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318 W. Cloud St  
Salina, KS 67401

We would like to thank you for choosing R & J Salina Tax Service, Inc. for your tax preparation needs. The following is a client packet to help us better understand your tax situation and **must be filled out before we can begin the tax filing process.** Please, fill out as completely and accurately as possible and answer all questions that pertain to you. Some pages do require signatures from the taxpayer or spouse or both and the date signed. If you have any questions about the client packet, please contact us.

\_\_\_\_\_  
Last 4 digits of  
Taxpayer SSN

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

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

Current Address: \_\_\_\_\_

\_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Text: Y or N

Other Phone Number: (\_\_\_\_) \_\_\_\_\_

It is vital to provide an email address for both taxpayer and spouse this way both will be sent notifications and updates about your return, and to be able to sign the tax return on the tax portal.

Taxpayer Email Address: \_\_\_\_\_@\_\_\_\_\_

Spouse Email Address: \_\_\_\_\_@\_\_\_\_\_

Thank You,  
R&J Salina Tax Service, Inc.



## Individual Tax Questionnaire

The questionnaire is needed **before** we are able to start your tax return. Please check the appropriate box and include all necessary details and documentation.

### Taxpayer

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Spouse

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Primary Address Information

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Do you:  Rent  Own

### General Information

- Marital Status at the end of the tax year?  
 Single  Married  Separated  Divorced
- If Married, did you live apart from your spouse for the last 6 months of the tax year?  
 Yes  No
- Can anyone else claim you as a dependent on their tax returns?  
 Yes  No
- Did you have health insurance through the Marketplace?  
 Yes (Form 1095 A Required)  No

### General Dependent Information

- Are you claiming a child between 19 and 23 years of age, who was a student for more than five calendar months of the tax year? Please list the school and months attended.  
\_\_\_\_\_  
\_\_\_\_\_
- Who provided childcare while you worked?  
\_\_\_\_\_  
\_\_\_\_\_
- Are you claiming a child who lived with any other adult relative for more than half the tax year? List each relative, their relationship to the child and their income for the last tax year.  
\_\_\_\_\_  
\_\_\_\_\_

**Dependent 1 Information**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Dependent: \_\_\_\_\_ Months in home: \_\_\_\_\_

- Did you provide over half of the financial support for this dependent?  
     Yes     No
- Can anyone other than you qualify to claim this dependent?  
     Yes     No
- If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?

\_\_\_\_\_  
\_\_\_\_\_

**Dependent 2 Information**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Dependent: \_\_\_\_\_ Months in home: \_\_\_\_\_

- Did you provide over half of the financial support for this dependent?  
     Yes     No
- Can anyone other than you qualify to claim this dependent?  
     Yes     No
- If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?

\_\_\_\_\_  
\_\_\_\_\_

**Dependent 3 Information**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Dependent: \_\_\_\_\_ Months in home: \_\_\_\_\_

- Did you provide over half of the financial support for this dependent?  
     Yes     No
- Can anyone other than you qualify to claim this dependent?  
     Yes     No
- If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?

\_\_\_\_\_  
\_\_\_\_\_

**Crypto Currency and Foreign Income**

- Did you buy, sell or invest in any Crypto Currency?  
     Yes     No
- Did you have foreign income or signature authority on a foreign account?  
     Yes     No
- Did you have foreign accounts or investments which had an aggregate value of over \$10,000?  
     Yes     No
- Do you have any foreign accounts where the aggregate value was higher than \$50,000 on the last day of the tax year OR the aggregate value exceeded \$75,000 at any point in the tax year?  
     Yes     No

## Sources of Income

Please check all your sources of income:

- Wages (W2)                       Interest (1099 INT)                       Dividends (1099 DIV)  
 Stocks/Asset Sales (1099 B)       Partnerships and S Corporations (K1 Forms)       Rental Income  
 Canceled Debt       Gambling (Win/Loss Statement)       Alimony Received (Provide Divorce Decree)  
 Farming (Profit and Loss & Balance Sheet)                       Taxable offsets of state and local taxes  
 Self Employment (Profit and Loss & Balance Sheet)       Distributions from Retirement Accounts (1099 R)  
 Amount received for the 1<sup>st</sup> Covid Stimulus                      Amount received for 2<sup>nd</sup> Covid Stimulus  
    \$ \_\_\_\_\_                      \$ \_\_\_\_\_

