

2024 Tax Return Services Onboarding Documents

MUST BE

Completed before the next stage in the return process begins.

Physical Office Staff

Lead Admin – Jennifer

Admin Assistant - Andrea

Admin Assistant Back Office Support

Cheryl

Portal Office Staff

Lead Admin - Danielle



Preferred Contact Method for Questions

Email Phone Call Text Message

First Name of Contact: _____

Phone Number: (____) ____ - ____

Can this number receive text messages? Y or N

Preferred time to Call:

_____ a.m. or p.m. TO _____ a.m. or p.m.

Preferred Day of Week:

Mon.-Tues.-Wed.-Thurs.-Fri.-Sat.

E-mail Address

_____ @ _____

Contact Us:

Phone Call Office Main Line

785-827-1304.

Secure Client Portal Access -

<https://randjsalinatax.taxdome.com/login>

**Limited Capacity
Non-Refundable
Deposit
Required!!**

Choose how you'd like to review your final tax return:

Circle Your Preferred Option:

No Advisor Meeting

Phone Call

Video Conference

Limited In-Person Meetings

**Scheduled once
Ready for Review
With
Advisor**

Log-In Secure Portal



Required by Everyone

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Streamlining Your Tax Experience

At R & J Salina Tax Service, Inc., we are committed to providing you with the best possible tax preparation experience. To achieve this, we have implemented several key improvements to our office procedures:

Enhanced Communication & Collaboration

Our team now utilizes dedicated meetings to ensure seamless communication and coordination throughout the tax preparation process:

Post-Document Gathering Meeting: We review all received documents and proactively address potential issues.

Post-Data Entry Meeting: We verify the accuracy of entered data, identify any missing information, and ensure a smooth transition to the next stage.

Robust Quality Control

We have implemented rigorous workflow checks to ensure accuracy and efficiency. Our system prevents the return from moving forward until all required steps are completed and verified, minimizing the risk of errors.

Experience the Difference

These enhancements are designed to streamline the tax preparation process, minimize stress, and ensure you receive the highest level of service from our experienced team.

2024 Tax Engagement Letter

Tax Return Preparation: We will prepare your 2024 federal and state individual tax returns strictly based on the information you provide. Please ensure that all information is complete and accurate. Our service does not include auditing or independent verification of the information provided. We rely entirely on the accuracy of the details you submit.

No Audit Support: This engagement does not include any audit or record examinations. If an audit occurs, you are solely responsible for verifying all reported items on your return. Should you require audit support services, these can be provided under a separate agreement and a fee structure that will be discussed and agreed upon before any audit assistance begins.

Exclusions: The fee for tax preparation does not cover bookkeeping or responses to correspondence from tax authorities, and audit representation is also not included.

Change of Scope: If you need to change the scope of services, such as requesting additional bookkeeping services, please get in touch with us immediately. We will discuss the revised service requirements and provide a new engagement letter outlining the extra services and associated fees. Please note that work related to these additional services will commence only after the new engagement letter is signed and returned to us.

Engagement Termination: Our obligation to prepare your 2024 tax return concludes upon delivery of your completed returns and original documents. We highly recommend retaining these records for at least seven years for future reference. Although our engagement ends with the delivery of your return, we remain available to address any questions or clarifications regarding the prepared return. Additional services or support beyond this will require a separate engagement agreement.

Documentation Requirement: We will commence preparation only after receiving all required documents, signed contracts, questionnaires, and organizers from you. To assist you in gathering the necessary materials, please refer to the checklist of required documents provided at the beginning of this engagement. This checklist outlines all items needed to avoid delays in processing your return.

Documentation Deadline: To ensure timely processing, all required documents must be submitted to our office or uploaded to the portal by March 15th, 2025. Failure to meet this deadline means we cannot guarantee the completion of your return by the official tax deadline of April 15, 2025. In such cases, we offer the option to file an extension on your behalf. Please note that filing an extension will require a separate engagement letter and may incur additional fees.

