

JANSSEN & IGAR, CPAs, PA
Helping People to Achieve Their Goals

DATE: _____

EST: _____

CLIENT ID: _____

Client Information									
			Taxpayer			Spouse			
Name									
SSN									
Date of Birth									
Email									
Occupation									
Address									
Preferred Phone			Secondary Phone			Other Phone			
Cell Taxpayer	Work Spouse	Home Other	Cell Taxpayer	Work Spouse	Home Other	Cell Taxpayer	Work Spouse	Home Other	Other
Dependents									
Name			Relationship			SSN		Date of Birth	

REFERRED BY: _____									
FOR OFFICE USE ONLY									
NOTES: 									
PROJECT: 1040 1040X 1040NR Other: _____					DUE DATE: _____				
___ Project		___ File Cabinet			___ Tax File				
___ Consulting		___ UltraTax			___ Bookkeeping File				
___ Nonbillable		___ Labels			___ Payroll File				
SET UP BY: _____ (initial/date)					ASSIGNED TO: _____				

CORPORATE CLIENT INTAKE FORM

DATE: _____ CPA/EA: _____ TAX EST: _____ CLIENT ID: _____

CLIENT PORTION	Company Name:				EIN:	
	Contact Name/Title:			Salutation:		% Owner
	Add'l Contact/Role:			Salutation:		% Owner or N/A
	Entity Type:		Industry:		Year End:	
	Email:				Website:	
	Address:					
	Preferred Phone		Secondary Phone		Additional Contact Phone	
	Cell	Work	Home	Cell	Work	Home

OFFICE USE ONLY	Payroll:		EFTPS	Established: Yes No	If Yes, PIN:	Password:	
			SUTA (RT-6)	Established: Yes No	If Yes, ID:	Password:	
	Billing:					Assign to:	
	Bookkeeping:		Online	Established: Yes No	If Yes, Invite Sent to CPA / Bookkeeper / PR Contact?		
	Billing:					Assign to:	
	Project	Due Date	Project	Due Date	Project	Due Date	
	1041		ANREP		PRANALYSIS		
	1065		TANG		PRBIWEEKLY		
	1099		OOSTANG		PRMODEPOSIT		
	1120		COMPA		PRMONTHLY		
	1120F		COMPM		940		
	1120H		COMPQ		941RT6		
	1120S		FINTAXPLAN		PRQRLYDEPOS		
	1120X		FLSOLICIATI		PRSEMIDEP		
	F1120		990		PRSEMIMON		
5500		990N		SALESANNUAL			
OOSCORP		706		SALESMO			
OOSPARTN		709		SALESQ			
Other:		Other:		Other:			

OFFICE USE ONLY	Referred By: _____
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- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Project | <input type="checkbox"/> File Cabinet | <input type="checkbox"/> Tax File |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> UltraTax | <input type="checkbox"/> Payroll File |
| <input type="checkbox"/> Nonbillable | <input type="checkbox"/> Labels | <input type="checkbox"/> Bookkeeping File |

SET UP BY: _____ (initial/date) RE-ASSIGNED TO: _____



AGREEMENT FOR TAX RETURN PREPARATION SERVICES

We appreciate the opportunity of working with you and advising you regarding your income tax and financial affairs. To ensure a complete understanding between us, this letter is provided to confirm our understanding of the terms and objectives of our tax services engagement and to clarify the nature and limitations of the tax services to be provided.

We will prepare your 2020 federal income tax returns from information you will furnish us. We will not audit or verify the data you submit. **Our services are not intended to determine whether you have filing requirements in taxing jurisdictions (including state tax returns) other than the one(s) you have informed us of.**

All the information you submit to us will, to the best of your knowledge, be correct and complete, and will include all items of income, deductions and other data necessary for the preparation of your income tax returns. **You are responsible** for keeping the necessary records of your deductions, payment of state sales/use tax on out-of-state purchases, tracing of loan proceeds where required, business expenses, and business and personal use of any property. These records include, but are not limited to, automobile, travel, meals and charitable contributions.

You are responsible for your tax return(s) and, therefore, you should review them carefully before you sign and file them. Our work in connection with the preparation of your tax return(s) does not include any procedures designed to disclose defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance, research, analysis, and planning that we find necessary for the preparation of the return(s).

Some foreign financial accounts are reportable. Any person or entity subject to the jurisdiction of the United States having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having an aggregate value exceeding \$10,000 at any time during the calendar year in a foreign country, must report such a relationship. If you and/or your entity have a financial interest in, or signature authority over, any foreign accounts, **you are responsible** for providing our firm with all the information necessary to prepare the Report of Foreign Bank and Financial Accounts (FBAR) required by the U.S. Department of the Treasury in order for the FBAR to be **received by the Department on or before April 15th** of each tax year.

Failure to timely file the appropriate forms with the U.S. Department of the Treasury and the Internal Revenue Service may result in substantial monetary penalties. By your signature below, you accept responsibility for informing us if you believe that you may have foreign reporting requirements with the U.S. Department of the Treasury and/or Internal Revenue Service and you agree to timely provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file, or untimely filing, of any of these forms.