## Deductions

Please check the applicable deductions:

- Medical Expenses       Charitable Contributions       Property Taxes                       Mortgage Interest  
 Student Loan Interest       Educator Expenses       Health Savings Account  
 Retirement Accounts       PMI                       Tuition  
 Alimony Paid (Provide Divorce Decree, Name and Social Security Number of Recipient)

## Direct Deposit

- If you are entitled a refund, would you like direct deposit?  
     Yes       No
- If yes, please answer the following:

Name of Financial Institution \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

## Direct Debit

- Would you like taxes paid to be through direct debit?  
     Yes       No
- For?  
     Federal       State
- Name of Financial Institution \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_
- What date do you want to pay Federal (can't be later than 4/15) \_\_\_\_\_
- What date do you want to pay State (can't be later than 4/15) \_\_\_\_\_

## Tax Return Copy Choices

- Do you want a physical copy of your tax return?  
     Yes       No
- If yes, how would you like to get your physical copy of the return?  
     Mail  
     Pick Up at Office (If you want this option, we will send you a link when it is ready to schedule the pick-up time)



## Due Diligence Organizer

The organizer is needed **before** we are able to start your tax return. Please check the appropriate box and include all necessary details and documentation.

### All Taxpayer with Dependents

- Are you Married?  
     Yes      No
- Have you ever been disallowed the Earned Income Tax Credit, the Additional Child Tax Credit, or the Child Tax Credit?  
     Yes      No
- If so, when?  
\_\_\_\_\_
- Did you live in the United States all year?  
     Yes      No
- If you are a single parent, where is the other parents of your child/children?  
\_\_\_\_\_
- What is the name of the other parent(s)  
\_\_\_\_\_
- Why is the other parent not claiming the child?  
\_\_\_\_\_
- Explain why the dependents have a different last name than the taxpayer  
\_\_\_\_\_
- If you are divorced or separated, when did you last live in the same home?  
\_\_\_\_\_
- Who is the residential parent of your child/children?  
\_\_\_\_\_
- How long did the child live in your home during the tax year? (in months)  
\_\_\_\_\_
- How long did your child/children live in the other parent's home during the tax year? (in months)  
\_\_\_\_\_
- How much income did the other parent provide during the tax year?  
\_\_\_\_\_
- Do you have a signed Form 8332 granting the right to claim the child/children from the residential parent?  
     Yes      No
- Did anyone else live in the home that provides financial support for your child/children?  
     Yes      No
- If yes, what is their name and how much do they pay?  
\_\_\_\_\_
- Do you have full custody of your child/children?  
     Yes      No
- Is this your biological dependent?  
     Yes      No

- How old were you when your oldest child that is listed on your tax return was born?  
\_\_\_\_\_
- If you were under the age of 18, explain circumstances and who/how the child was cared for until the taxpayer was old enough to support and care for their own child?  
\_\_\_\_\_  
\_\_\_\_\_
- Can you or could anyone else be eligible to claim this dependent on their tax return?  
\_ Yes \_ No
- Is your dependent married?  
\_ Yes \_ No
- If you live alone, who babysits while you work? (For children 12 and under)  
\_\_\_\_\_
- Did you receive any type of supplemental, nontaxable income such as child support, welfare benefits, social security, etc?  
\_ Yes \_ No
- If so, how much and what kind?  
\_\_\_\_\_  
\_\_\_\_\_

**Not your Biological Child**

- If this is not your biological child, what is your relationship to this dependent?  
\_\_\_\_\_  
\_\_\_\_\_
- Did the dependent live in your home for more than 6 months?  
\_ Yes \_ No
- Do you have custody?  
\_ Yes \_ No
- If so, through what court or agency?  
\_\_\_\_\_
- Who are the biological parents?  
\_\_\_\_\_
- Where do the biological parents live?  
\_\_\_\_\_
- What are the circumstances leading to the dependents being placed in your home?  
\_\_\_\_\_  
\_\_\_\_\_
- Do you receive any financial aid for the child/children such as WIC, Medicaid, SNAP? If so, which ones?  
\_\_\_\_\_  
\_\_\_\_\_
- Are you listed as the guardian for the dependent(s) on school records, medical records, daycare records, or place of worship?  
\_ Yes \_ No

