

**Garcia Garman & Shea, PC**  
Certified Public Accountants and Consultants

**ENGAGEMENT LETTER (Page 1 of 2)**

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Taxpayer(s) Name(s)

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2022 federal, state and local income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions, especially items related to business travel and entertainment, business use of autos or other assets, barter activities, and the required documents to support all charitable contributions. Taxing authorities may examine the returns and penalties may be imposed on returns that are late, underpaid, or incorrect. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. We reserve the right to determine the appropriate return preparer and signer.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. We are not responsible for any tax, interest or penalties related to understatement of your tax liability, and we hold the taxpayer responsible for preparer penalties caused by taxpayer misrepresentations.

We will use our judgment to resolve questions in your favor where a tax law is unclear or if there is a reasonable justification for doing so. Should we encounter instances of unclear tax law, or of potential conflicts in interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select. If the IRS, or other taxing authority, should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such assessments.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

**Lebanon office:** 216 S. Eighth Street, Lebanon, PA 17042 \ ph 717-274-5600 \ fx 717-228-3353  
**Lancaster office:** 1725-B Oregon Pike, Suite 105, Lancaster, PA 17601 \ ph 717-393-6434 \ fx 717-435-8399  
**Website:** [www.G2Scpa.com](http://www.G2Scpa.com) **E-mail:** [info@G2Scpa.com](mailto:info@G2Scpa.com)

**(Please note: All correspondence, including mail and faxes, should be directed to our Lebanon office.)**

## ENGAGEMENT LETTER (Page 2 of 2)

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

Our engagement to prepare your 2022 tax returns will conclude with the delivery of the completed returns to you (if paper filing) or your signing, and the subsequent submittal, of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, cancelled checks, etc., as these items may later be needed to prove the accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement according to our record retention policy, which is available upon request and at our website at [www.g2scpa.com](http://www.g2scpa.com).

If this firm does not receive from you the original of this letter, in fully executed form, but does receive from you a completed copy of a Client Organizer and/or supporting documentation requested herein, and/or a completed Client Questionnaire, then a copy of this letter will be included with your completed tax return and your signature on the returns for filing purposes will be deemed to evidence your acceptance of all the terms set forth above. Under IRS Circular 230, without your written or verbal consent, we are not able to prepare any 2022 tax returns for you, including, but not limited to, a request for extension.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office.

Very truly yours,

***Garcia Garman & Shea, PC***

*(Both the Taxpayer and the Spouse SHOULD sign for the preparation of joint tax returns.)*

Accepted By:

\_\_\_\_\_  
Taxpayer Name

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

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Taxpayer(s) Name(s): \_\_\_\_\_

### Client Questionnaire

*Please check the appropriate box and include all necessary details and documentation.*

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year? Please provide dates lived at each residence.	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>

### Banking Information

Did you verify the **Bank Account** information on the Direct Deposit page of the Organizer (if one is attached), or provide your current bank name, routing # and account #? ☐ Yes ☐ No  
*If no banking information is provided, your refunds, if any, will be issued by check.*

### COVID-19 Information

Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency sick leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency family leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>

### Dependent Information

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,300?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive or fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Income Information**

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services?	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement Information**

Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year? Attach Form 1099-SSA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan? Attach Form 1099-R.		
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2022?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any qualified charitable distributions (QCD) directly from your IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

**Education Information**

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and school account statement.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Education Information (cont.)</b>		
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

**Health Care Information**

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act (ACA)? If yes, attach any Form(s) 1095-A.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the ACA and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Itemized Deduction Information**

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any taxable out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did <u>not</u> collect any state sales tax? Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Miscellaneous Information</b>		
Did you make gifts of more than \$16,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, provide a copy.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

### Record Keeping for Business Expenses and Employee Expenses (when allowed)

For Meals and Entertainment Expenses, did you retain receipts documenting the cost, the purpose, who you provided it to, and the reason the expenses are directly related to or associated with the active conduct of a trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
For Business Use of a Vehicle, do you have a mileage log or similar written document which meets the IRS record keeping requirements for travel during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
For Inventory, did you take a physical count of your inventory at year-end, and did you calculate the cost of your inventory using your actual price paid for items?	<input type="checkbox"/>	<input type="checkbox"/>

