

2024 TAX YEAR



**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 Phone: _____

Email address: _____ Email address: _____

Your occupation: _____ Spouse's occupation: _____

Have you moved in the last 12 months? YES or NO _____ Date Moved: _____

Mailing Address: _____ Apt# _____ City _____ State _____ Zipcode _____

Taxpayer DOB: _____ Spouse DOB: _____

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

As of December 31, 2024 what was your Marital Status?

Single, not married _____

Head of Household _____

Married _____

Did you get married in 2024? YES or NO _____ Date: _____

Did you live with your spouse during any part of the last 6 months of 2024?

Divorced _____ Date of Final Decree: _____

Legally Separated _____ Date of Separate Maintenance Decree: _____

Widowed _____ Date of spouse's death: _____

Alimony received in 2024? _____

List the names below: **WHO ARE YOU CLAIMING AS A DEPENDENT ON YOUR TAX RETURN**

First & Last Name	Birth Date	Social Security Number	Relation to You	Number of months in your home in 2024	Did you provide more than 50% of their support in 2024 YES 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.

Please provide a copy of last years tax return if ASY did not complete it.

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If you are required to pay in, which method do you prefer?	Send Check or Pay electronically		
Do you prefer a physical or digital copy of your tax return?	Digital or Physical		
Did you pay any Federal, State or Local quarterly Estimates? If yes please provide amount paid:			
	FEDERAL	STATE	LOCAL
1st Q			
2nd Q			
3rd Q			
4th Q			
Total			
Check appropriate box for each question. Details can be noted on this sheet or with supporting documents.			
Did you pay or receive alimony or separate maintenance payments 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 home items> (Such as windows, doors, furnace, heat pump, solar. "clean vehicle", etc.) If yes, please provide Proof of Purchase, Amount Paid and Date Purchased.			
Did you pay student loan interest? If yes, please provide 1098-E.			
Did a lender cancel any of your debt in 2024? (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 2024 (NOT Employer's contributions):			
Did you have health insurance through the Marketplace (healthcare.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 daycare? If yes, please provide a statement from the provider with the provider's name, identification number and amount paid..			
Is anyone in your family in college? If yes, provide 1098-T statement.			
Are any of your dependents claiming themselves on their tax return? If yes, who? _____			
Did you contribute to a 529 College Savings Plan? Please provide amount paid in 2024 for each child.			
If you have a dependent under age 17, please answer the following questions for Child Tax Credit:			
Did the child live with you for more than half of 2024?			
Is the child your son or daughter?			
Can anyone else claim the child as their dependent?			
Have you permitted someone else to claim this child for 2024? If someone else permitted 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 someone else's Federal Tax Return?			
If you or a dependent attended college in 2024, please answer the following questions:			
Did you or the dependent student pay any qualified educational expenses?			
Were any of the educational expenses shown on the 1098-T reimbursed to you through a scholarship grant, VA Benefit or employer assistance? If yes, how much? \$ _____,			
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			
Do you RENT or OWN?			
Monthly Payment \$ _____			

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Additional Information:

Do you have a K-1 from an S Corp or Partnership? YES or NO If 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)

PLEASE SIGN BELOW IF YOU CHOOSE THE ABOVE OPTION:

SIGNATURE: _____

DATE: _____

SPOUSE'S SIGNATURE: _____

DATE: _____

ARE YOUR RECORDS ON A THUMB DRIVE?

IS YOUR THUMB DRIVE PASWORD PROTECTED? THE PASSWORD IS: _____

WHICH STATES ARE YOU REQUIRED TO FILE - PLEASE LIST BELOW:

HOW DID YOUR HEAR ABOUT US?

THANK YOU



3030 E Market St • York, PA 17402

717-757-5482 • FAX 717-757-5896

Accountingservicesofyork.com

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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 3rd 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.