## CLIENT TAX INTAKE FORM

# INDIVIDUAL

INVESTMENT
PORTFOLIO INNOVATORS
SINCE 2023

Please complete the questions completely and legibly.

### TAXPAYER BASIC INFORMATION

Full Name :

Full Address :

E-Mail : Phone :

Date Of Birth : D D M M Y Y SSN :

Occupation :

Check one : Returning Client New Client Referred by:

### Income: please select all that apply | upload all documents

- W2 / Wages Income
- 1099NEC / Independent Contractor Income
- 1099k | Payment Card and Third Party Transaction
- 1098T Filer (College Credit)
- No-Income
- Cryptocurrency
- 1099G- Unemployment Income
- Schedule H: Household Income (Nanny/Home Health)
- Interest Income (1099INT, 1099DIV)
- Others
- Others

### Dependents N/A ____

Full Name :
Relationship : Disabled : Yes No
Date Of Birth : D D M M Y Y SSN :

Full Name :
Relationship : Disabled : Yes No
Date Of Birth : D D M M Y Y SSN :

Full Name :
Relationship : Disabled : Yes No
Date Of Birth : D D M M Y Y SSN :

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## CLIENT INTAKE FORM

# INDIVIDUAL

INVESTMENT
PORTFOLIO INNOVATORS
SINCE 2023

Please complete the questions completely and legibly.

## TAXPAYER BASIC INFORMATION

Spouse Name :

Full Address :

E-Mail :

Phone :

Date Of Birth :
D D M M Y Y

SSN :

Occupation :

Check one : Returning Client New Client Referred by:

## *Income: please select all that apply | upload all documents*

W2 / Wages Income

1099NEC / Independent Contractor Income

1099k | Payment Card and Third Party Transaction

1098T Filer (College Credit)

No-Income

Cryptocurrency

1099G- Unemployment Income

Schedule H: Household Income (Nanny/Home Health)

Interest Income (1099INT, 1099DIV)

Self-Employment Income

Others

Others

## *Dependents*

*N/A ____*

Full Name :
Relationship : Disabled : Yes No
Date Of Birth : D D M M Y Y SSN :

Full Name :
Relationship : Disabled : Yes No
Date Of Birth : D D M M Y Y SSN :

Full Name :
Relationship : Disabled : Yes No
Date Of Birth : D D M M Y Y SSN :

Full Name :
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Date Of Birth : D D M M Y Y SSN :

Full Name :
Relationship : Disabled : Yes No
Date Of Birth : D D M M Y Y SSN :

Full Name :
Relationship : Disabled : Yes No
Date Of Birth : D D M M Y Y SSN :

# PLEASE ANSWER THE FOLLOWING

Have you filed a return in previous years? If you have not, explain in detail? ____Y ____ N

Have you receieved any letters from the IRS or any state in the past three years? If yes, Explain: ____Y. ____ N

Did you sell or purchase a home or other property? If yes, please provide details about cost and sale price.
____ Y ____ N

Did you sell sny stocks? If yes, please provide details about the cost and sale price. (or Estimate)

Any significant change in expenses? For example, large increase or decrease in medical expenses, education, business, or other expenses. If yes, provide details:

Any change in the number of your dependents from the prior year, up or down? If yes, provide details:

Did you buy a home and get the 1st Time Home Buyers Credit. ____ Y. _____N

By signing below, I hereby certify the information given above is true and correct to the best of my knowledge. I have been informed if the information provided to the preparer is incorrect, the audit, fines, and penalties. associated will be charged back to the client.

Signature :

Date Signed :

D D M M Y Y

# DUE DILIGENCE QUESTIONNAIRE

How many people live with you? Please list the number of adults and children.

Did anyone help support you through the year? If so, please list how much. N/A ____ .

In the case of audit can you prove financial responsibility and residency for any of the Dependents being claimed? Which document(s) can you provide? (i.e. copy of lease, medical records, school records, food stamps or benefit statements)

In the case of audit can you prove financial responsibility and residency for any of the Dependents being claimed? Which document(s) can you provide? (i.e. copy of lease, medical records, school records, food stamps or benefit statements)

Are any of the dependents listed on this return not your biological son or daughter? If yes, why are the parents not claiming the child? (Please explain and list the child's name(s) if more than one listed on the return). N/A ____

Has any credits been disallowed in a previous year? Please explain. N/A ____

Are any of the dependents being claimed disabled? Please list the nature of the disability. Does the dependent receive Social Security benefits? If so, what type? N/A ____

By signing below, I hereby certify the information given above is true and correct to the best of my knowledge. I have been informed if the information provided to preparer is incorrect the audit, fines, and penalties. associated.

