

Accounting Unlimited, LLC

Individual Tax Preparation Intake Form

Filing Status: Single _____ MFJ _____ MFS _____ QW _____ HOH _____

Name: _____ **DOB:** _____

Occupation: _____ Are you claiming yourself? _____ Claimed by someone else? _____

US Citizen: Yes / No **Social Security Number:** _____ Phone: _____

E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

School District: _____ City/Town/Village of: _____

How did you hear about us? _____ Referred By: _____

Do you have an HSA? Yes / No Family _____ Self _____ Used 100% for Medical Purposes: Yes / No 1099-SA: Yes / No

Did you acquire Health Ins. through the Market Place? Yes / No **If yes, you must provide a 1095-A**

Required To Help Prevent Identity Theft:

Driver's License Number _____ or State ID Number _____

Issuing State _____ Issue Date _____ Expiration Date _____ Does Not Expire (State ID Only) _____

Spouse's Name: _____ **DOB:** _____

Occupation: _____ Are you claiming yourself? _____ Claimed by someone else? _____

US Citizen: Yes / No **Social Security Number:** _____ Phone: _____

E-Mail: _____

Do you have an HSA? Yes / No Family _____ Self _____ Used 100% for Medical Purposes: Yes / No 1099-SA: Yes / No

Did you acquire Health Ins. through the Market Place? Yes / No **If yes, you must provide a 1095-A**

Required To Help Prevent Identity Theft:

Driver's License Number _____ or State ID Number _____

Issuing State _____ Issue Date _____ Expiration Date _____ Does Not Expire (State ID Only) _____

Would you like Accounting Unlimited to discuss your return with the IRS if needed? _____ (Valid Until 4-15-2021)

Did you make Estimated Quarterly Tax Payments? _____ Total Federal Payments Paid _____ Total State Payments Paid _____

Do you need additional state returns? Yes _____ Which States _____ No _____

Did you move to WI in 2019? Y or N If yes, when: Month _____ Day _____

Did you or your dependents have any tuition expenses? _____

Do you have child care expenses? Yes _____ No _____ (Please provide statement from child care facility)

Did you itemize last year? Yes _____ State Refund Amount _____ No _____

School Property Tax Credit:

Do you rent? Yes / No Monthly rent amount you paid _____ # of months rented _____ Was heat included? _____

Do you own your home? Yes / No Do you have receipts for property taxes assessed and paid in 2019? Yes / No

Banking Information For Refund or Balance Due: (Optional)

Use Account For: Refund _____ Balance Due _____ Date the balance due should be withdrawn from your account _____

Routing #: _____ Account #: _____ Checking _____ Savings _____

EIC and Education Credit Questions:

Was your child Under age 19? _____ or under age 24 and a student? _____

Has the student claimed the Hope Scholarship Credit or the AOC for any previous years? _____ If so how many? _____

Did the student complete the first 4 years of postsecondary education before 2019? _____

Was the student convicted before the end of 2019 of a felony for possession or distribution of a controlled substance? _____

Were any of these credits disallowed or reduced in a previous year? _____

If so did you complete the recertification form 8862? _____

Complete This Section If You Are Filing An Itemized Return

Federal Itemized Deductions	
Mortgage Interest	
Property Taxes (Taxes must be assessed & paid in 2019)	
Auto Registration	
Charitable Contributions	
Medical Expenses	
Federally Declared Casualty & Theft Loss	
Gambling Losses (Not to exceed income reported on form 1040)	
Impairment-related Work Expenses of a Disabled Person	

Expenses For:	
1. Fee basis state or local government official	
2. Qualifying performing artist	
3. Armed forces reservist related travel more than 100 miles from home	
4. Impairment-related work expenses	
Lodging	
Airfare	
Car Rental	
Meals	
Parking & Tolls	
Mileage	

Dependents:

Will your dependents be claimed by someone other than yourself? ____ Yes ____ No

Did your children acquire Health Ins. through the Market Place in 2019? ____ Yes ____ No

If yes, you must provide a 1095-A

Name: _____ DOB: _____

Relationship: _____ Social Security Number: _____

- How many months did your child live with you? _____
- Was your child permanently and totally disabled during any part of the year? _____
- Is there an active form 8832 (release/revocation of claim to exemption)? _____ If so a copy must be attached to the return.

Name: _____ DOB: _____

Relationship: _____ Social Security Number: _____

- How many months did your child live with you? _____
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Accounting Unlimited, LLC

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General Engagement Letter For Tax Return Preparation

This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

Tax Return Preparation

- We will prepare your **2019** federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- You must review the return carefully before signing to make sure the information is correct.
- The tax preparation fee does not include bookkeeping.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance and consultation during the year.
- The engagement to prepare your **2019** tax returns terminates upon the delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documents.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state taxing authority. We can provide guidance concerning what evidence is acceptable.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing you tax returns as explained above. For a joint return, both tax payers must sign.

Taxpayer

Spouse

Date

Privacy Policy. The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission. Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions regarding our privacy policy.