Substantive Determinations: In situations where the tax law is unclear, we will provide a detailed analysis of each reasonable alternative, including associated risks and potential consequences. We will work collaboratively with you to review these alternatives and make an informed decision. The alternative you select will be adopted, and we will document this decision-making process for your records.

Fees: Our fees for this engagement are not contingent on the results of our service. Our fees will be based on several factors, including, but not limited to, time spent on returns and the complexity of services provided.

Withdrawal from Engagement: Both parties reserve the right to suspend services or withdraw from this engagement. Upon termination of the engagement, if we have your physical documents, they will be returned to you. You will be obliged to compensate us for all the fees and reimbursements owed on the termination date.

Client Responsibilities

Information Supply: You commit to providing all necessary income and deductible expense information. If additional details emerge after the work commences, notify us immediately so that we can complete your tax return accurately.

Accuracy of Information: We will depend on your information when preparing your tax return if we become obligated to pay any judgment or penalty due to inaccurate or incomplete information provided to us during this engagement. You agree to indemnify, defend, and hold us harmless against such obligations, agreements, and/or costs.

Expense Verification: You affirm the accuracy of all expenses and deduction amounts, retaining all essential written records. We reserve the right to request documentation for review.

Audit Preparedness: Should an audit occur, you must be ready to present written evidence for all items on your return. We can guide you on what constitutes acceptable proof.

Return Review: Before signing, you must carefully review the return for accuracy.

Payment: All fees must be settled before the tax return is delivered or filed on your behalf. Should you terminate the engagement before its completion, a fee for the work already performed will be due.

Recordkeeping: You are advised to store a copy of your tax return and related documents securely. A fee will be charged for any future copies you request.

Signature

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.

Taxpayer Signature

Printed Name

Date

Spouse Signature

Printed Name

Date

Confidentiality/Privacy Policy

R & J Salina Tax Service, Inc. (“we,” “us,” or “our”) is dedicated to protecting the confidentiality and privacy of all information received from our clients and has no release without written permission.

Disclosure of Information

Client information is not shared with third parties without written consent, except in these limited circumstances:

Authorized Representatives: Information may be shared with individuals such as spouses or business partners.

Service Providers: We use third-party providers (e.g., software vendors and data processors) who must maintain confidentiality.

Legal and Regulatory Requirements: Information may be disclosed to fulfill legal obligations (e.g., court orders, subpoenas).

Protection of Rights: We may disclose information to protect our rights, property, or safety.

Data Security

We implement reasonable measures to secure client information by:

- Utilizing physical, technical, and administrative safeguards against unauthorized access or misuse of information.
- Regularly reviewing and updating security measures to counter evolving threats.
- Training employees in the importance of data security and their role in protecting client information.

Client Rights

Clients are entitled to:

- Access and review their personal information.
- Request corrections for inaccurate or incomplete data.
- Limit how their personal information is used or disclosed.
- Opt-out of certain communications.

Changes to this Policy

This policy may be updated periodically. Clients will be notified of any significant changes.

Please sign below that you acknowledge that we cannot release any information to anybody else unless we have written permission.

Taxpayer Signature

Printed Name

Date

Spouse Signature

Printed Name

Date

Individual Return Questionnaire

Taxpayer-REQUIRED

Full Name: _____ Social Security Number: _____ Primary Contact: __Y__N

Birthdate: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____ Occupation: _____

Spouse

Full Name: _____ Social Security Number: _____ Primary Contact: __Y__N

Birthdate: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____ Occupation: _____

Primary Address Information-REQUIRED

Street Address: _____

Do you: Own Rent Other _____

City, State, Zip: _____

County: _____ School District: _____

Did you live in the United States all year? YES NO

Worked or Lived

Did you live at the same address all year? YES NO

Date Arrived: _____ to Date of Leaving: _____

If you worked or lived in another state or address, please provide the state and address and the date you were there.

