

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 202 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. Clients will be provided an electronic copy of return upon completion. *Additional copies will cost the client \$10.*

If the foregoing fairly sets forth your understanding, please sign the 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, please inform us.

We want to express our appreciation for allowing QM Business and Professional Tax Services, LLC this opportunity to work with you.

Signature:

[Redacted Signature]

Date Signed:

2024 CLIENT INTAKE FORM INDIVIDUAL



Please complete the questions completely and legibly.

TAXPAYER BASIC INFORMATION

Full Name :

Full Address :

E-Mail : Phone :

Date Of Birth : SSN :
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Occupation :

Check one : Returning Client New Client Referred by:

Income: please select all that apply | upload all documents

<input type="checkbox"/> W2 / Wages Income	<input type="checkbox"/> 1099G- Unemployment Income
<input type="checkbox"/> 1099NEC / Contractor Income	<input type="checkbox"/> Household Income (Nanny/Home Health)
<input type="checkbox"/> 1099k Self-Employment Income	<input type="checkbox"/> Interest Income (1099INT, 1099DIV)
<input type="checkbox"/> 1098T Filer (College Credit)	<input type="checkbox"/> Self-Employment Income
<input type="checkbox"/> No-Income	<input type="checkbox"/> Others <input type="text"/>
<input type="checkbox"/> Cryptocurrency	<input type="checkbox"/> Others <input type="text"/>

Dependents

Full Name : <input type="text"/>	Relationship : <input type="text"/> Disabled : <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name : <input type="text"/>	Relationship : <input type="text"/> Disabled : <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SSN : <input type="text"/>	Date Of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SSN : <input type="text"/>
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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 \$1,000)

Interest Loan (Loan amount up to \$7,000)*

*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

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 :
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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.

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.

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)

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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).

Has any credits been disallowed in a previous year? Please explain.

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?

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