Signature :

Date Signed : D D M M Y Y

# NON-STANDARD DEPENDENT QUESTIONNAIRE N/A ____

Full Name :

Relationship : Disabled : Yes No

Date Of Birth : D D M M Y Y SSN :

Do you have custody of the child? Yes No Did the dependent live with you for more than 6 months Yes No

Can anyone else claim the child? Yes No Do you have a document proving relationsiop to this child? Yes No

Full Name :

Relationship : Disabled : Yes No

Date Of Birth : D D M M Y Y SSN :

Do you have custody of the child? Yes No Did the dependent live with you for more than 6 months Yes No

Can anyone else claim the child? Yes No Do you have a document proving relationsiop to this child? Yes No

Full Name :

Relationship : Disabled : Yes No

Date Of Birth : D D M M Y Y SSN :

Do you have custody of the child? Yes No Did the dependent live with you for more than 6 months Yes No

Can anyone else claim the child? Yes No Do you have a document proving relationsiop to this child? Yes No

By signing below, I hereby certify the information given above is true and correct to the best of my knowledge. Taxpayer has been informed that claiming a dependent for EITC/CTC/AOTC/HOH or other can result in audit, fines, and if information provided is incorrect.

Signature :

Date Signed : D D M M Y Y

# AOTC STUDENT ACKNOWLEDGEMENT FORM N/A ____

I , was a student during the school year and attended

. I certify that all the information found on this form is true and to the best of my knowledge. I understand that it is my responsibility to have all valid documents and or receipts, as required to claim any credit for attending a college or university. Below is a recap of all information, status, and expenses I have encountered.

My Scholar Status:

- Full-Time
- Part-Time

Expenses

Tuition

Books

Total

By signing below I certify all information is true, valid, and to the best of my knowledge. I accept full responsibility of the statements mentioned above. Any and all disputes regarding this matter shall be forwarded to me with the information found on my tax returns forms. The American opportunity tax credit (AOTC) is a credit for qualified education expenses paid for an eligible student for the first four years of higher education. You can get a maximum annual credit of $2,500 per eligible student.

Signature: Date Signed :

D D M M Y Y

# HEAD OF HOUSEHOLD QUESTIONNAIRE

Taxpayer Name

Monthly Income

| | Amount You Paid | Actual Expenses |
|---|---|---|
| Property Taxes | | |
| Rent | | |
| Mortgage Interest Expense | | |
| Utilities | | |
| Upkeep/Repair | | |
| Food Consumed in Home | | |
| Other Expenses | | |
| TOTAL | | |

*Please do not count any money received under any governmental/public assistance/welfare/SNAP (food stamps) in the amount that you paid. But include costs paid with the public assistance in the total cost.*

Taxpayer has provided all answers to the above questions to be true and correct to the best of the taxpayer's knowledge. Taxpayer has been informed that claiming a dependent for HOH or other can result in an audit, fines, and penalties if information provided to a prepare is incorrect.

Signature:

Date Signed : D D M M Y Y

# SCHEDULE C DUE DILIGENCE N/A ____

Taxpayer Name

Business Name (if any)

Business Address

Date Business Started

Business EIN

Total Sales & Services

1099 Income

Accounting Method Cash/Accrual

| | |
|---|---|
| Advertising | |
| Auto Expenses | |
| Commissions | |
| Depletion | |
| Mortgage Interest | |
| Rent (Vehicles) | |
| Rent (Machinery) | |
| Office Expenses | |
| Contract Labor | |
| DMV Registration (Sch A) | |

| | |
|---|---|
| Repairs | |
| Supplies | |
| Taxes & Licenses | |
| Travel | |
| Meals | |
| Utilities | |
| Legal/Professionals | |
| Wages: | |
| Employee Benefits: | |
| Total Expenses | |

If you do not have any business expenses, please explain why?

Taxpayer has provided all answers to the above questions to be true and correct to the best of the taxpayer's knowledge.