### On-Line Resources

Did you visit our website, <b>www.G2Scpa.com</b> , to find additional resources?	<input type="checkbox"/>	<input type="checkbox"/>
Did you visit website, <b>www.IRS.gov</b> , to find answers to these or other questions?	<input type="checkbox"/>	<input type="checkbox"/>

*Please write any additional questions or comments below or attach additional pages.*

## Required Documents:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing Cost Basis for stocks, bonds, etc. Provide Cost Basis and purchase dates for any sales items missing this information.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E or 1099-Q along with the tuition statement or account summary from the college.
- All Forms 1095-A, 1095-B and/or 1095-C related to health care coverage or the Premium Tax Credit. Statements supporting deductions for mortgage interest with Form 1098, taxes, and charitable contributions (including any Form 1098-C Cancellation of Debt).
- Total amount of purchases you made via Amazon, EBAY, Craigslist, etc., for which you paid no sales tax that you would have paid sales tax had you purchased the items locally.
- Copies of closing statements (Form HUD-1) for the sale or purchase of real estate.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- For all NEW dependents this year, copies of birth certificates and social security cards.
- For those claiming the Child Tax Credit, proof that your dependents were members of your household, such as school records or medical records that show your/their address.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.
- **State identity security standards** require us to view a copy of taxpayer and or spouse's driver's license or other government issued photo ID, or indicate the kind of government issued photo ID, the identification number and expiration for that photo ID.
- **IRS security standards** require us to verify the bank account information you provide before filing your tax return. Provide verification by completing the Organizer information page, providing a copy of a cancelled check or by some other method.

**Personal Information****1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1]

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	[4]	[5]
First name	[6]	[7]
Last name	[8]	[9]
Occupation	[10]	[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[12]	[14]
Mark if dependent of another taxpayer	[15]	[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]	
Mark if legally blind	[20]	[21]
Date of birth	[22]	[24]
Date of death	[26]	[27]
Work/daytime telephone number/ext number	[28] [29]	[30] [31]
Home/evening telephone number	[32]	[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	[34]	

**Present Mailing Address**

Address [40]  
 Apartment number [41]  
 City, state postal code, zip code [42] [43] [44]  
 Foreign country name [46]  
 Foreign phone number [49]  
 In care of addressee [50]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>51]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Name of child who lived with you but is not your dependent [52]

Social security number of qualifying person [53]

**Dependent Codes**

**\*Basic** 1 = Child who lived with you  
 2 = Child who did not live with you due to divorce/separation  
 3 = Other dependent  
 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)  
 5 = Qualifying child for Earned Income Credit only  
 6 = Children who lived with you, but do not qualify for Earned Income Credit  
 7 = Children who lived with you, but do not qualify for Child Tax Credit  
 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit

**\*\*Other** 1 = Student (Age 19 - 23)  
 2 = Disabled dependent  
 3 = Dependent who is both a student and disabled

**\*\*\*Months** 77 = Reported on odd year return  
 88 = Reported on even year return  
 99 = Not reported on return



## Client Contact Information

## Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

Taxpayer email address

Spouse email address

## Taxpayer

## Spouse

Fax telephone number

Mobile telephone number

Mobile telephone #2 number

Pager number

Other:

Telephone number

Extension

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

## NOTES/QUESTIONS:

## Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.

Primary account:

Financial institution routing transit number

Name of financial institution

Your account number

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*)

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)

Enter the maximum dollar amount, or percentage of total refund

Dollar

or

Percent (xxx.xx)

Secondary account #1:

Financial institution routing transit number

Name of financial institution

Your account number

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*)

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)

Enter the maximum dollar amount, or percentage of total refund

Dollar

or

Percent (xxx.xx)

Secondary account #2:

Financial institution routing transit number

Name of financial institution

Your account number

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*)

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)

Enter the maximum dollar amount, or percentage of total refund

Dollar

or

Percent (xxx.xx)