Did the IRS	issue you	a PIN?	Date:			
Provide PIN here:		Provide PIN	here:					
Marital Status and Household Information	n							
As of December 31, 2023 what was your M	larital Status?							
Single, not married								
Head of Household								
Married								
Did you get married in 2023?	YES or NO	Date	•					
Did you live with your spouse during any pa	art of the last 6	months of 20	23?					
Divorced	Date of Final Decree:							
Legally Separated	Date of Separate Maintenance Decree:							
Widowed		Date of spo	use's dea	th:				
Alimony received in 2023?								
List the names below: WHO ARE YOU CLA	AIMING AS A DE	PENDENT O	N YOUR T	AX RETURN				
				Number of	Did you	provide		
				months	more th	1an 50%		
		Social		in your	of t	heir		
	Birth	Security	Relation	home in	supp	ort in		
First & Last Name	Date	Number	to You	2023	2023 YI	ES or NO		
If receiving a refund, do you want your refund to be directly deposited to your bank account? Yes or No								
Name of bank or financial institution:								
Routing Number: Account Number: CHECKING or SAVINGS								
New Clients will be asked to pay a \$100 retainer for our services.								

## 2023 TAX YEAR

Do you prefer a physical or digital copy of yo	ur tax return?		Digital or Physical			
Did you pay any Federal, State or Local quart	erly Estimates?	f yes please provide	amount paid:			
	FEDERAL	STATE	LOCAL			
1st Q						
2nd Q						
3rd Q						
4th Q						
Total						
Check appropriate box for each question. D	etails can be note	d on this sheet or wi	ith supporting documents.			
Did you pay or receive alimony or separate ma	intenance paymen	ts from agreements	entered into prior to			
1/1/2019? If yes, provide the recipient's Name, SSN and amount:						
Did you purchase and install energy-efficient h	nome items>(Suc	h as windows, doors	, furnace, heat pump, solar.			
"clean vehicle", etc.) If yes, please provide Pro	of of Purchase, Am	nount Paid and Date	Purchased.			
Did you pay studet loan interest? If yes, please provide 1098-E.						
Did a lender cancel any of your debt in 2022? (i.e. credit card or mortgage) (Attach any Forms 1099-A or 1099-C).						
Do you have a Health Savings Account (HSA)? If yes, please provide forms 5498-SA, 1099-SA, and any personal						
contributions to the account during 2023 (NO	۲ Employer's contri	butions):				
Did you have health insurance through the Ma	rketplace (healthc	are.gov or Pennie) or	receive any advance			
premium credit? If yes, please provide us with	your 1095-A.					
Child or dependent care expenses such as day	/care? If yes, pleas	se provide a <u>stateme</u>	ent from the provider			
with the provider's name, identification numbe	er and amount paic	l				
Is anyone in your family in college? If yes, prov	vide 1098-T statem	ent.				
Are any of your dependents claiming themselves on their tax return? If yes, who?						
Did you contribute to a 529 College Savings Pl						
If you have a dependent under age 17, please		wing questions for C	Child Tax Credit:			
Did the child live with you for more than half of 2023?						
Is the child your son or daughter?						
Can anyone else claim the child as their dependent?						
Have you permitted someone else to claim thi	s child for 2023? If	someone else perm	nitted you to claim the child,			
please attach form 8332.						
Did the child provide over half of his or her own support?						
Can you be claimed as a dependent on somone else's Federal Tax Return?						
If you or a dependent attended college in 202	-		ions:			
Please provide us with a copy of your 1098-T.						
Did you or the dependent student pay any qualified educational expenses?						
Were any of the educaional expenses shown o		ursed to you through	a scholarship grant,			
VA Benefit or employer assistance? If yes, how		,				
If the student withdrew from classes, did they receive a refund of educational expenses?						
Has the student or parents claimed the American Opportunity Tax Credit in a prior tax year? If yes,						
how many years:						
If you are 65 or older for PA Rent Rebate	<b>D D D D</b>					
	Do you RENT or C					
	Monthly Payment	\$	-			

