

Dear New Client,

This letter is to introduce you to **Accurate Tax Service**. Our philosophy is based on the belief that we are on our client's side, not the I.R.S.'s. Besides preparing your tax return with emphasis on customer service, efficiency and expertise, the following services are **included in your fee**:

1. **Electronic Filing.** By filing electronically you can speed up your refund and receive it in as little as ten days.
2. **Short inquiries.** We encourage clients to ask us questions during the year. (We always try to return calls within 48 hours and for short inquiries, there is no charge.) We have found that many clients overpay their taxes, something which could be avoided by a short phone call or visit. When you hear something from a so-called "expert", please call us and get the facts right. We would rather spend the time in off-season (when we have more time) than during the tax appointment when it is already too late. (We have found that the moaning takes longer than doing it right the first time!) If the question requires more time to discuss, calculate or research, we charge a consulting fee.
3. **Computerized returns.** We use one of the largest and most respected software companies in the U.S. This insures that your tax return is done as quickly and efficiently as possible.
4. **Handling of Letters** from the I.R.S. or Franchise Tax Board (as long as they are presented to us in a timely manner).
5. **Audit services.** Many personal audits can be handled at no charge. (We reserve the right to charge for audits based on the complexity or location.)
6. **Aspirin** for those rough tax times (limit two per client).

When you come in for your appointment, please **bring a copy of last year's tax return** as well as all W2's, 1099's, 1098's and any other income-related documents.

Thank you for your interest in **Accurate Tax Service**. We look forward to meeting you. If you have any questions regarding the above, please don't hesitate to contact us.

Sincerely,

Lisa Webster, Office Manager

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Tax Organizer

Accurate Tax Service
 1345 Broadway
 PLACERVILLE CA 95667
 Telephone number: (530) 622-5546
 Fax number: 530-622-8874
 E-mail address: SUPPORT@ACCURATE.TAX

Tax Return Appointment

Date:
 Time:
 Location:

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

		Taxpayer	Spouse
First name and initial			
Last name			
Title/suffix			
Social security number			
Occupation			
Date of birth (m/d/y)			
Date of death (m/d/y)			
1=blind			
Home phone			
Work phone			
Work extension			
Cell phone			
E-mail address			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
	ZIP code		

DEPENDENTS

		Dependent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death (m/d/y)			
Date of adoption (m/d/y)			
Social security number			
Relationship			
Months lived at home			
		Dependent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death (m/d/y)			
Date of adoption (m/d/y)			
Social security number			
Relationship			
Months lived at home			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse
please check the appropriate box and provide additional information if necessary.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | If your dependent worked for wages, will they be filing a tax return? If so, make sure they don't claim themselves as a dependent. If they do, your return could get rejected. One solution to this would be to bring your dependent's information to your appointment to ensure it gets done correctly. (Our fees are reduced for your dependents when prepared at the time of your appointment.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? If a child was born during 2018, or you are claiming a child that you did not claim last year, please bring a social security card for the dependent. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you received health insurance through a government exchange such as Covered California, please provide Form 1095-A (Health Insurance Marketplace Statement). |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please provide. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? If so, please furnish us with your brokerage statement in addition to any cost basis information you have if available. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Please furnish your final settlement statement if so. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Please provide us with information on books, required course materials and the tuition paid by providing the 1098T issued by the school. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any foreign assets or virtual currency that exceed \$10,000 in value? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you would like to provide your signature pages and tax return copies by e-mail this year, please list the e-mail address where you want those items to be sent here: _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you want direct deposit, is your account the same as last year? If you answer no to this question, please provide a copy of the check (not deposit ticket) where you want your funds direct deposited. |

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Direct Deposit & Estimates (Form 1040 ES)

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Please enter all pertinent information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due.		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

Please Bring all of your pertinent documents:

- | | | | |
|----------|--------------------------|-----------|------------------------------|
| W-2 | Wages, Salaries and Tips | 1099-B | Stock Sales |
| 1099-INT | Interest Income | 1099-MISC | Miscellaneous Income |
| 1099-DIV | Dividend Income | 1099-G | State Refund or Unemployment |
| 1099-R | Pension or IRA | 1099-SSA | Social Security |
| W-2G | Gambling Winnings | 1099-S | Real Estate Sales |

Please bring a copy of your last year's return

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Please enter all pertinent information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2018 payments from 1/1/19 to 4/15/19				

ROTH IRA CONTRIBUTIONS

	Taxpayer	Spouse	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

	Taxpayer	Spouse
Alimony paid:		
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2017 amt:	2017 amt:

Please enter all pertinent amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	TS	
Prescription medicines and drugs		
Doctors, dentists and nurses		
Hospitals and nursing homes		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..		
Long-term care premiums - taxpayer		
Long-term care premiums - spouse		
Insurance reimbursement (enter as a positive number)		
Lodging and transportation:		
Out-of-pocket expenses		
Medical miles driven		
Other medical and dental expenses:		

TAXES PAID (State and local withholding and 2018 estimates are automatic.)

State income taxes - 1/18 payment on 2017 state estimate		
State income taxes - paid with 2017 state return extension		
State income taxes - paid with 2017 state return		
State income taxes - paid for prior years and/or to other state		
City/local income taxes - 1/18 payment on 2017 city/local estimate		
City/local income taxes - paid with 2017 city/local extension		
City/local income taxes - paid with 2017 city/local return		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)		
Use taxes paid on 2018 purchases		
Use taxes paid with 2017 state return		
Sales tax on autos not included above		
Sales tax on boats, aircraft, other special items		

OTHER TAXES PAID

Real estate taxes - principal residence:		

Real estate taxes - property held for investment		
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..		
Foreign income taxes		
Other taxes:		

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

Table with 3 columns: Description, TS, Amount. Includes rows for mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, TS, Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, TS, Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4):

Table with 3 columns: Description, TS, Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, TS, Amount. Includes row for investment interest.

Passive interest:

Table with 3 columns: Description, TS, Amount. Includes row for passive interest.

Certain home mortgage interest included above (6251):

Table with 3 columns: Description, TS, Amount. Includes row for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: Description, TS, Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket):

Table with 3 columns: Description, TS, Amount. Includes row for volunteer expenses.

Number of charitable miles:

Table with 3 columns: Description, TS, Amount. Includes row for number of charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, TS, Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket):

Table with 3 columns: Description, TS, Amount. Includes row for volunteer expenses.

Number of charitable miles:

Table with 3 columns: Description, TS, Amount. Includes row for number of charitable miles.

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2018 Amount	TS	2017 Amount

30% limitation (see above):

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues.....

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee.....

Safe deposit box rental.....

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Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

