



**2025 TAX YEAR**  
**CLIENT INFORMATION**  
**Items in BOLD are Required**

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

**Your Personal Information (if filing a joint return, enter the primary taxpayer's name first)**

**Taxpayer Name:** \_\_\_\_\_ **Spouse Name:** \_\_\_\_\_  
**Your SSN:** \_\_\_\_\_ **Spouse SSN:** \_\_\_\_\_  
**Your Daytime Phone:** \_\_\_\_\_ **Spouse Daytime Phone:** \_\_\_\_\_  
**Your Email:** \_\_\_\_\_ **Spouse Email:** \_\_\_\_\_  
**Your Occupation:** \_\_\_\_\_ **Spouse's Occupation:** \_\_\_\_\_  
**Your Date of Birth:** \_\_\_\_\_ **Spouse's Date of Birth:** \_\_\_\_\_

Did the IRS issue you a PIN: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Did the IRS issue Spouse a PIN: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_  
If YES, date: \_\_\_\_\_ PIN #: \_\_\_\_\_ If YES, date: \_\_\_\_\_ PIN #: \_\_\_\_\_

**Have you moved in the last 12 months?** \_\_\_\_ Yes \_\_\_\_ No **Date Moved:** \_\_\_\_\_  
**Current Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Marital Status as of December 31, 2025:** \_\_\_\_ Single, not married \_\_\_\_ Head of Household \_\_\_\_ Married  
Did you get married during 2025? \_\_\_\_ Yes \_\_\_\_ No Widowed? \_\_\_\_ Yes \_\_\_\_ No If YES, date: \_\_\_\_\_  
Legally Separated? \_\_\_\_ Yes \_\_\_\_ No If YES, date: \_\_\_\_\_ Divorced? \_\_\_\_ Yes \_\_\_\_ No If YES, date: \_\_\_\_\_  
Alimony received during 2025? \_\_\_\_\_

**List below the dependents you are CLAIMING on your tax return:**

<b>First and Last Name</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Relation to You:</b> S = son D = daughter O = other	<b>Number of months living in your home during</b>	<b>Did you provide more than 50% of their support YES or NO</b>
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			

**Treasury Department NO LONGER mails refund checks. A bank account is required (or cash app, etc)**

**Name of Bank or Financial Institution:** \_\_\_\_\_ **Checking** \_\_\_\_ **Savings** \_\_\_\_  
**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

***New Clients will be asked to pay a \$100 retainer for our services.***

## 2025 TAX YEAR

If you are required to pay in, which method do you prefer? ☐ Mail Physical Check or ☐ Pay Electronically Online

Do you prefer a physical or digital copy of your tax return? ☐ Physical or ☐ Digital

Did you pay any Federal, State, or Local quarterly Estimated Taxes?

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

**Check the box for each of the following questions answered YES, and follow instructions per question.**

**Did you pay or receive** alimony or separate maintenance payments from agreements entered into prior to 2019?

If YES, recipient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Amount: \_\_\_\_\_

**Did you purchase and install** energy-efficient home items (such as windows, doors, furnace, heat pump, solar, "clean" vehicle, etc.) in 2025? If YES, provide Proof of Purchase, Date Purchased, and Amount Paid, for each item.

**Did a lender cancel any of your debt** during 2025? (i.e. credit card or mortgage). If YES, include any Forms 1099-A or 1099-C.

Do you have a **Health Savings Account (HSA)**? If YES, include forms 5498-SA, 1099-SA, and enter any personal contributions to the account during 2025 here (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 include your 1095-A.

Did you have **Child or Dependent Care expenses**, such as daycare? If YES, please **provide a statement** from the provider with the Provider's Name, Identification Number (FEIN or SSN), and the Amount Paid.

Are any of your dependents claiming themselves on their tax return? If YES, who? \_\_\_\_\_

Did you contribute to a 529 College Savings Plan? If YES, provide amount paid in 2025 for each child:

Name & Amount: \_\_\_\_\_ Name & Amount: \_\_\_\_\_

**If you have a dependent under the age of 17, please answer the following questions for the Child Tax Credit.**

Did the child **live with you for more than half** of 2025? ☐ Yes ☐ No Is the child **your son or daughter**? ☐ Yes ☐ No

**Can anyone else claim the child** as their dependent? ☐ Yes ☐ No If YES, who: \_\_\_\_\_

**Have you permitted someone else to claim this child** for 2025? ☐ Yes ☐ No If YES, include Form 8332.

**Did the child provide over half of his or her own support**? ☐ Yes ☐ No

**Can YOU be claimed as a dependent on someone else's Federal Tax Return**? ☐ Yes ☐ No

**If you or a dependent attended college in 2025, answer the following questions and include the 1098-T statement.**

Did you or the depend student **pay any qualified education expenses**? If YES, were any 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? If Yes, how much? \$ \_\_\_\_\_

