

ACCT # _____ DATE _____/_____/_____ TIME _____:_____ AM _____ PM STEVE JOHN KIMBERLY KELLY GABBY BRUCE JIM
 OTHER: _____ DATE TAKEN: _____/_____/_____

1ST YEAR: _____

TRUST/ESTATE NAME

 (NAME)

 (FIDUCIARY NAME) (FIDUCIARY TITLE)

 (STREET ADDRESS) (STE/APT/ROOM)

 (CITY) (ST) (ZIP)

 (MAILING ADDRESS) (MAILING STE/APT/ROOM)

 (MAILING CITY) (MAILING ST) (MAILING ZIP)

CONTACT INFORMATION

 (PRIMARY CONTACT FIRST/LAST NAME) (PRIMARY CONTACT TITLE)

 (PRIMARY CONTACT EMAIL) (PRIMARY CONTACT CELL)

 (SECONDARY CONTACT FIRST/LAST NAME) (SECONDARY CONTACT TITLE)

 (SECONDARY CONTACT EMAIL) (SECONDARY CONTACT CELL)

 (OTHER PHONE) (FAX)

OTHER INFORMATION

 (FEDERAL EIN) (YEAR END) (DATE CREATED) (ENTITY TYPE)

 (REFERRED BY)

PREPARER NOTES:

GOES WITH:

Signed ELF/Client Forms?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>DO NOT COMPLETE (Internal Use Only)</i>	PRICE:	\$
If "NO" # of signature(s) needed?	<input type="checkbox"/> ONE <input type="checkbox"/> TWO		FEDERAL	\$ _____ \$ _____
Client took form(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO		STATE	\$ _____ \$ _____
If "NO," client to receive form(s):	<input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> P/U		LOCAL	\$ _____ \$ _____
Client will return form(s) via:	<input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> D/O		ESTIMATE(S)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Electronic copy of return?	<input type="checkbox"/> YES <input type="checkbox"/> NO If "NO," provide copy:	<input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> P/U	(see back)	
PAID?	<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES:	<input type="checkbox"/> CASH <input type="checkbox"/> CHK <input type="checkbox"/> CC <input type="checkbox"/> M/O <input type="checkbox"/> REF ADV		
If applicable:	<input type="checkbox"/> M/B <input type="checkbox"/> H/C	INITIALS: _____		

ACCT #

DATE

TIME

AM

STEVE

JOHN

KIMBERLY

KELLY

GABBY

BRUCE

JIM

PM

OTHER: _____

DATE TAKEN: _____

1ST YEAR:

BENEFICIARY INFO

_____ (CLIENT ID)		_____ (MM ID)				<input type="checkbox"/> INACTIVE	
_____ (FIRST NAME)		_____ (LAST NAME)		_____ (SSN)		_____ (TITLE)	
_____ (ADDRESS)		_____ (CITY)		_____ ST		_____ ZIP	
_____ (DOB)		_____ (BEST PHONE #)		_____ (E-MAIL)		_____ (OWNERSHIP %)	

_____ (CLIENT ID)		_____ (MM ID)				<input type="checkbox"/> INACTIVE	
_____ (FIRST NAME)		_____ (LAST NAME)		_____ (SSN)		_____ (TITLE)	
_____ (ADDRESS)		_____ (CITY)		_____ ST		_____ ZIP	
_____ (DOB)		_____ (BEST PHONE #)		_____ (E-MAIL)		_____ (OWNERSHIP %)	

_____ (CLIENT ID)		_____ (MM ID)				<input type="checkbox"/> INACTIVE	
_____ (FIRST NAME)		_____ (LAST NAME)		_____ (SSN)		_____ (TITLE)	
_____ (ADDRESS)		_____ (CITY)		_____ ST		_____ ZIP	
_____ (DOB)		_____ (BEST PHONE #)		_____ (E-MAIL)		_____ (OWNERSHIP %)	

_____ (CLIENT ID)		_____ (MM ID)				<input type="checkbox"/> INACTIVE	
_____ (FIRST NAME)		_____ (LAST NAME)		_____ (SSN)		_____ (TITLE)	
_____ (ADDRESS)		_____ (CITY)		_____ ST		_____ ZIP	
_____ (DOB)		_____ (BEST PHONE #)		_____ (E-MAIL)		_____ (OWNERSHIP %)	

_____ (CLIENT ID)		_____ (MM ID)				<input type="checkbox"/> INACTIVE	
_____ (FIRST NAME)		_____ (LAST NAME)		_____ (SSN)		_____ (TITLE)	
_____ (ADDRESS)		_____ (CITY)		_____ ST		_____ ZIP	
_____ (DOB)		_____ (BEST PHONE #)		_____ (E-MAIL)		_____ (OWNERSHIP %)	



FIDUCIARY ENGAGEMENT LETTER

TRUST/ESTATE: _____

CLIENT #: _____

DATE: _____

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 2018 & any prior year federal, state and/or local fiduciary 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 the 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 these returns. 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 it is different information that 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 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 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 and will render additional invoices for the time and expenses incurred. We recommend that you "keep the corporation's records" for as long as they may be needed for the administration of any provision of the Internal Revenue Code. Usually, records that support an item of income, deduction or credit on the return must be kept for three (3) years from the date the return is due or filed, whichever is later. Keep records that verify the corporation's basis in property for as long as they are needed to figure the basis of the original or replacement property. The corporation should keep copies of all filed returns. They help in preparing future and amended returns.

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.

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 tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

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

Fiduciary Signature

Date