Street Address: _____

City, State, Zip: _____

Worked or Lived

Date Arrived: _____ to Date of Leaving: _____

Street Address: _____

City, State, Zip: _____

If necessary, add address information on the back of these pages or add extra pages.

Additional General Information Documents

- Do you have an identity protection PIN (IP PIN) with the IRS* or State Agency? YES NO
- Did anybody have to renew their Photo ID or Driver's License? YES NO
- Did you have a change in your bank account this year? YES NO

*IRS Notice CP01A needs to be provided with your documents.

General Information-REQUIRED

What was your marital status on December 31, 2024 _____

If you were divorced in 2023, what was the date it was finalized? _____

If you were married, did you live apart from your spouse for the last 6 months of the year? YES NO

Can anyone else claim you as a dependent on their tax return (i.e., Parents)? YES NO

Did you have health insurance through the MARKETPLACE coverage with healthcare.gov and NOT through your employer or Social Security?

____ Yes (**Form 1095A REQUIRED**) _____ NO

In tax preparation, it's crucial to inquire about a client's veteran status and disability percentage for several reasons. Firstly, for Kansas state tax returns, an extra exemption is available to veterans, which can directly impact their tax liability. By identifying clients who are veterans and knowing their disability percentage, we can ensure they receive the appropriate tax benefits and deductions, ultimately helping them save money. Additionally, being aware of a client's veteran status allows us to assist them in claiming any property tax rebates available to homeowners who are veterans. This attention to detail ensures compliance with tax laws and maximizes potential savings for our clients while providing them with accurate and tailored tax services.

Are you considered disabled or blind by the Social Security Administration? YES NO

Can you provide Proof? YES NO Date of Disability: _____

Are you considered disabled or blind by the Veteran's Administration? YES NO

Can you provide Proof? YES NO Percentage: _____% (You **must** provide proof of 100%)

Cryptocurrency and Foreign Income

★ Did you exchange property, goods, or services using Cryptocurrency? YES NO

★ Did you buy, sell, invest, or mine any Cryptocurrency? YES NO

★ Did you have any forks or airdrops with your Cryptocurrency account? YES NO

For tax purposes, a foreign account is any financial account held outside the United States by a U.S. taxpayer. This includes bank accounts, investments, and assets in foreign financial institutions. Examples can be a bank account in Canada, a Swiss investment account, or holdings in an offshore mutual fund. Reporting these accounts is essential for tax compliance, as the IRS requires accurate disclosure to prevent tax evasion. It is also crucial to avoid penalties for non-compliance

★ Did you have foreign income or signature authority on a foreign account? YES NO

★ Did you have foreign accounts or investments with more than \$10,000 aggregate value during the last year? YES NO

★ Do you have any foreign accounts where the aggregate value exceeded \$50,000 on the last day of the tax year? YES NO

★ Do you have any foreign accounts where the aggregate value exceeded \$75,000 at any time during the year? YES NO

Sources of Income-REQUIRED

Please circle the items that correspond to your possible deductions.

Wages (W2) Retirement, Pension, or IRA (1099-R) Interest (1099-INT) Dividends (1099-DIV)

Social Security (SSA-1099) Stock/Asset Sales (1099-B) Unemployment (1099-G)

Partnership/S-Corp (K-1) Alimony Received (Divorce Decree) Gambling Winnings (W-2G)

Sources of Income that REQUIRE a separate organizer before starting your tax return


Self-Employment

Rental

Farming

Sale of a Home or Real Property

Early Distributions from Retirement (1099-R)

 Did you have any other income not listed above? YES NO

If yes, please provide details: _____

Deductions

Please circle the items that correspond to your possible deductions.

