

Dear Clients,

Happy New Year from all of us at ATS Advisors. 2021 has been a year of growth and change. We are grateful for our clients and the trust they impart to our staff. We hope you and your loved ones are healthy and safe.

Our clients continue to face challenges with the everchanging tax laws, and we are diligent in our resolve to successfully navigate you through the tax process. We are sending you this year's Tax Organizer, Engagement Letter, and Advance Child Tax Credit and Stimulus Payments Worksheet. This worksheet is **essential** in the preparation of 2021 tax returns for those clients who claimed dependents on their 2020 tax return and plan to claim dependents on their 2021 tax return. Those qualifying **MUST** include the worksheet as part of your tax documents. If you receive IRS letter 6419 summarizing your Advance Child Tax Payments, please include with your worksheet.

Our **2021 Organizer and supporting forms** are available for download on our website:

www.atscpas.com.

(top right corner of the home page)

(If you prefer a paper copy please call or e-mail us and we will send you a copy)

Please note, in addition to your 2021 tax documents (W-2's, 1099's, etc.) we **MUST** also have the following:

1. **Completed** Advance Child Tax Credit and Stimulus Payments Worksheet.
2. **Signed** 2021 Engagement Letter.
3. **Completed** 2021 Income Tax Organizer.
 - a. If you have any of the special situations below, our worksheets are available for download at **www.atscpas.com**.
 - Sole proprietorships (Schedule C Worksheet)
 - Rental properties (Schedule E Worksheet)
 - Medical expenses worksheet
 - Charitable Contributions Worksheet – Cash and Non-Cash

We continue to offer **paperless** options. Simply provide a blank flash drive* along with your original tax documents.

* **PLEASE NOTE: FOR SECURITY PURPOSES ALL FLASH DRIVES WILL BE FORMATTED AND ANY INFORMATION ON THE FLASH DRIVE WILL BE DELETED PRIOR TO TRANSFER OF YOUR TAX FILES.**

Please remember the following regarding your 2021 tax information:

1. **An extension of time to file is NOT an extension of time to pay.** If you need to file an extension and you owe money, you must pay the amount owed (on or before April 15, 2022) or face penalties & interest.
2. Payment of our fees is due upon completion of your return(s). Payment of our fee for returns being delivered must be received prior to delivery.

Headquarters
875 & Main St
Plymouth
Michigan 48170
734.454.4100

Down River
7915 Allen Road
Allen Park
Michigan 48101
313.388.7180

Northern Michigan
P O Box 627
Grayling
Michigan 49738
989.348.4055

Oakland County
2310 E 11 Mile Rd
Royal Oak
Michigan 48067
248.399.7331
248.544.6160

We cannot e-file your tax returns without payment.

3. If your tax information is not received in our office by **April 1, 2022**, we do not guarantee the completion of your return by the IRS tax filing deadline and we will file an automatic extension.

Our Services:

Drop-off service is REQUIRED for tax preparation. If an appointment is necessary, please contact your preferred ATS office to schedule a telephone or zoom appointment with one of our tax professionals. You must drop off your tax materials **BEFORE** your telephone or zoom appointment so we may have time to review your documents prior to the meeting.

ATS offices will begin extended tax season hours on February 5, 2022, as follows:

| | |
|------------------------------|----------------------------|
| Monday through Friday | 9:00 AM to 6:00 PM |
| Saturdays | 10:00 AM to 2:00 PM |

A secure drop box is available 24/7 at each office.

We are looking forward to working with you to successfully complete your 2021 tax returns. If you have any questions, please feel free to contact us at any time.

Best Wishes and Happy New Year.

Respectfully,



ATS Advisors,
A Certified Public Accounting Firm

**Remember... your referral is our best advertising:
If you were pleased with our service, tell friend. If you were not, please tell us.**



www.atscpas.com

Your referral is our best advertising!

For each referral coupon that results in a NEW client, we will send you

\$25.00

It's simple and easy, and most of all, it's our way of saying "Thank you".

