



# New Client Basic Taxpayer Information

Date: \_\_\_\_\_

(Please complete if you are a new client or are an existing client with changes)

## TAXPAYER

## SPOUSE

Last Name:		
First Name:		
Social Security No:		
Birth date:		
Driver's License No*:		
DL Issue Date:		
DL Expiration Date:		
Occupation:		

*\*Include Copies of Driver's License for Taxpayer & Spouse*

Street Address:		
City, State, Zip:		
Preferred Phone:		
Alternate Phone:		
Preferred e-Mail:		
Alternate e-Mail:		

## DEPENDENTS

First Name, Middle Initial, & Last Name	Social Security No	DOB	Relationship

## NOTES



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, 2024 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, 2024. 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.

### **Corporate Transparency Act/Beneficial Ownership Reporting**

Assisting you with your compliance with the Corporate Transparency Act (“CTA”), including beneficial ownership information (“BOI”) reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA. Information regarding the BOI reporting requirements can be found at <https://www.fincen.gov/boi>. Consider consulting with legal counsel if you have questions regarding the applicability of the CTA’s reporting requirements and issues surrounding the collection of relevant ownership information.

### **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





# 2024 Income Tax Preparation Questionnaire & Organizer

Date  
Received:

<FOR ATS USE ONLY>

1. TAXPAYER (TP) NAME: \_\_\_\_\_

SPOUSE (SP) NAME: \_\_\_\_\_

Primary e-Mail: _____	TP DL #: _____	SP DL#: _____	
Primary Phone: _____	Issue Date: _____	Issue Date: _____	
Alternate e-Mail: _____	Expire Date: _____	Expire Date: _____	
Alternate Phone: _____	Did your marital status change in 2024?		
Contact by: <input type="checkbox"/> e-Mail <input type="checkbox"/> Phone	<input type="checkbox"/> No <input type="checkbox"/> Married/Remarried <input type="checkbox"/> Divorced - If married or remarried, provide spouse's DOB, SSN, & Full Name* - If divorced in 2024, provide date and copy of decree*		
Address: _____			
City/State/Zip: _____			
New Information: _____			
<b>NOTE: PROVIDE COPY OF TAXPAYER AND SPOUSE DRIVER'S LICENSE OR GOVERNMENT ISSUED ID</b>			

## TAX RETURN COPY ELECTION (SELECT ONE)

2. I/We would like my/our tax return Taxpayer Copies in the following format\*:

Electronic copy via portal/secure link       Paper copy

\*Due to increased costs, additional fees will be assessed if you elect for more than one format

This document is meant as a guide for helping you organize your tax information.

It is not intended to replace original documentation.

**READ IT CAREFULLY AND FILL IN COMPLETELY**

## DIRECT DEPOSIT OF REFUND(S)

	YES	NO
3. Would you (and Spouse) prefer tax refunds be Direct Deposited into your bank account? <i>*If yes, attach a voided check or copy of check</i>		
Bank Name: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing #: _____ Account # _____		
NOTE: DEPOSIT SLIPS WILL NOT BE ACCEPTED FOR VERIFICATION AS THEY HAVE <i>DIFFERENT</i> ROUTING NUMBERS THAN CHECKS		
<ul style="list-style-type: none"> <li>Due to constant banking changes this information is required every year.</li> <li>ATS Advisors will not include prior year banking information.</li> <li>If no banking information is provided you will receive a paper check.</li> </ul>		

**IP PIN** Did you and/or your Spouse receive an IP PIN letter from the IRS?  YES  NO

If yes, provide copies of IP PIN letter(s) with your tax documents.