Property Taxes

Mortgage Interest (1098)

Tuition (1098-T)

Student Loan Interest (1098-E)

Health Savings Account – Paid Medical Expenses (1099-SA)

Retirement Contributions (W-2)

Alimony Paid(before 1/1/2019)

Other Possible Deductions

If you have educator expenses, can you provide the amount you spent? \$ _____

What is the name of the school where you work? _____

Itemized Deductions

Medical Expenses (Not Paid by HSA):

Insurance Amt: \$ _____

Other Medical Expenses: \$ _____

Medical Mileage: _____

Charitable Contributions: Cash Donations \$ _____

Donations of Goods (i.e., Goodwill) \$ _____

Charitable Mileage: _____

Personal Property Tax Amount Paid: \$ _____

Energy Questions

Did you purchase an electric or plug-in Hybrid vehicle in 2024? YES NO

Did you make any energy-related improvements to your home? YES NO

- Exterior Doors or Windows Insulation Air Sealing Materials
- Home Energy Audits Central Air Conditioners
- Natural Gas, Propane Water Heater Heat Pumps and Biomass Stoves

Did you make any clean Energy Improvements to your home? YES NO

- Solar Electric Panels Solar Water Heaters Wind Turbines
- Geothermal Heat Pumps Battery Storage Technology Fuel Cell Property

★ Tax Savings Possibilities ★

These can be calculated with the final return if interested.

- ★ Traditional IRA Contributions (IRA)
- ★ ROTH IRA (ROTH) ----
- ★ Health Savings Account (Outside of W-2)
- Self-Employed Retirement Plan (SEP or SIMPLE)

Tax Savings Opportunity – if applicable

Do you have an idea of the maximum amount you would want to contribute?

\$

Please provide the amount if you have already contributed to one of these. \$ _____

STATE ONLY – Deductions

Learning Quest 529 Plan Contributions \$ _____ # of Beneficiaries: _____

Estimated Tax Payments:

- ★ Did you pay Federal Estimated Tax Payments? YES NO
- ★ Did you pay the State Estimated Tax Payments? YES NO

Federal

Date Paid: _____ Amt Paid: \$ _____

Date Paid: _____ Amt Paid: \$ _____

Date Paid: _____ Amt Paid: \$ _____

Date Paid: _____ Amt Paid: \$ _____

State

Date Paid: _____ Amt Paid: \$ _____

Date Paid: _____ Amt Paid: \$ _____

Date Paid: _____ Amt Paid: \$ _____

Date Paid: _____ Amt Paid: \$ _____

Do you want to make estimated tax payments next year? Fed YES NO
State YES NO

Do you want to pay your estimated tax payments electronically? Fed YES NO
State YES NO

Direct Deposit

If you answer, "same as last year," you must initial off on it, acknowledging that we are not responsible if your information on file is incorrect for some reason.

If you are entitled to a refund, would you like direct deposit? YES NO
Name of your financial institute: _____ If same as last year initial: _____
Routing Number: _____ Checking Savings
Account Number: _____

Direct Debit

If you answer "same as last year," you must initial off on it, acknowledging that we are not responsible if your information on file is incorrect for some reason.

If you owe taxes, would you like it paid through direct debit? YES NO
Name of your financial institute: _____ If same as last year initial: _____
Routing Number: _____ Checking Savings
Account Number: _____

Tax Return Copy Choices

Do you want us to print a copy of your tax return for you (1st Copy is Free, Reprints \$35)? YES NO

How would you like to receive your physical copy? Mail (\$35 Fee) Pick-Up at Office

Final Stage

Additional Information or Concerns

Please provide any additional information or concerns below or on a separate sheet for reference. Your input is valuable to us, and we are here to assist you with any queries or issues you might be experiencing. Feel free to include any specific details or questions, and our team will ensure they are addressed during your engagement with our services.

Details: _____

Our work relationship is a partnership. At times, we will request documents and information from you. We require responses to our questions relatively quickly to ensure that work is completed to a high level of quality. Should we not hear back from you, we will remind you **ONE** time. Should we not hear back, your file will be moved to the bottom of the queue, which can result in late completion of your work. Adverse consequences such as interest or penalties from government agencies may apply in these situations.