YOUR NAME: _____

New Client Referral: _____

Address: _____

City, State & Zip: _____

Phone: (____) _____

Comments: _____

- | | |
|------------------------------------|---------------------|
| • Plymouth | 734.454.4100 |
| • Down River (Allen Park-Allen Rd) | 313.388.7180 |
| • Down River (Allen Park-Park Ave) | 313.382.6392 |
| • Northern Michigan (Grayling) | 989.348.4055 |
| • Oakland County (Royal Oak) | 248.399.7331 |
| • Wayne | 734.721.5100 |



Basic Taxpayer Information

Date _____

www.atscpas.com

Taxpayer

Taxpayer Spouse

| | | |
|--|--|--|
| Last Name | | |
| First Name | | |
| Social Security No. | | |
| Birth date | | |
| Driver's License No <small>(Please include copies for Taxpayer & Spouse)</small> | | |
| Occupation | | |

| | | | |
|-------------------------|--------------|-----------------|--|
| Street Address | Apt # | | |
| City, State, Zip | State | Zip Code | |
| Home Phone | | | |
| Work Phone (T) | | | |
| Work Phone (S) | | | |
| e-Mail (T) | | | |
| e-Mail (S) | | | |

| Name First Name, Middle Initial & Last Name - (If different from Taxpayer) | Social Security No | DOB | Relationship |
|---|---------------------------|------------|---------------------|
| | | | |
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| | | | |
| | | | |

For Office Use Only:

| | Date | Initials | | Date | Initials |
|-------------------|-------------|-----------------|------------------|-------------|-----------------|
| Database Updated: | | | Outlook Updated: | | |
| Entered in QB: | | | Notes: | | |



Client Name:

Phone Number:

2021 Advance Child Tax Credit (ACTCP) and Stimulus Payments Worksheet

The Advance Child Tax Credit payments are early payments from the IRS of 50 percent of the estimated amount of the Child Tax Credit that may be claimed on your 2021 tax return. If the IRS has processed your 2020 tax return or 2019 tax return, these monthly payments would have been made July and through December 2021, for qualified taxpayers.

ATS CANNOT PREPARE YOUR TAX RETURNS WITHOUT THE BELOW INFORMATION BEING COMPLETED

| Advance Child Tax Credit Payments (ACTCP) | YES | NO |
|--|------|-----------------|
| Did you (and/or your spouse) receive in part or in whole the ACTCP? | | |
| If <u>No</u> , and you have <u>no qualifying children</u> SKIP to the Stimulus section below. | | |
| If Yes, what was the date and amount of each Payment?: | | |
| July | Date | Amount \$ _____ |
| August | Date | Amount \$ _____ |
| September | Date | Amount \$ _____ |
| October | Date | Amount \$ _____ |
| November | Date | Amount \$ _____ |
| December | Date | Amount \$ _____ |
| or | | |
| Total | | \$ _____ |
| I did not receive the ACTCP, but I believe I qualify (please explain below). | | |
| If you do not know if you received Advance Child Tax Credit Payments: <ul style="list-style-type: none"> You may go to the IRS Child Tax Credit Update Portal to access a summary of payments <i>irs.gov/credits-deductions/child-tax-credit-update-portal</i> (PLEASE NOTE: ATS PERSONNEL CANNOT ACCESS THIS INFORMATION ON YOUR BEHALF) | | |

| Stimulus (Economic Impact) Payments | YES | NO |
|---|-----|----|
| Did you receive the Third Stimulus (Economic Impact) Payment? | | |
| *If Yes, what was the amount of the Payment? \$ _____ | | |

Any inaccurate information provided to ATS Advisors, and included on your tax return, will be corrected by the IRS based on their records and will result in:

- Delay by the IRS in the processing of your tax return.
- Reduction of your tax refund;
- increase of your tax payment due; or
- change your tax refund to a tax payment due.

Additional Information

The ATS Advisors 2021 Organizer and additional tax organizer worksheets are available on our website.

