

ACCT # _____ DATE ____/____/____ TIME ____:____ AM
PM

JOHN MATT KIMBERLY BRUCE
OTHER: _____ DATE TAKEN: ____/____/____

TAXPAYER INFORMATION

First _____ Middle _____

Last _____

Social Security No. _____

D.O.B. _____ D.O.D. _____

DL/ID # _____

Issued _____ Expires _____ ST _____

BEST PHONE _____

Email _____

Occupation _____

REFERRED BY _____

SPOUSE INFORMATION

First _____ Middle _____

Last _____

Social Security No. _____

D.O.B. _____ D.O.D. _____

DL/ID # _____

Issued _____ Expires _____ ST _____

BEST PHONE _____

Email _____

Occupation _____

ADDRESS (to be shown on tax return)

Street _____

City _____

State _____ Zip Code _____

School District (where you lived on Dec. 31) _____

MAILING ADDRESS

Street _____

City _____

State _____ Zip Code _____

OTHER INFORMATION

*** DELIVERY OF COMPLETED TAX RETURN (choose ONLY one): PICK UP MAIL E-MAIL (*verify email*)

I have been or will be claimed as a dependent on someone else's income tax return for the current year.

If "Yes," who will claim you as a dependent? _____

I/We authorize Gurin and Gurin to contact another individual on my/our behalf re: my/our taxes.

If "Yes," whom? _____

Email: _____ Phone #: _____

DEPENDENT(S) (to be claimed on current year's income tax return)

First Name Last Name Birthdate SSN Relationship

ACCT #

DATE

TIME

AM
PM

JOHN

MATT

KIMBERLY

BRUCE

OTHER: _____

DATE TAKEN: _____

PREPARER NOTE(S):

VERIFIED BY:

	_____	SANDY	_____
FEDERAL	\$ _____	\$ _____	_____
STATE	\$ _____	\$ _____	_____
CITY	\$ _____	\$ _____	_____

	FEDERAL	STATE	CITY
1ST	\$ _____	\$ _____	\$ _____
2ND	\$ _____	\$ _____	\$ _____
3RD	\$ _____	\$ _____	\$ _____
4TH	\$ _____	\$ _____	\$ _____

EXPLANATION OF ANY CHANGE(S):

CLIENT SINCE:

Internal Use Only

PRICE: \$

FEDERAL	\$ _____	\$ _____
STATE	\$ _____	\$ _____
LOCAL	\$ _____	\$ _____



BANK ACCOUNT VERIFICATION

NAME(S): _____ CLIENT ID: _____

If there are any changes, please make them on this form. Upon your review and verification that the information listed below is correct, sign and date at the bottom.

STEP I

- I would like any refund directly deposited into one or both accounts listed below.
I would like any tax due paid electronically from the primary account listed below.
If "YES" to either question, complete Step II. Otherwise, skip Step II & sign at the bottom.

STEP II

You have indicated that you would like to receive a refund via direct deposit and/or make a tax payment via electronic funds withdrawal from your bank account(s). Note that electronic funds can only be withdrawn from a primary account. Make sure sufficient funds are available in the primary account.

Per IRS Security Summit requirements, please verify the following items: 1) Name of the Financial Institution; 2) Routing Transit Number; 3) Account Number; 4) Type of Account.

In addition, if you are married and will be filing a joint income tax return, please indicate whether the account(s) listed below is/are a joint account(s).

PRIMARY ACCOUNT

Name of Financial Institution _____

Routing No. _____ Account No. _____ Account Type _____

My 2023 filing status will be Married Filing Jointly, and this is a JOINT account with my spouse.

SECONDARY ACCOUNT (OPTIONAL)

Name of Financial Institution _____

Routing No. _____ Account No. _____ Account Type _____

My 2023 filing status will be Married Filing Jointly, and this is a JOINT account with my spouse.

Taxpayer Signature

DATE

Spouse (if applicable) Signature

DATE



INDIVIDUAL ENGAGEMENT LETTER

NAME: _____

CLIENT ID: _____

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 **2023** & any prior year federal, state and/or local income tax returns from information which you will furnish to 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 and worksheets to guide you in gathering necessary information. Your use of such forms will assist in keeping the fee to a minimum. The fee is form based.

ALL E-FILE FORMS MUST BE SIGNED & RETURNED TO GURIN & GURIN IN A TIMELY MANNER. IN ADDITION, PAYMENT MUST BE RENDERED IN FULL. FAILURE TO ADHERE TO THESE TERMS WILL DELAY THE PROCESSING OF YOUR INCOME TAX RETURN(S). THIS MAY CAUSE YOUR RETURN(S) TO BE FILED AFTER THE DUE DATE AND RESULT IN THE ASSESSMENT OF PENALTIES & INTEREST TO YOUR ACCOUNT FOR WHICH GURIN & GURIN WILL NOT ASSUME LIABILITY.

It is **your responsibility** to provide **accurate information** required for the preparation of complete and accurate returns. You should **retain all the documents**, cancelled 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. Therefore, you should **review them carefully** before you sign them. If there are any issues with the final tax return, it is your responsibility to bring it to our attention so we can correct it within a reasonable amount of time. We will present a bill if this is new or different information than was originally presented.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns and will render additional invoices for these services.

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. 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.

We recommend that you **keep a copy of your tax return**, worksheets you used and records of all items appearing on it (such as Forms W-2 & 1099) until the statute of limitations expires for that return. Usually, this is three (3) years from the date the return was due or filed or two (2) years from the date the tax was paid, whichever is later. See our website, www.gurin-gurin.com, for a complete list. Keep your state return and information for six (6) years.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other returns you expect us to prepare, please inform us by noting so at the end of the returned copy of this letter.

We would like to express our appreciation for this opportunity to work with you.

✓

Taxpayer Signature

✓

Date

✓

Spouse Signature (if applicable)

✓

Date