

"1040 Reasons to Call"

Phone: (785) 827-1304 Fax: (785) 827-0383

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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

318 W. Cloud St Salina, KS 67401

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.



If yes, # of months in home _____

Individual Tax Questionnaire

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

Taxpayer - REQUIRED 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 - REQUIRED** City, State, Zip: Street Address: Do you: _ Rent _ Own **General Information - REQUIRED** Marital Status at the end of the tax year? _ Married _Separated _ Divorced (Final Date: _____) 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? (i.e. Parents) Yes No Did you have health insurance through the Marketplace? _ Yes (Form 1095 A Required) _ No **General Dependent Information – REQUIRED if you have dependents** Did you receive the ACTC? _ Yes (Letter 6419 from IRS) _ No 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. 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. Do you claim any dependents that do not live with you for the year? _ Yes _ No

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? 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?

Deper	naent	3 In	rorma	ition

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 For	<u>eign Income - RE</u>	QUIRED		
Did you buy, sell or inventor	est in any Crypto (Currency?		
Yes _ NoDid you have foreign in	come or signature	authority on	a foreign account?	
_ Yes _ No • Did you have foreign ac _ Yes _ No	ccounts or investm	nents which h	nad an aggregate value of ov	er \$10,000?
 Do you have any foreig 		00 0	te value was higher than \$50 00 at any point in the tax yea	•
Sources of Income - REQ	<u>UIRED</u>			
Please check all your source	ces of income:			
_ Wages (W2)Inte	erest (1099 INT)	_Social Se	curity (SSA-1099) _ Divid	dends (1099 DIV)
_ Stocks/Asset Sales (1099	9 B) _ Partn	erships and	S Corporations (K1 Forms)	_ Rental Income
_ Canceled Debt _	Gambling (Win/Lo	ss Statemen	t) _ Alimony Received (Provide Divorce Decree)
_ Farming (Profit and Loss	& Balance Sheet))	_ Taxable offsets of state a	and local taxes
_ Self Employment (Profit a	and Loss & Baland	ce Sheet)	_ Distributions from Retire	ment Accounts (1099 R)
_ Social Security, Pension	or IRA (1099 R)		_ Amount received for 3 rd S	Stimulus: \$
<u>Deductions</u>				
Please check the applicable	e deductions:			
_ Medical Expenses	_ Charitable Co	ontributions	_ Property Taxes	_ Mortgage Interest
_ Student Loan Interest	_ Educator Exp	enses	_ Health Savings Account	Contribution
_ Retirement Accounts	_ PMI	_ Tuition	_ IRA Contribution	(Roth or Traditional)

_ Alimony Paid (Provide Divorce Decree, Name and Social Security Number of Recipient)

Amount \$_____ Amount \$_____

_ Estimated Taxes Paid _ No _ Yes:

Federal: Date _____

State: Date _____

<u>Direc</u>	t Deposit	
•	If you are entitled a refund, would you like direct depo _ Yes _ No If yes, please answer the following:	sit?
	Name of Financial InstitutionRouting Number	Account Number
Direc	t Debit	
•	Would you like taxes paid to be through direct debit? _ Yes _ No For? _ Federal _ State Name of Financial Institution	
•	Routing Number What date do you want to pay Federal (can't be later to	
•	What date do you want to pay I ederal (can't be later that	•
Tax R	Return Copy Choices - REQUIRED	
•	Do you want a physical copy of your tax return? (\$25 _ Yes _ No If yes, how would you like to get your physical copy of _ Mail (\$25 additional charge) _ Pick Up at Office (If you want this option, we will pick-up time)	the return?

Date

Signature

Salina Tax Service, Inc. Taxes and Accounting "1040 Reasons to Call"

Due Diligence Organizer

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

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 y	our 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

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•	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
<u>Disab</u>	eled 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?

	Can you, the taxpayer, provide school/medical/daycare/place of worship/birth certificates upon request from the government? _ Yes _ No
LŞ	<u>Status</u>
	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 it their relationship to the dependents?
	Why is the above named relative not claiming the dependents on their tax return?
0	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?



2021 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 2021 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 2021 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.

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

Bronze Tax Packages	Silver Tax Packages	Gold Tax Package
 Completion of personal income tax return (federal 1040 plus states) Dependent's income tax returns done with 70% discount Estimated tax payments calculated with completion of tax return only Basic phone or email questions not requiring research or calculations Two 15-minute scheduled phone appointments or one 30-minute scheduled phone/video appointment Review and explain notices received for a tax return that we prepared. Does not include response to letter. Does not include refund research and tracking 	 Completion of personal income tax return (federal 1040 plus states) Dependent's income tax returns done with 70% discount Recalculation of estimated tax payments based on client input one time. (Not a formal projection.) Basic phone or email questions not requiring research or calculations 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) Reply to IRS notices such as CP-2000 income matching (i.e., unreported income) errors (over \$200 value) Recalculation of correct tax with missing income may be an extra charge depending on specifics Does not include formal exams (aka audits) Does not include refund research and tracking 	 Completion of personal income tax return (federal 1040 plus states) Dependent's income tax returns done with 70% discount Recalculation of estimated tax payments based on client input. including formal projection (limit of 3) Basic phone or email questions not requiring research or calculations 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) Amended tax returns (includes base amendment fee but not the fees for new/additional forms) Monthly IRS transcript monitoring (identify IRS issues before exam/audit process begins, potentially avoiding penalties)¹ Respond to IRS or state government letters: Reply to IRS notices such as CP-2000 income matching (i.e., unreported income) errors – does not include going to Appeals Up to 3 hours of audit representation work including new tax calculation for missing income (e.g., CP2000), exams, Appeals, Collections (over \$600 value) Installment Agreement NO Financials Required Does include 3 hours of refund research and tracking
Cost: Regular Tax Return Fee	Cost: Regular Tax Return Fee +Plus+ \$175 paid with Tax Return Fee	Cost: Regular Tax Return Fee +Plus+ \$300 paid with Tax Return Fee

^{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 NO Financials Required (Included in the Gold Package)	\$150
Installment Agreement with Financials	\$300 Deposit to Start
(Deposit waived with purchase of Gold package, but hourly charge still applies)	\$150 per hour after the First Hour
Representation for Audit/Appeals/Responding to IRS Letter	\$150 Deposit to Start
(Deposit waived with purchase of Gold package, but hourly charge still applies)	\$200 per hour after the First Hour
Research your IRS Account about what is needed to bring taxpayer and spouse, if applicable, into compliance	\$200 Deposit before Work is Started.
Additional work that is required will be billed accordingly based on \$150/hour	\$150 per hour after the First Hour
Refund research services (Included in the Gold Package)	\$150 per hour

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

Taxpayer Signature

Spouse Signature

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.