2021 Income Tax Preparation Questionnaire & Organizer

Name (include spouse): _____

Address: _____

City/State/Zip: _____

Preferred Ph: _____ Cell Work Home Other

Alternate Ph: _____ Cell Work Home Other

E-mail: _____

Please check box left of contact information to indicate change from prior year

This document is meant as a guide for helping you organize your tax information. It is not intended to replace original documentation. We have modified this organizer from prior years.
PLEASE READ IT CAREFULLY AND FILL IN COMPLETELY

General Return & Filing Information

Provide a copy of your current driver's license or government issued ID.

| | YES | NO |
|--|-----|----|
| 1) Were you notified by the IRS or your State of any changes to a prior year's return? <i>*If Yes, please provide a copy of IRS or State notices</i> | | |
| 2) Are you aware of any changes to a prior year's income, deductions, or credits that would require filing an amended return? <i>*If Yes, please explain or attach documentation</i> | | |
| 3) Is the address listed above a NEW primary residence for 2021? <i>*If Yes, please complete question #19</i> | | |
| 4) Did your marital status change in 2021? (Married, Divorced, Remarried) <i>a) If married or remarried, please provide spouse's DOB, SSN & Full Name.</i> <i>b) If divorced, please provide date and copy of decree.</i> New Information: _____ | | |
| 5) Any other general information regarding your return filing status? <i>(Additional dependents, new spouse, name change, DOB, SSN, etc.)</i> New Information: _____ | | |
| 6) Did you (or spouse) make Estimated FEDERAL TAX Payments for 2021? <i>*If Yes, please provide the following:</i> | | |
| Date _____ Amount \$ _____ | | |
| *Remember your January 2022 payment was generally for 2021 and your January 2023 is generally for 2022 | | |
| Date _____ Amount \$ _____ | | |
| Date _____ Amount \$ _____ | | |
| Date _____ Amount \$ _____ | | |

Dependents

| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|------------|-----------|--------------|----------------|------------------------|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 7) Dependents - Indicate if any dependent needs to file a tax return (use additional sheets if needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 8%;">ADD OR REMOVE</th> <th style="width: 18%;">FIRST NAME</th> <th style="width: 18%;">LAST NAME</th> <th style="width: 8%;">DOB</th> <th style="width: 12%;">RELATIONSHIP</th> <th style="width: 8%;">MONTHS IN HOME</th> <th style="width: 12%;">DISABLED? F/T STUDENT?</th> <th style="width: 8%;"></th> <th style="width: 8%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | ADD OR REMOVE | FIRST NAME | LAST NAME | DOB | RELATIONSHIP | MONTHS IN HOME | DISABLED? F/T STUDENT? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADD OR REMOVE | FIRST NAME | LAST NAME | DOB | RELATIONSHIP | MONTHS IN HOME | DISABLED? F/T STUDENT? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If claiming a new dependent please provide a copy of their social security card. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|----|---|--|--|
| 8) | DAY CARE - Did you pay <u>child care costs</u> for a dependent child under the age of 13? <i>*If Yes, include care provider statement with: name, address, federal ID # & amount paid</i> | | |
|----|---|--|--|

Notes Pertaining to General Return & Filing Information

Health Care Information

| | | YES | NO | FORM | QTY |
|-----|---|-----|----|---------|-----|
| 9) | If you purchased your insurance through the MARKETPLACE please provide form(s) 1095A . <i>*Contact the marketplace if you did not receive a form and you were insured in 2021</i> (FORM 1095A IS REQUIRED TO COMPLETE YOUR RETURN) | | | 1095A | |
| | | | | | |
| 10) | Did you (or spouse) make HSA contributions or receive distributions? <i>*Please provide all 1099-SA forms</i> | | | 1099-SA | |

Client notes pertaining to Health Care Information

Income and Earnings Information (Standard)

| | | YES | NO | FORM | QTY |
|-----|---|-----|----|--|-----|
| 11) | Did you (or spouse) receive WAGES as an employee during the year? <i>*Please provide all W-2 forms</i> | | | W-2 | |
| 12) | Did you (or spouse) receive INTEREST from a bank account or other financial institution? <i>(include regular, tax-exempt and bond interest)</i> <i>*Please provide all 1099-INT forms</i> | | | 1099-INT | |
| 13) | Did you (or spouse) receive DIVIDENDS from investments? <i>*Please provide all 1099-DIV forms</i> | | | 1099-DIV | |
| 14) | Did you (or spouse) receive a state or local INCOME TAX REFUND , credit/offset of prior year? <i>*Please provide all 1099-G forms</i> | | | 1099-G | |
| 15) | Did you (or spouse) receive or pay ALIMONY during the year? <i>*If Yes, please provide:</i> Date Divorce Was Finalized _____ Ex-Spouse's Name: _____ Ex-Spouse's SSN: _____ Amount Paid/Received: _____ | | | | |
| 16) | Did you (or spouse) operate a sole proprietorship, single member LLC or other unincorporated business during the year (Sch C)? <i>*If Yes, please provide detailed income and expense summary for each business</i> | | | Worksheet available for download at atscpas.com | |
| 17) | Did you (or spouse) SELL stocks, securities or mutual funds? <i>*Please provide all 1099-B forms & cost basis info</i> | | | 1099-B | |
| 18) | Did you (or spouse) RECEIVE stock from a plan with your employer? <i>*Please provide 1099-B forms</i> | | | 1099-B | |
| 19) | Did you (or spouse) SELL/PURCHASE a principal residence, 2 nd home, timeshare, cottage, etc.? <i>*If Yes, please provide date and closing documents</i> | | | Provide copy of Seller/Buyer Settlement Statement | |