## GENERAL RETURN & FILING INFORMATION

	YES	NO
4. Were you notified by the IRS or the State of any changes to a prior year's return? <i>*If Yes, provide a copy of IRS or State notices</i>		

					YES	NO
5.	Were there changes to filing data that may require an amendment to a prior year's filed tax return? <i>*If Yes, explain or attach documentation</i>					
6.	Is the address listed in Section 1 a NEW primary residence for 2025? <i>*If Yes, and you (or spouse) sold or purchased residence complete question #22</i>					
7.	<b>2024 ESTIMATED TAX PAYMENTS</b> <i>*Did you (or spouse) make estimated tax payments? If yes, provide the following:</i>					
		<b>DATE PAID</b>	<b>FEDERAL</b>	<b>STATE _____</b> (STATE CODE)	<b>LOCAL</b>	
<b>* NOTE: Your January 2024 payment was for 2023 and your January 2025 is for 2024</b>		/ /				
		/ /				
		/ /				
		/ /				

### 2024 DEPENDENTS & DEPENDENT CARE: (If additional space is needed, use Section 53)

8.	NAME (FIRST, LAST)	DOB	SOCIAL SECURITY NO (PROVIDE CARD COPY)	RELATIONSHIP TO TAXPAYER	MOS IN HOME	DISABLED? F/T STUDENT?	CHILD CARE IN 2024*
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>*If claiming a new dependent provide a copy of their social security card.</i>							
<b>*INCLUDE CHILD CARE STATEMENT WITH: NAME, ADDRESS, FEDERAL ID, AMOUNT PAID FOR QUALIFIED DEPENDENTS UNDER THE AGE OF 13</b>							

### 9. Client Notes Pertaining to General Return & Filing Information

Health Care Information		YES	NO	FORM	QTY
10.	<b>MARKETPLACE HEALTH INSURANCE:</b> <i>*Did you (or spouse) purchase insurance through the marketplace?</i> <i>*Contact the marketplace if you did not receive your 2024 1095-A form.</i> <b>IF INSURED THROUGH THE MARKETPLACE - 1095-A FORM IS REQUIRED</b>			1095-A	
11.	<b>HSA CONTRIBUTIONS</b> <i>*Did you (or spouse) make HSA contributions in 2024?</i>			5498-SA	
12.	<b>HSA DISTRIBUTIONS</b> <i>*Did you (or spouse) use any HSA funds for medical purposes in 2024?</i>			1099-SA	

### 13. Client Notes Pertaining to Health Care Information

Income and Earnings Information (Standard)		YES	NO	FORM	QTY
14.	<b>WAGES</b> <i>*Did you (or spouse) receive WAGES as an employee during the year?</i>			W-2	
15.	<b>INTEREST</b> <i>*Did you (or spouse) receive INTEREST from a bank/ investment acct?</i>			1099-INT	

	YES	NO	FORM	QTY
16. <b>DIVIDENDS</b> <i>*Did you (or spouse) receive DIVIDENDS from investments?</i>			1099-DIV	
17. <b>INCOME TAX REFUNDS</b> <i>*Did you (or spouse) receive a state/local REFUND(S)?</i>			1099-G	
18. <b>ALIMONY</b> <i>*Did you (or spouse) receive or pay alimony during the year?</i> <i>*If Yes, provide:      Date Divorce Final: _____</i> <i>   Ex-Spouse's Name and SSN: _____</i>			Amount Paid/Received \$ _____	
19. <b>SCHEDULE C</b> <i>*Did you (or spouse) operate a sole proprietorship, single member LLC, or other unincorporated business during the year?</i> <i>*If Yes, provide detailed income and expense summary for each business</i>			Download Worksheet at atscpas.com	
20. <b>STOCKS, SECURITIES, MUTUAL FUNDS ETC.</b> <i>*Did you (or spouse) <u>SELL</u> stocks, bonds, securities or mutual funds?</i>			1099-B	
21. <b>STOCK FROM EMPLOYER PLAN</b> <i>*Did you (or spouse) <u>RECEIVE</u> or <u>SELL</u> stock from a plan with your employer?</i>			1099-B	
22. <b>SELL/PURCHASE OF REAL PROPERTY</b> <i>*Did you (or spouse) <u>SELL/PURCHASE</u> a home, timeshare, cottage, etc.?</i>			Provide copy of Seller/Buyer Settlement Statement	
23. <b>RETIREMENT INCOME (Pension, IRA, Roth IRA, Etc.):</b> <i>*Did you (or spouse) receive payments from a PENSION, IRA, Roth IRA, profit sharing, or other qualified or employer sponsored plan?</i>			1099-R	
24. <b>RENTAL PROPERTY INCOME: (Sch E)</b> <i>*Did you (or spouse) purchase, sell or have income from a RENTAL PROPERTY</i>			Download Worksheet at atscpas.com	
25. <b>UNEMPLOYMENT</b> <i>*Did you (or spouse) receive UNEMPLOYMENT benefits?</i>			1099-G	
26. <b>SOCIAL SECURITY BENEFITS</b> <i>*Did you (or spouse) receive SSA BENEFITS?</i>			1099-SSA	
27. <b>GAMBLING INCOME</b> <i>*Did you (or spouse) have any GAMBLING INCOME?</i>			W-2G	
28. <b>S-CORPORATIONS, PARTNERSHIPS OR TRUSTS</b> <i>*Provide all K-1 Forms</i>			K-1	
29. <b>PROCEEDS FROM PAYMENT SETTLEMENT COMPANY</b> <i>*Did you (or spouse) received payments in settlement of reportable payment transactions through a third-party company (i.e. PayPal, Venmo, CashApp)?</i>			1099-K	