Taxpayer Signature *Printed Name* *Date*

Spouse Signature *Printed Name* *Date*

Additional Services and Support Packages

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

Bronze Tax Packages	Silver Tax Packages	Gold Tax Package
<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • Does not include response to letter. • Does not include refund research and tracking 	<ul style="list-style-type: none"> • 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 • Reply to IRS notices such as CP-2000 income matching (i.e., unreported income) errors (over \$200 value) <ul style="list-style-type: none"> ○ 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 going to Appeals ○ Does not include refund research and tracking 	<ul style="list-style-type: none"> • 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 • 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: <ul style="list-style-type: none"> ○ 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 <u>NO</u> Financials Required ○ Does include 3 hours of refund research and tracking
Cost: Regular Tax Return Fee	Cost: Regular Tax Return Fee +Plus+ \$199 paid with Tax Return Fee	Cost: Regular Tax Return Fee +Plus+ \$399 paid with Tax Return Fee

R & J Salina Tax Service, Inc. Additional Services

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 <u>NO</u> Financials Required (Included in the Gold Package)	\$150
Installment Agreement with Financials (Deposit waived with purchase of 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 with purchase of 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 taxpayers and spouses, if applicable, into compliance Additional work that is required will be billed accordingly based on \$150/hour <u>Refund research services</u> (Included in the Gold Package)	\$200 Deposit before Work is Started. \$150 per hour after the First Hour \$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 \$199

Gold Package \$399

X

X

Taxpayer Signature

Spouse Signature

Required for Returns with Dependents

Dependent Information and Questions

List ALL Members of your Household—regardless of whether you claim them or not:

Taxpayers and Spouses do NOT need to be listed.

PROOF OF RESIDENCY WILL BE REQUIRED FOR ALL DEPENDENTS

First Name, Last Name (if different)	Social Security Number	Birthdate	Relationship	Months In Home	Support More Than 50%	Claimed by you	College Student
					Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No
					Yes / No	Yes / No	Yes / No

Do you have a divorce or separation agreement if you are divorced or separated from a child(ren)?
Form 8332 will be required for all non-custodial parents. Yes No

Dependent Information

Were there any changes in dependents from last year? Yes No
 If yes, explain: _____

Do you have children under age 19 (or a full-time student under age 24) with unearned income
 (Investment income) of more than \$1,100? Yes No
 If yes, explain: _____

Are you providing more than 50% support for a parent (even if they live in their own home)?
Yes No

Do you have dependents who must file a tax return?
 If yes, would you like us to prepare it? Yes No

We are happy to file dependent tax returns for a reduced fee. Please
 ask. Were any children born or adopted in 2024? Yes No

Dependent Care Credit

Did you pay anyone to care for your child/children in your home? Yes No
 Did you pay for child or dependent care so you could work or go to school? Yes No

Child First Name: _____ Amt Paid: \$ _____

Child First Name: _____ Amt Paid: \$ _____

Provider SSN or EIN: _____

Provider SSN or EIN: _____

Provider Name: _____

Provider Name: _____

Provider Address: _____

Provider Address: _____

Dependent Information and Questions- Continued

Due Diligence Questions

Have you ever had any Earned Income Credits disallowed in previous years? Yes No

Can anyone else claim your dependent(s) on their return? Yes No

 Are any of your dependents married? Yes No

If you live alone, who babysits while you work (for children 12 & younger)?

 Name: _____

If you are a single parent, where's the other parent(s) of your child/children?

 What is the name of the other parent(s)? _____

 Why are the other parent of the child/children not claiming the child? _____

 Explain why the dependent(s) have different last names than the taxpayer _____

If you are separated/divorced, when did you last live in the same home? _____

Do you have joint custody of your child? Yes No

Did anyone else live in the home that provides financial support for your child/dependent(s)? Yes No

 If yes, who lives there and how much do they pay? _____

Do you receive any other type of supplemental, non-taxable income such as child support, welfare benefits, social security, etc.? Yes No

 If so, how much and what kind? _____

Third-Party Documentation Provided – List Documentation

Are any of your dependents the following? If so, additional questions apply.