| | | | | | |
|-----|---|--|--|---|--|
| 20) | Did you (or spouse) receive payments from a PENSION , IRS, Roth IRA, profit sharing, or other qualified or employer sponsored plan? <i>*Please provide all 1099-R forms</i> | | | 1099-R | |
| 21) | Did you (or spouse) purchase, sell or have income from a RENTAL PROPERTY (Sch E)? <i>*If Yes, please provide detailed income and expense summary for each property</i> | | | Worksheet available for download at atscpas.com | |
| 22) | Did you (or spouse) receive UNEMPLOYMENT benefits? <i>*Please provide all 1099-G forms</i> | | | 1099-G | |
| 23) | For 2021 only, did you qualify for unemployment but did not receive benefits? | | | | |
| 24) | Did you (or spouse) receive SOCIAL SECURITY BENEFITS ? <i>*Please provide all 1099-SSA forms</i> | | | 1099-SSA | |
| 25) | Did you (or spouse) have any GAMBLING INCOME during the year? <i>*Please provide all W-2G forms</i> | | | W-2G | |
| 26) | Did you (or spouse) acquire interests in or have income from S-Corporations, Partnerships, or Trusts? <i>*Please provide all K1 Forms 1120S, 1065, or 1041</i> | | | K-1 | |

Income and Earnings Information (Special)

| | | YES | NO |
|-----|--|-----|----|
| 27) | Did you (or spouse) receive income from any of the following: | | |
| | a) Gambling winnings not reported on form W-2G? | | |
| | b) Other income reported on 1099-Misc or 1099-NEC? (*Please provide form) | | |
| | c) Qualified tuition program earnings? (Form 1099-Q) | | |
| | d) Child's investment income in excess of \$2,100.00? | | |
| | e) Jury duty fees? | | |
| | f) Cancelled Debts? Form 1099-C or Form 1099-A | | |
| | g) Do you have any foreign bank/financial accounts? | | |
| | h) Other income? (please provide details) | | |
| | i) Did you receive, sell, send, exchange, or otherwise acquire interest in any virtual currency? | | |

Client notes pertaining to Income and Earnings Information

Adjustments to Income & Earnings

| | | YES | NO |
|-----|---|-----|----|
| 28) | Did you (or spouse) make contributions or rollover funds to any of the following?: | | |
| | a) SEP or Simple IRA contributions (not IRA or Roth) | | |
| | b) Self-employed health insurance premiums? | | |
| | c) IRA or Roth IRA contributions? (not SEP or Simple) Form 5498 | | |
| | d) Student loan interest paid? (If Yes, please provide Form(s) 1098-E) | | |

Medical Expenses

| | | YES | NO |
|-----|--|--|----|
| 29) | Did you (or spouse) pay medical expenses OUT OF POCKET that were neither reimbursed nor paid from a health savings account (HSA)? <i>*Please provide a summary schedule of medical expenses not reimbursed or paid from an HSA</i> | | |
| | | Worksheet available for download at atscpas.com | |