<b>Income and Earnings Information (Special)</b>		YES	NO
30. <b>Did you (or spouse) receive income from any of the following:</b>			
a) Gambling winnings not reported on form W-2G?			
b) Income reported on 1099-Misc, 1099-NEC or 1099-K? (*Provide forms)			
c) Child's investment income in excess of \$2,100.00?			
d) Jury duty fees?			
e) Cancelled Debts? Form 1099-C or Form 1099-A			
f) Do you have any foreign bank/financial accounts?			
g) Did you receive, sell, send, exchange, or acquire interest in virtual currency?			

31. Client Notes Pertaining to Income and Earnings Information

Adjustments to Income & Earnings		YES	NO
32.	<b>Did you (or spouse) make contributions or rollover funds to any of the following?:</b>		
	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? (Form(s) 1098-E)		

Medical Expenses		YES	NO
33.	<b>OUT OF POCKET MEDICAL EXPENSES</b> <i>*Provide a summary schedule of medical expenses not reimbursed or paid from an HSA</i>		
		Download Worksheet at <a href="http://atscpas.com">atscpas.com</a>	

Taxes – State & Local Income, Property and Personal		YES	NO
34.	<b>REAL ESTATE TAXES</b> <i>*Did you (our spouse) pay real estate taxes on any property which you own?</i> <i>*If Yes, provide all tax bills for taxes you paid or were paid on your behalf</i>		
35.	<b>PERSONAL PROPERTY TAXES</b> <i>*Did you (or spouse) pay any personal property taxes (i.e. plate fees on autos, boats, other vehicles)?</i>		
36.	<b>OTHER TAXES</b> <i>*Did you (or spouse) pay any other taxes you believe may be deductible? If yes, provide details.</i>		

37. Client Notes Pertaining to Taxes - State & Local Income, Property and Personal

Interest – Mortgage & Investment		YES	NO	FORM	QTY
38.	<b>MORTGAGE(S)</b> <i>*Did you (or spouse) make payments on a <u>1ST OR 2ND MORTGAGE</u>, refinance or take out a home equity loan?</i>			1098	
39.	<b>MORTGAGE(S) NON-TRADITIONAL</b> <i>*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> <i>*If Yes, provide name, address and TIN/SSN of the land contract holder:</i> Name and TIN/SSN: _____ Address: _____				

Higher Education Expenses		YES	NO	FORM	QTY
40.	<b>HIGHER EDUCATION EXPENSES</b> <i>*Did you pay expenses not covered by scholarships or qualified tuition?</i> <i>If Yes, number of qualified college students _____</i> <b>NOTE: If claiming a deduction or tax credit for higher education expense(s) the <u>1098-T</u> is <u>REQUIRED</u> for each school claimed. Additionally, proof of payment is needed in the form of a statement from the school or cancelled check/receipt for tuition payments and qualified expenses (i.e. books etc.).</b>			1098-T	