Signature

Date Signed :

D D M M Y Y

# CHILDCARE CREDIT QUESTIONNAIRE

N/A ____

*You may be able to claim the credit if you paid someone to care for your dependent who is under age 13 or for your spouse or dependent who is not able to care for himself or herself. The credit can be up to 35% of your expenses. To qualify, you must pay these expenses so you can work or look for work.*

## *Dependent(s) Information*

Dependent :

Relationship : Amount Paid :

Dependent :

Relationship : Amount Paid :

Dependent :

Relationship : Amount Paid :

## *Childcare Provider(s) Information*

Daycare/Nanny :

Relationship : Amount Paid :

SSN/EIN/ITIN : Phone Number :

Address :

Daycare/Nanny :

Relationship : Amount Paid :

SSN/EIN/ITIN : Phone Number :

Address :

*By signing below I certify all information is true, valid, and to the best of my knowledge. I accept full responsibility of the statements mentioned above. Any and all disputes regarding this matter shall be forwarded to me with the information found on my tax returns forms.*

Signature : Date Signed :

D D M M Y Y

# ITEMIZED-DEDUCTIONS QUESTIONNAIRE

Taxpayer Name

## MEDICAL EXPENSES

Medical & Dental

Medical Premiums Paid

Long Term Care Premiums

Prescription Drugs & Medicine

Medical Miles Driven Jan1-Jun 30

Medial Miles Driven July1-Dec30

## INTEREST EXPENSES

Home Mortgage Interest

Refinancing Points Paid

Investment Income

## CONTRIBUTIONS

Cash Contributions

Non-Cash Contributions

volunteer Mileage Driven

## TAX EXPENSES

State & Local Income Taxes

Prior year Income Taxes Paid

Real Estate Taxes

Personal Property Taxes

Qualified New Vehicle Taxes

Additional State /Local Taxes

## MISCELLANEOUS

UnreimbursedBusinessExpenses

Union Dues

Tax Prep Fees (prior years)

Safe Deposit Rental

Gambling Losses

Investment Expense (except k1)

Causality, Theft, or Loss

Taxpayer has provided all answers to the above questions to be true and correct to the best of the taxpayer's knowledge.

Signature

Date Signed :

D D M M Y Y

# WHAT YOU SHOULD KNOW IF WE THINK FILING AN EXTENSION IS RIGHT FOR YOU.

What is an extension?
If you are not able to file your federal individual income tax return by the due date, you should get an automatic 6-month extension of time to file your return. We will file the Form 4868, Application for Automatic Extension of Time To File U.S. Individual Income Tax Return, for you. This form must be filed by the due date for filing your return, usually April 15.

What if I owe money?
It is important to note that an extension of time to file does not give you more time to pay if you owe money. This is why we want to review a client's file prior to preparing an extension. If we believe you might owe, we will send you a voucher to make a payment with your extension or you can choose to pay online (see below). If you can't pay what you owe, even just filing the extension will drastically reduce the penalties for late payment of tax.

Pay your taxes online
Use this secure service to pay your individual tax bill or estimated tax payment directly from your checking or savings account at no cost to you. You'll receive instant confirmation that your payment has been submitted. Bank account information is not retained in IRS systems after payments are made.

If you have already made a payment through Direct Pay, you can use the Look Up a Payment feature to view your payment details and status. You can modify or cancel your payment there until two business days before your payment date.

This is a great way to make a quick and secure payment ahead of the IRS tax deadline.
https://www.irs.gov/payments/direct-pay

Signature ____________________ Date Signed : __ __ / __ __ / __ __
D D M M Y Y

# REFUND SELECTION

**How do you want your refund? (Check one of the following)**

- [ ] 7-14 days (RT Refund Transfer: Check)

  In about 7-14 days from the date your return is accepted electronically by the IRS, you receive a check for the amount your refund less filing fees. (Check will be available in our office)

- [ ] 7-14 days (RT Refund Transfer: Debit Card)

  In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited onto the debit card we issued you.

- [ ] 7-14 days (RT Refund Transfer: Direct Deposit)

  In about 7-14 days from the date your refund is accepted electronically by the IRS, for the amount your refund less filing fees will be deposited into your bank account.

**Cash Advance Option (Check one of the following)**

- [ ] Interest Free Loan (Loan amount up to $1000)
- [ ] Interest Loan (Loan amount up to $6000

*The loan offered in amounts 25%, 50% or 75% of your expected tax refund to up to $6000. Some loans are interest bearing loan, and will have an annual APR. Please confirm the interest rates with your preparer.

## DIRECT DEPOSIT INFORMATION (INCLUDE A VOIDED CHECK OR DIRECT DEPOSIT FORM)

Bank Name : ____

Routing # : ____ Account # : ____

Account : [ ] Checking [ ] Savings

By signing below, I understand that I have received an explanation of all refund methods and cash advance options available to me and I have selected the option that I feel is the best delivery method for me.

Signature : ____ Date Signed : __ __ / __ __ / __ __

D D M M Y Y

## *If you have a balance due or prefer to pay up front*

If you have a balance due or prefer to pay up front, payment for these services are due up front.