Taxes – State & Local Income, Property and Personal

| | | YES | NO |
|-----|--|-----|----|
| 30) | Did you (or spouse) make Estimated STATE TAX Payments for 2021? <i>*If Yes, please provide the following:</i> Date _____ Amount \$ _____ Date _____ Amount \$ _____ Date _____ Amount \$ _____ Date _____ Amount \$ _____ <i>*Remember your January 2022 payment was generally for 2021 and your January 2023 is generally for 2022</i> | | |
| 31) | Did you (or spouse) make Estimated LOCAL OR OTHER STATE TAX Payments for 2021? <i>*If Yes, please provide the following:</i> Date _____ Amount \$ _____ Date _____ Amount \$ _____ Date _____ Amount \$ _____ Date _____ Amount \$ _____ <i>*Remember your January 2022 payment was generally for 2021 and your January 2023 is generally for 2022</i> | | |
| 32) | Did you (or spouse) pay REAL ESTATE TAXES on any real property which you own? (Primary residence, 2nd Home, family cottage, timeshare, etc.) <i>*If Yes, please provide all tax bills for taxes you paid or were paid on your behalf</i> | | |
| 33) | Did you (or spouse) pay any PERSONAL PROPERTY TAXES based on the value of the personal property? (i.e. plate fees on autos, boats and other vehicles) | | |
| 34) | Did you (or spouse) pay any OTHER TAXES you believe may be deductible? <i>*If Yes, please provide details</i> | | |

Client notes pertaining to Taxes - State & Local Income, Property and Personal

Interest – Mortgage & Investment

| | | YES | NO | FORM | QTY |
|-----|---|-----|----|------|-----|
| 35) | Did you (or spouse) make payments on a 1ST OR 2ND MORTGAGE , refinance or take out a home equity loan? Home equity loans must be used for the purchase of or improvements of the property . <i>*Please provide all 1098 forms</i> | | | 1098 | |
| 36) | Did you (or spouse) make payments on a mortgage that was <u>not</u> reported to you on form 1098? (land contract or other)? <i>*If Yes, please provide name, address and TIN of the land contract holder:</i> Name: _____ Address: _____ TIN/SSN: _____ | | | | |

Higher Education Expenses

Please note: If you are claiming a deduction or tax credit for higher education expenses paid the 1098-T is REQUIRED for all schools for which you are claiming tuition paid. Additionally, in addition to the 1098-T you must provide proof of payment in the form of a statement from the school or cancelled checks and receipts for payments of tuition and qualified expenses (i.e. books etc.)

| | YES | NO | FORM | QTY |
|---|-----|----|--------|-----|
| 37) Did you pay any HIGHER EDUCATION EXPENSES that were not covered by scholarships or qualified tuition payment plans? <i>If Yes, number of qualified college students _____</i> <i>*Please provide all forms 1098-T, 1099Q and relevant records pertaining to the tuition paid</i> | | | 1098-T | |

Client notes pertaining to Higher Education Expenses

Charitable Contributions – Cash & Non-cash

| | YES | NO | FORM | QTY |
|--|-----|----|---|-----|
| 38) Did you (or spouse) make CASH contributions to a qualified charity? <i>*If Yes, please provide receipts or bank records of cash donations</i> | | | Worksheet available for download at atscpas.com | |
| 39) Did you (or spouse) make NON-CASH contributions to a qualified charity? <i>*If Yes, please provide receipt and "in good used condition" letter</i> <i>These amounts may not be "estimated" please provide specific detail of items donated!</i> | | | Worksheet available for download at atscpas.com | |
| 40) Did you (or spouse) donate a VEHICLE to a qualified charity? <i>*If Yes, please provide statement from charity and form 1098-C</i> | | | 1098-C | |

Under tax regulations you acknowledge that you have a letter from the organization or a bank record of the donation reflecting the amount and date of the donation and that any non-cash items were in "good used condition" and that your donation receipt reflects that statement.

Client notes pertaining to Charitable Contributions – Cash & Non-cash

Other Deductions & Misc. Expenses

| | YES | NO |
|---|-----|----|
| 41) Do you (or spouse) have expenses from any of the following?: | | |
| a) Gambling losses exceeding your winnings? | | |
| b) Other expenses you feel may be deductible? | | |
| 42) Are you are a Renter, please provide (MI Residents Only): Landlord Name & Address _____ Number of months you paid rent for 2021 _____ Total amount of Rent for 2021 \$ _____ | | |

Client notes pertaining to Other Deductions & Misc. Expenses

Direct Deposit of any refund(s)

| | | YES | NO |
|--|--|-----|----|
| 43) | Do you want your refund(s) DIRECT DEPOSITED into your bank account, if any? | | |
| If yes, attach a voided check or copy of a check | | | |
| PLEASE NOTE: Deposit slips will not be accepted as they have a different routing number than checks | | | |
| <i>Please specify:</i> | <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Bank Name _____ Routing #: _____ Account # _____ | | |

- Due to constant banking changes this information is required every year.
- ATS Advisors will not include prior year banking information.
- If no banking information is provided you will receive a paper check.