 Are your biological dependents? Yes No

 Are any of your dependents disabled? Yes No

 Are any of your dependents in college? Yes No

Taxpayer Signature

Printed Name

Date

Spouse Signature

Printed Name

Date

Not Biological, College Credits, and Disabled

Not Your Biological Child:

If this is not your biological child, what is your relationship to the dependent? _____

Can you provide supporting documentation (i.e., Birth certificates or court records)?	Yes	No
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/agency? _____

Who are the biological parents? _____

Where do the biological parents live? _____

What led to the dependent(s) being placed in your home? _____

College Credits:

Which college did the students attend? _____

Did the students attend at least half-time? Yes No

Degree Seeking? Yes No

Did this student receive a tuition statement from the school? Yes No

Other Books/Materials amount: \$ _____

Did this student work while attending school? Yes No

If so, how much did they earn? _____

How many tax years have you claimed the AOTC? _____

Drug-Related Felonies? Yes No

PLEASE PROVIDE BURSAR STATEMENT OF ACCOUNT HISTORY AND COPY OF I098T FORM FROM THE COLLEGE

Disabled at any age:

If your dependent is over 18 and disabled, what is the nature of the disability? _____

Has this dependent been declared disabled by a physician? Yes No

If so, can you provide documentation? Yes No

Does the dependent receive social security/disability benefits? Yes No

If so, how much do they receive? _____

Are you listed as this dependent's Social Security Representative Payee? Yes No

Is this the dependent(s) expected to recover in the next year? Yes No

If this is not your biological child, why is this child living with you and not another family member? _____

Where are the biological parents of your disabled dependent(s)? _____

Who cares for the disabled dependent while the taxpayer works? _____

Taxpayer Signature

Printed Name

Date

Spouse Signature

Printed Name

Date

Filing Head of Household Status

Head of Household Due Diligence Worksheet

Step 1

I hereby state that I am:

- Single
- Divorced or legally separated
- Married, but your spouse did not live with you during the last six months of tax year 2023

Step 2 - PUB 501 – Worksheet1

Worksheet 1. **Cost of Keeping Up a Home** *Keep for Your Records* 

	<u>Amount You Paid</u>	<u>Total Cost</u>
Property taxes	\$ _____	\$ _____
Mortgage interest expense	_____	_____
Rent	_____	_____
Utility charges	_____	_____
Repairs/maintenance	_____	_____
Property insurance	_____	_____
Food eaten in the home	_____	_____
Other household expenses	_____	_____
Totals	\$ _____	\$ _____
Minus total amount you paid		(_____)
Amount others paid		\$ _____

If the total amount you paid is more than the amount others paid, you meet the requirement of paying more than half the cost of keeping up the home.

Costs to Include	Costs to Exclude
Rent	Clothing
Mortgage interest	Education
Homeowner's insurance	Medical treatment
Real estate taxes	Vacations
Repairs	Mortgage principal
Utilities	Life insurance
Food eaten in the home	Transportation
	Rental value of a home the taxpayer owns
	Value of services for those in a household

Step 3

I hereby verify that I have the receipts to substantiate all paid expenses.

Signature of Taxpayer: Date:

Optional Documents

Consent to Disclose Tax Information (Pick Up Only) – Only if you want to have anyone other than the taxpayer or spouse related to this onboarding packet.

Consent for Disclosure of Information

(PICK UP ONLY)

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties without your consent for purposes other than preparing and filing your tax return. If you consent to disclose your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtained your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to disclose your tax return information, your consent is valid for the time you specify. If you do not specify the duration of your consent, your consent is only valid for one year from the date of the signature.

Duration of Consent (Optional): _____

I, _____, authorize R&J Salina Tax Service, Inc. to disclose my (tax year) _____ Tax Return and documentation to _____ for pick up only.

Suppose you believe your tax return information has been disclosed or misused in a manner unauthorized by law or without your permission. In that case, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by mail at complaints@tigta.treas.gov.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date: _____