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/Property Tax Rebate, include/attach your tax bills or rent certificate.**

Do you ☐ Rent or ☐ Own? And what are your monthly payments? \$ \_\_\_\_\_

2025 TAX YEAR

**Additional Information**

**Do you have a K-1** from an S-Corp or Partnership?   ☐ Yes   ☐ No   If YES, request the 1116 doc.

**Did you buy or sell any Crypto?**   ☐ Yes   ☐ No   If YES, include the 1099-B or a spreadsheet/report detailing the transactions.

**Did you have any Gambling Winnings?**   ☐ Yes   ☐ No   If YES, include your W-2G

**Did you work overtime or receive tips?**   ☐ Yes   ☐ No   If YES, include the last paystub(s) for the year.

**Payment for ASY Services**

**Do you want our fees to be taken out of your return?** (there is a \$150 bank fee for this option)   ☐ Yes   ☐ No   If YES, sign below.

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

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Are your records on a thumb drive?**   ☐ Yes   ☐ No   If YES, what is the password for the drive \_\_\_\_\_

**Which States are You Required to File In?** Please List: \_\_\_\_\_

**If you are claiming the new auto loan deduction,** we must have the VIN number for the vehicle and it must be new to you and assembled in the US. Include the interest statement.

**Please provide a copy of last year's return if ASY did not prepare it. *Thank you!***

**How did you hear about us?** \_\_\_\_\_

**Use the area below to include any additional information or explanations for above answers, or if ran out of space above.**



3030 E Market St • York, PA 17402

717-757-5482 • FAX 717-757-5896

Accountingservicesofyork.com

*"We'll count the beans... you enjoy the coffee."*

## TAX PREPARATION ENGAGEMENT AGREEMENT

Thank you for choosing Accounting Services of York LLC to assist with your tax preparation needs. To ensure clarity and mutual understanding, please review the engagement terms below. This agreement outlines the scope of our services, your responsibilities, and important billing information.

### Scope of Services

We will prepare your Federal, Pennsylvania, and/or Local income tax returns for the current tax year. If you require preparation of additional state returns, please list them below.

If you have income from a foreign country, we will use the information you provide to calculate any applicable federal or state foreign tax credits or other affected tax items. However, you are responsible for meeting any foreign country's income tax or reporting requirements. Preparation of other returns (such as sales tax, property tax, inheritance, gift, or estate tax) requires a separate agreement and will be billed accordingly. We cannot begin your tax return until we have **ALL** your tax documents.

### Fees and Billing

- Receipt totaling is billed at \$125 per hour.
- We charge by the forms required by IRS to complete your tax return. This changes from year to year.
- Amendments to returns due to missing or late documents start at \$250 per amendment.
- If you require a replacement copy of your tax return, a \$75 fee per return will apply.
- We do require a \$100 per year retainer for new clients.

Payment is expected upon completion of your tax return. We will not file your return(s) until all required forms are signed and your invoice is paid in full. Bills are considered delinquent if not paid within 30 days of the invoice/completion date. If not paid within 60 days, we may withdraw from this engagement. A 25% collection fee may be assessed after a 60-day delinquency, and any additional fees from collection agencies, banks, or credit card processors will be your responsibility.

### Your Responsibilities

- Provide all necessary and accurate information, including but not limited to W-2's, K-1s, 1099s, 1098s, receipts, and similar items. We will rely on the information you provide and will not independently verify it.
- Organize and total your receipts and supporting documentation before submission. **If we are required to total receipts, this will be billed at the hourly rate above.**
- Carefully review and approve your completed tax returns before signing and submitting them to the tax authorities.
- Retain and protect your records for future use, including possible examination by government or regulatory agencies.
- Notify us of all forms received; we are not responsible for any failure to report forms not provided to us or that we were not informed of.
- If you misplace your tax return, we can provide a replacement copy for the fee noted above or you may download it free of charge from your Smart Vault portal.

**Privacy and Communications** We do not disclose any non-public personal information about our clients or former clients to anyone, except as instructed by you or as required by law. We maintain safeguards to protect your information. We may communicate with you by email or fax, which may include confidential information. While we use best efforts to keep such communications secure, you acknowledge and accept the risks of electronic communication.

**Conclusion of Services** Our services will conclude upon delivery of your completed tax returns or upon our suspension of services or resignation from the engagement.

Other States needed to file.

We appreciate the opportunity to serve you and look forward to working together.

Accepted by:

\_\_\_\_\_

Signature

Taxpayer 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.