Other information you feel we should be aware of for your 2021 tax preparation

If you have any questions, please contact your preferred ATS Advisors office:

| | | |
|--|---|--|
| <p><u>Headquarters</u> 875 S Main Street Plymouth, Michigan 48170 734.454.4100 – Tel 734.454.1300 – Fax</p> | <p><u>Oakland County</u> 2310 E Eleven Mile Road Royal Oak, Michigan 48067 248.399.7331 – Tel 248.414.3848 – Fax</p> | <p><u>Down River</u> 7915 Allen Road Allen Park, Michigan 48101 313.388.7180 – Tel 313.388.3216 – Fax</p> |
| <p><u>Northern Michigan</u> 1155 I-75 Business Loop P O Box 627 Grayling, Michigan 49738 989.348.4055 – Tel 989.348.6451 – Fax</p> | <p><u>Wayne</u> 32508 Michigan Avenue Wayne, Michigan 48184 734.721.5100 – Tel 734.721.5130 – Fax</p> | <p>and 6735 Park Avenue Allen Park, Michigan 48101 313.382.6392 – Tel 313.382.5540 – Fax</p> |
| <p><u>Drop Off Location Only</u> Patrick Financial Group (PFG) 824 W Grand River Rd Brighton, Michigan 48116 810.225.9876 – Tel</p> | | |

**** PLEASE REMEMBER TO SIGN AND INCLUDE THE ENGAGEMENT LETTER ****
**** AS WE CANNOT e-FILE WITHOUT THE SIGNED LETTER ON FILE ****



ATS ADVISORS, A CERTIFIED PUBLIC ACCOUNTING FIRM ENGAGEMENT LETTER – 2021 TAX PREPARATION

As required by regulations and for purposes of clarity, we have included this engagement letter to confirm our understanding of the terms and objectives of the tax return preparation engagement and the nature and limitations of the services we will provide to you for the year ended December 31, 2021 and to clarify the nature and extent of the tax services we will provide.

Services Provided

We will prepare the Federal and State (and city/local if indicated) **individual income tax returns** for calendar year ending December 31, 2021. We are not responsible for returns not included on this engagement letter.

We are under no duty to review the information you provide to determine whether you may have a filing obligation with another state. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request as a separate engagement.

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.

We have made available to you a **questionnaire and summary schedules** requesting specific information. Completing those documents will assist us in making sure you are well served for a reasonable fee. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify the information you give us; however, we may ask for additional clarification of some information.

In preparing your returns, we rely on your representations that we have been informed of all relevant tax transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

Other Work

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

Our work in connection with the preparation of the tax return(s) does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we concluded that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement and you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

Record Retention and Confidentiality

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than in preparing your return without first receiving your consent.

It is our policy to keep records related to this engagement for the minimum Internal Revenue Service statutory requirement. However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

By signing this engagement letter, you acknowledge and agree that upon the expiration of the minimum Internal Revenue Service statutory requirement, we are free to destroy our records related to this engagement.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure. Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return(s).

Payment Terms

We will bill you our normal and customary fees for the tax preparation services provided. Accordingly, you will save expense if you provide complete, accurate, and organized accounting records. The fee is payable upon completion of the work, and is due before we will provide you with the return. We will notify you immediately of any circumstances we encounter that could significantly affect our normal fees and will not proceed without your consent. All invoices are due and payable upon presentation.

We have the right to withdraw from this engagement, in our discretion, if you don't provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below and return it to our office. If you disagree with any of these terms, please notify us immediately.

AGREED TO AND ACCEPTED:

Taxpayer Signature

Spouse Signature *(if married filing jointly)*

Printed Name

Date

Printed Name

Date

Cell Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

E-Mail Address: _____