Any information that you provided to us is confidential. Confidential information includes the "source documents", verbal information, our work product (e.g.: tax returns), and our work papers. We will not give any non-public confidential information to third parties unless you request us to do so or we are required to do so by law or our Code of Professional Ethics.

We will use our judgment in resolving questions where the tax law is unclear or where there are conflicts between the taxing authority interpretations and what seem to be other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

Our fees are based on our fee schedule, hourly rates, and the complexity of the return(s). Estimated fees communicated to you are based on the information known to us at the time of estimation. Any additional work required due to missing, incomplete, or incorrect data will be invoiced to you at our standard rates. If the engagement is terminated for any reason, we will still be entitled to our fees for time and expenses incurred to that point. **Payment is expected when our services are complete.** If arrangements are made for deferring payment, interest will be charged on balances in excess of 60 days, either at the rate of 1½% per month or at the maximum rates permitted to be charged, whichever is lower.

You will be provided a full copy of your tax return, as well as all of the information that you provide to us to prepare the return. We will keep a copy of the return and supporting documents for a period of four years.

Your returns are subject to review by the taxing authorities. In the event of such examination, we will be available to represent you and will render additional invoices for the time and expenses involved in that representation.

Disputes arising under this agreement (including, but not limited to the scope, nature and quality of services to be performed by us, our fees and other terms of the engagement) shall first be submitted in good faith to mediation by the American Arbitration Association, under its mediation rules. A competent and impartial third-party, acceptable to both parties, shall be appointed to mediate, and each disputing party shall pay an equal percentage of the mediator's fees and expenses. If the matter is not resolved 60 days after the mediator's first meeting with the involved parties, then and only then shall a party have the right to commence a lawsuit regarding such dispute.

We agree that any dispute arising out of or relating to this engagement that cannot be resolved through good faith mediation shall be decided by a court of competent jurisdiction by a judge sitting without a jury. We both acknowledge and agree that we are waiving any and all rights we may have to have such a dispute decided by a jury. Notwithstanding anything contained herein, both accountant and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into at Janssen & Igar, PA, CPAs' office located in Pinellas County, Florida and Pinellas County, Florida shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Florida.

If we do not receive from you the original of this letter, in fully executed form, but receive from you a completed copy of the enclosed tax organizer and/or supporting documentation requested therein, then such receipt by us will be deemed to evidence your acceptance of all of the terms set forth above.

Please indicate your understanding and acceptance of the letter by signing in the space below and returning it to us.

Sincerely,



Janssen & Igar, CPAs, PA

Signature: _____ Date: _____

Printed Name: _____

Questions

Please check the appropriate box and include all necessary details and documentation.

Personal Contact and Banking Information (If yes, provide details)

Did you change address? _____

Did you change phone numbers? _____

Did you change email addresses? _____

Did you change your bank? Yes No (If yes, provide a voided check)

Please Indicate The Items You Have Available

	Yes	No	N/A
All W-2 forms (wages earned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 1099 forms (interest, dividends, gambling, Social Security, HSA, Unemployment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 1098 forms (interest on the debt to purchase, build or improve your residence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 1095-A forms (Insurance through the Marketplace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 1098-T forms for college tuition expense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All K-1 forms NOT prepared by us (partnerships, estates, "S" Corporations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closing statement for all real estate transactions, including refinancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Information

	Yes	No
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
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	Yes	No
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Information		
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from any retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any charitable contributions directly from your retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Education Information		
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Information		
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Itemized Deduction Information		
Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received. (Home equity mortgage interest is no longer deductible)	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

Did you make any out-of-state purchases (by telephone, internet, mail, or in person)
for which the seller did not collect state sales or use tax?

Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?

Did you retire or change jobs this year?

Notes:

	Yes	No
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

Documentation you are required to keep for various tax expenditures. Please confirm below that you have these in your tax records to support the deductions if applicable.

	Yes	No	N/A
Did your Business Make Payments to Vendors That Require Form 1099's to be Prepared for 2019?			
(A Form 1099 is required if your business paid any unincorporated vendors \$600 or more in total for services and all legal fees during the tax year 2019)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			
If yes, have you or will you file the required Form 1099's?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business travel			
Trip Details (dates, destination for each trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diary, log, trip sheet or similar record proving business purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals expense receipts (documenting the purpose of the meal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt for all lodging expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt for all other expenditures greater than \$75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle expenses (maintain records for each vehicle)			
Bill of sale for all vehicle purchases and sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mileage log to support business miles throughout year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total miles driven throughout year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipts for all expenditures (fuel, tags, repairs, insurance, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipts (or log if items are less than \$75) for all expenditures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Office			
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable contributions			
Cash, check, money order, credit card, etc.			
If under \$250 - Written record (cancelled check, credit card or receipt).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If over \$250 - must have written receipt from the charity. Receipt must state that no goods or services were provided by the organization in return for the contribution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-cash			
Written acknowledgement from charitable organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement provides date of contribution and that the goods were in "good" condition and that no goods or services were provided by the organization in return for the contribution.			
Appraisal if total non cash contributions exceed \$5,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle donations require additional information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>