**College Credits**

- Name of the student(s)  
\_\_\_\_\_
- Name of the college attended  
\_\_\_\_\_  
\_\_\_\_\_
- Did all students attend at least half time?  
   Yes    No
- Are they seeking a degree?  
   Yes    No
- Did this student receive a tuition statement from the school?  
   Yes    No
- How much money was spent on other books or materials in relation to college?  
\_\_\_\_\_
- Did the student/students work during school?  
   Yes    No
- If so, how much did they earn?  
\_\_\_\_\_
- How many tax years have you claimed the American Opportunity Tax Credit?  
\_\_\_\_\_
- Was the student ever convicted with drug related felonies?  
   Yes    No

**Disabled Dependents at Any Age**

- If your child is over the age of 18 and disabled, what is the nature of the disability?  
\_\_\_\_\_
- Has the child been declared disabled by a physician?  
   Yes    No
- If so, can you provide documentation if asked by the IRS?  
   Yes    No
- Does this dependent receive social security/disability benefits?  
   Yes    No
- If so, how much do they receive?  
\_\_\_\_\_
- Are you listed as the Social Security Representative payee for this dependent?  
   Yes    No
- Is this dependent expected to recover in the next year?  
   Yes    No
- If this is not your biological child, why is this child living with you?  
\_\_\_\_\_  
\_\_\_\_\_
- Where are the biological parents of your disabled dependents?  
\_\_\_\_\_  
\_\_\_\_\_

- Who cares for your disabled dependent while you are away or working?  
\_\_\_\_\_
- Can you, the taxpayer, provide school/medical/daycare/place of worship/birth certificates upon request from the government?  
\_ Yes    \_ No

**Filing Status**

- What filing status do you usually file on your taxes?  
\_ Single    \_ Married Filing Joint    \_ Married filing Separate    \_ Head of Household
- Are there other people living in the home not reported on the tax return? If so, what are their name and how much do they earn?  
\_\_\_\_\_  
\_\_\_\_\_
- Is/Are these people listed above related to your dependents? What is their relationship to the dependents?  
\_\_\_\_\_  
\_\_\_\_\_
- Why is the above named relative not claiming the dependents on their tax return?  
\_\_\_\_\_

**Head of Household**

- What is your total monthly income including wages, child support and other nontaxable income?  
\_\_\_\_\_  
\_\_\_\_\_
- How much did you pay in property taxes? (monthly)  
\_\_\_\_\_
- How much did you pay for rent? (monthly)  
\_\_\_\_\_
- How much did you pay in mortgage interest? (monthly)  
\_\_\_\_\_
- How much did you pay for utilities? (monthly)  
\_\_\_\_\_
- How much did you pay for upkeep and repairs? (monthly)  
\_\_\_\_\_
- How much did you pay for renters or property insurance? (monthly)  
\_\_\_\_\_
- How much were your food costs? (monthly)  
\_\_\_\_\_
- How much were your other household expenses? (monthly)  
\_\_\_\_\_
- Were there any of the expenses listed above that you did not pay half of the total cost for?  
\_ Yes    \_ No
- If so, which ones?  
\_\_\_\_\_





# 2020 Tax Engagement Letter

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 2020 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.
- The tax return preparation fee does not include bookkeeping.
- 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.
- The engagement to prepare your 2020 tax returns terminates upon 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 documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- 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. A retainer is required for preparation of late returns.

**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 your tax returns as explained above. For a joint return, both taxpayers must sign.

- You should keep a copy of your tax return and any related tax documents. You will be assessed a fee if you request a copy in the future.

\_\_\_\_\_  
*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.