### 2023 TAX YEAR

Additional Information:							
Do you have a K-1 from an S Corp or Partnership?		lf yes, request 1116 doc					
Did you buy or sell any Crypto? YES or NO If yes, we will need a 1099-B or a spreadsheet detailing the sale(s).							
Did you have any Gambling Winnings? YES or NO If yes, we will need the W-2G.							
Payment for ASY Services:							
Do you want our fees to be taken out of your return?	? Yes or No	(there will be a \$100 bank fee for this option)					
How did you hear about us?							
SIGNATURE:	DATE:						



#### TAX PREPARATION ENGAGEMENT AGREEMENT

\*Receipt totaling price is \$125 per hour.

This agreement confirms you have asked our firm to perform tax return services, and the terms under which we have agreed to fulfill that request. Please read this carefully, as it is important to both our firm and you, that you understand the limitations of the services you have asked us to perform.

We are responsible for preparing only your Federal, Pennsylvania and/or Local tax returns. If there are additional state returns you wish us to prepare, please list them here \_\_\_\_\_\_\_. If you have derived income from a foreign country, we will use the foreign country income information which you provide to calculate any applicable federal or state foreign tax credit or other affected federal or state income tax items. However, you are responsible for meeting any foreign country income tax or other foreign country reporting requirements. All other returns, such as sales tax, property tax, inheritance, gift or estate tax, will require a separate agreement and be billed accordingly.

We will not audit or otherwise verify the data you submit, although we may ask you to clarify information as necessary with tax organizers and questionnaires. It is your responsibility to carefully examine and approve your completed tax returns before signing and mailing/electronically sending them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest. We will rely, without further verification, upon information you provide to us from 3<sup>rd</sup> parties, including but not limited to K-1s, 1099s, 1098s, receipts and similar items. We are not responsible for any failure to report any forms to the IRS that were not provided to us, or that we were not informed of.

Per our **Privacy Policy**, we do not disclose any non-public personal information about our customers or former customers to anyone, except as instructed to do so by said customers (a Release Form must be signed) or as required by law. We restrict access to non-public personal information, and maintain physical, electronic, and procedural safeguards to protect your non-public personal information. It is our policy to keep electronically scanned records and to return all physical papers to you at completion of services rendered under this engagement. It is your responsibility to retain and protect your records for potential future use, including potential examination by any government or regulatory agencies. In the event you misplace your tax return itself, we will gladly print a copy for \$50.00 per return or you can get it free in your Smart Vault Account.

#### Payment is expected upon completion of your tax return. We will not file your tax return(s) until the appropriate forms are

signed and the invoice is paid in full. Billings become delinquent if not paid within 30 days of the invoice/completion date. If billings are not paid within 60 days of the invoice date, we may, at our election, withdraw from this engagement. You acknowledge and agree that in the event we cease work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable to you or your agents for any damages that occur as a result of our ceasing to render services, and that we can/will notify the IRS of the inaccuracy in reporting ASY as the paid preparer on your tax return in accordance with various IRS code sections and Circular 230 Federal Code of Regulations. You also agree and understand a 25% collection fee can/will be assessed and added to your invoice total at any time after 60-day delinquent. Any and all fees assigned to Accounting Services of York from collection agencies and/or banks or credit card processors regarding or resulting from your account, as well as any late, interest or penalty fees assessed to the client from Accounting Services of York itself, will be the sole responsibility of you, the client and become part of the collections process.

Our services will conclude upon delivery of the completed income tax returns discussed above or upon our suspension of services or resignation from the engagement. We appreciate the opportunity to serve you. Please date and sign this form to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement.

Accepted by:

Signature

Tax Payer Name (print)

Date

Spouse's Signature (if applicable)

Spouse's Name (print)

Date

My signature decrees that I have read and agree with the terms of this engagement agreement.

If any dispute arises among the parties hereto within, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Rules for Professional Accounting and Related Services Disputes. If the parties are unable to resolve the dispute through mediation within 60 days from the date notice is first given from party to the other as to the existence of such a dispute and the demand to mediate, then they may proceed to resolve the matter by arbitration. Costs of any mediation proceeding shall be shared equally by all parties.