	YES	NO	FORM	QTY
41. <b>QUALIFIED TUITION EARNINGS</b> Did you (or spouse) receive qualified tuition program earnings?			1099-Q	
42. <b>MESP/MET/OTHER 529 TUITION PROGRAM (distributions/contributions)</b> <i>*Did you (or spouse) make contributions to a MESP/MET/ or other 529 Tuition Program?</i> If Yes, Amount Contributed in 2024 \$ _____				

43. **Client Notes Pertaining to Higher Education Expenses**

<b>Charitable Contributions to Qualified Charity – Cash &amp; Non-cash</b>		YES	NO	FORM	QTY
44. <b>CASH</b> <i>*Did you (or spouse) make CASH contributions?</i> If Yes, provide receipts or bank records of cash donations				Download Worksheet at atscpas.com	
45. <b>NON-CASH</b> <i>*Did you (or spouse) make NON-CASH contributions?</i> <i>*If Yes, provide receipt and "in good used condition" letter</i> <i>*Amounts may not be "estimated" provide specific detail of items donated.</i>				Download Worksheet at atscpas.com	
46. <b>VEHICLE DONATIONS</b> <i>*Did you (or spouse) donate a <u>VEHICLE</u> to a qualified charity?</i>				1098-C	

47. **Client Notes Pertaining to Charitable Contributions – Cash & Non-cash**

<b>Residential Energy and Electric Vehicle Credits</b>		YES	NO
48. <b>Did you (or your spouse) have expenses from Residential Energy Efficiency Upgrades?</b>			
<b>Did you (or your spouse) purchase an electric vehicle (EV) or fuel cell vehicle (FCV)?</b>			
<i>*Include sales receipt(s)/purchase document(s) tax documents</i>			
49. <i>*Go to atscpas.com for information regarding qualifying items for Clean Energy and Vehicle Credits</i>			

50. **Client Notes Pertaining to Clean Energy and Vehicle Credits**

<b>Other Deductions &amp; Misc. Expenses</b>		YES	NO
51. <b>Do you (or spouse) have expenses from any of the following?:</b>			
<b>a) Gambling losses up to gambling winnings?</b>			
<b>b) Other expenses you feel may be deductible?</b>			
52. <b>RENTERS (MI Residents Only)</b> Landlord Name & Address _____ Months paid _____ Total Amount paid for year \$ _____			

53. **Client Notes Pertaining to Other Deductions & Misc. Expenses**



---

**Other information you feel we should be aware of for your 2024 tax preparation**

---

54.

---

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

---

**Headquarters**

875 S Main Street  
Plymouth, Michigan 48170  
734.454.4100 – Tel  
734.454.1300 – Fax

**Oakland County**

2310 E Eleven Mile Road  
Royal Oak, Michigan 48067  
248.399.7331 – Tel  
248.414.3848 – Fax

**Down River**

7915 Allen Road  
Allen Park, Michigan 48101  
313.388.7180 – Tel  
313.388.3216 – Fax

**Northern Michigan**

1155 I-75 Business Loop  
P O Box 627  
Grayling, Michigan 49738  
989.348.4055 – Tel  
989.348.6451 – Fax

**Drop Off Location Only**

**Patrick Financial Group (PFG)**  
824 W Grand River Rd  
Brighton, Michigan 48116  
810.225.9876 – Tel

---

**\*\*\* R E M E M B E R \*\*\***

**\*\*\* WE CANNOT e-FILE TAX RETURNS WITHOUT THE BELOW \*\*\***

- COMPLETED AND SIGNED ENGAGEMENT LETTER**
- PAYMENT FOR TAX PREPARATION SERVICES**
- SIGNED E-FILE AUTHORIZATION FORM (8879)**

***e-File Authorization Form (8879) is provided by ATS Advisors  
at time completed returns are picked up by client***