Last 4 of SSN: \_\_\_\_\_

# R & J Salina Tax Service, Inc. Tax Support Packages

Bronze Tax Packages	Silver Tax Packages	Gold Tax Package
<ul style="list-style-type: none"> <li>• Completion of personal income tax return (federal 1040 plus states)</li> <li>• Dependent's income tax returns done with 70% discount</li> <li>• Estimated tax payments calculated with completion of tax return only</li> <li>• Basic phone or email questions not requiring research or calculations</li> <li>• Two 15-minute scheduled phone appointments or one 30-minute scheduled phone/video appointment</li> <li>• Review and explain notices received for a tax return that we prepared.                             <ul style="list-style-type: none"> <li>• Does not include response to letter.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Completion of personal income tax return (federal 1040 plus states)</li> <li>• Dependent's income tax returns done with 70% discount</li> <li>• Recalculation of estimated tax payments based on client input one time. (Not a formal projection.)</li> <li>• Basic phone or email questions not requiring research or calculations</li> <li>• Four 15-minute scheduled phone appointments or two 30-minute scheduled phone/video appointment or one 1-hour video appointment (or formal projections consuming part of that time)</li> <li>• Reply to IRS notices such as CP-2000 income matching (i.e., unreported income) errors (over \$200 value)                             <ul style="list-style-type: none"> <li>○ Recalculation of correct tax with missing income may be an extra charge depending on specifics</li> <li>○ Does not include formal exams (aka audits)</li> <li>○ Does not include going to Appeals</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Completion of personal income tax return (federal 1040 plus states)</li> <li>• Dependent's income tax returns done with 70% discount</li> <li>• Recalculation of estimated tax payments based on client input, including formal projection (limit of 3)</li> <li>• Basic phone or email questions not requiring research or calculations</li> <li>• Four 15-minute scheduled phone appointments or two 30-minute scheduled phone/video appointment or one 1-hour video appointment (or formal projections consuming part of that time)</li> <li>• Amended tax returns (includes base amendment fee but not the fees for new/additional forms)</li> <li>• Monthly IRS transcript monitoring (identify IRS issues before exam/audit process begins, potentially avoiding penalties)<sup>1</sup></li> <li>• Respond to IRS or state government letters:                             <ul style="list-style-type: none"> <li>○ Reply to IRS notices such as CP-2000 income matching (i.e., unreported income) errors – does not include going to Appeals</li> <li>○ Up to 3 hours of audit representation work including new tax calculation for missing income (e.g., CP2000), exams, Appeals, Collections (over \$600 value)</li> <li>○ Installment Agreement <b><u>NO</u></b> Financials Required</li> </ul> </li> </ul>
<b>Cost: Regular Tax Return Fee</b>	<b>Cost: Regular Tax Return Fee +Plus+ \$175 paid with Tax Return Fee</b>	<b>Cost: Regular Tax Return Fee +Plus+ \$300 paid with Tax Return Fee</b>

1. Requires taxpayers to sign Form 8821; monitoring does not commence until the IRS has processed the Form 8821(s) granting us access to your tax records.

## R & J Salina Tax Service, Inc. Tax Support Packages

Additional Service Prices:	Cost
W-4 Calculations or Withholding Check-Up (Included as 1 hour appointment in Silver and Gold Package)	\$150
First Time Penalty Abatement (FTA) (Included in the Gold Package)	\$150 min or 10% of Penalty Abated
Installment Agreement with <b><u>NO</u></b> Financials Required (Included with the Gold Package)	\$150
Installment Agreement with Financials (Deposit waived on Gold package, but hourly charge still applies)	\$300 Deposit to Start \$150 per hour after the First Hour
Representation for Audit/Appeals/Responding to IRS Letter (Deposit waived on Gold package, but hourly charge still applies)	\$150 Deposit to Start \$200 per hour after the First Hour
Research your IRS Account about what is needed to bring you into compliance  Additional work that is required will be billed accordingly based on \$150/hour	\$200 Deposit before Work is Started.

**Please select the option by check box next to the plan name that you would like to have for the tax year:**

**Bronze No Additional Cost**

**Silver Package \$175**

**Gold Package \$300**

**X**

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Taxpayer Signature

**X**

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Spouse Signature

- Requires taxpayers to sign Form 8821; monitoring does not commence until the IRS has processed the Form 8821(s) granting us access to your tax records.