- [ ] EFile Direct Deposit

  Your refund will be deposited into your savings or checking account directly from IRS approximately 10-14 days after your return is accepted by IRS.

- [ ] Efile: Check

  Your refund will be mailed to you directly from IRS in approximately 3-4- weeks after your return is accepted electronically by the IRS.

- [ ] Mail a Paper Return

  Your refund will be mailed to you directly from IRS in approximately 6-8 weeks after your mail your return to the IRS.

# ACH AUTHORIZATION FORM

I, ________________________________ hereby authorize Investment Portfolio Innovators to initiate electronic debits to my bank account for the purpose of collecting payment for the services related to the preparation of my tax return. I understand and agree to the following terms:

Payment for Tax Preparation Services:
I acknowledge that I am engaging Investment Portfolio Innovators for the professional service of preparing my tax return. Payment is not contingent upon the approval or funding of my tax refund.

Billing Authorization:
In the event that my tax refund is not approved and funded within 30 days through a bank product with a third-party bank, I authorize Investment Portfolio Innovators to electronically debit my bank account for the full amount of the tax preparation fees as agreed upon. This debit will be initiated as soon as practicable after the 30-day period has lapsed.

Bank Account Information:
I have provided accurate and current information regarding my bank account for the purpose of this electronic debit authorization.

Right to Revoke:
I understand that I may revoke this authorization at any time by providing written notice to Investment Portfolio Innovators. Such revocation will not affect any fees or charges that have already been incurred.

Record Keeping:
Investment Portfolio Innovators will retain a copy of this authorization form, and I will receive written notice of any changes in the payment amount or schedule prior to the initiation of any debits.

By signing below, I confirm that I have read and understand the terms of this ACH Authorization Form and agree to be bound by them.

Signature :

Date Signed :

D D M M Y Y

# RECORDS TO KEEP

When a taxpayer receives an audit notice from the IRS, the reaction may be to panic because vital records are missing that are needed to refute an IRS contention that taxes are owed. Accordingly, we thought it would be useful for clients to have a list of records that should be retained.

<u>These include:</u>

*Employment related records:** including Forms W-2, 1099-R for retirement payouts, and the 1099's for freelance income.

***Interest and dividend income:** Forms 1099 that reflect interest and dividend income or the sale of stock, together with stock brokerage statements and other documents pertaining to income you must report.

*Canceled checks and receipts to support your deductions for charitable contributions, mortgage interest and medical expenses and for credits such as child care credit.

*Also keep records of medical insurance including premium payment and reimbursements, bank statements regarding mortgage payments and interest and written acknowledgments from the charity for gifts of $250 or more.

*Alimony Payments:** Canceled checks if you pay alimony, together with copies of the divorce decree or other legal documents that describe the basis for the payment and the name and address of the ex-spouse.

*Deeds, closing statements, invoices, canceled checks in connection with a home purchase, improvement or sale.

*Compensation records:** If you have a business, you must keep compensation records for each employee and taxes withheld and paid, sales receipt for assets acquired and the basis and amount of depreciation or write-off taken each year, and itemized bills and receipts for travel and entertainment expenses supported by a diary showing the time, place, business purpose, and business relationship of people you entertained. The diary should also indicate the proportion of the trip spent on business.

*Tax records:** Most individual taxpayers should retain their tax records for six years (the statute of limitation, if there is under reporting of 25% or more of gross income), while business owners might retain business tax records for 11 years (the maximum time for IRS assessment and collection of taxes and the time frame in which to make a refund claim after payment)

**Real Estate Records:** Pertaining to real estate should be retained as long as one owns the property. Since this description has to necessarily abbreviated because of space limitations, you may want to check with us before discarding any records.

Signature:

Date Signed :

D D M M Y Y

# ENGAGEMENT LETTER

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 federal and requested state income tax returns from information that you will furnish 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 or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. 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 or other 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 will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

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. 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.

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.

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. However, if there are other tax returns you expect us to prepare, such as gift or property tax returns, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We are not responsible for returns prepared by other tax preparers.

Changes to returns after they have been filed will require us to prepare an amended tax return. Charges will be based on time and complexity to complete the amended return with a minimum fee of $300.

Payment for our services is due at the time you sign your return. Whether you choose to or not, we expect you to review your return before signing it.

Clients that do not sign for completed returns, send us requested homework items, or make payment for our services will receive a final notice; all client supporting documents will be returned to the client, along with a final invoice for our services, so they may complete the return on their own or elsewhere.

We want to express our appreciation for this opportunity to work with you.

Signature: ____________________ Date Signed : __ __ / __ __ / __ __

D D M M Y Y