



Thank you for choosing Taxlady LLC to assist with the 2023 tax return. This Letter of Understanding confirms the terms of the engagement and outlines the nature and extent of the services we will provide. We appreciate the opportunity to provide tax services for you.

To comply with the Internal Revenue Code Section 274(d), taxpayers must have documentary evidence, such as receipts, cancelled checks, bills and mileage logs to substantiate all items reported on the returns. Documents should be kept for at least 6 years and many need to be retained permanently.

We will prepare the 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties. Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required at standard billing rates and/or the forms required, plus out-of-pocket expenses. Invoices are due and payable upon presentation. We will return to you the original records at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We only retain copies of some of your records and our work papers for the engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed return for your signature(s) and our subsequent submittal of the tax return (if e-filing). You should review all tax return documents carefully before signing form 8879 or providing consent electronically.

To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of letter in the space indicated. We appreciate your confidence in us. Please call (701)306-3483 if you have questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jennifer Spiesz'.

Jennifer Spiesz, EA

A handwritten signature in blue ink, appearing to read 'Cindy Slaughter'.

Cindy Slaughter, AFSP

Our Privacy Policy

Your Information: Your non-public personal information is collected from various sources: Information received from you on tax organizers, worksheets, client questionnaire's, applications and other financial documentation you provide; Information you provide via personal interview, telephone conversations, faxes and e-mails; Information about your transactions with the firm; Information received about you from consumer reporting agencies if background or credit checks are conducted on your behalf.

Non-Disclosure: Your non-public personal information is not disclosed to any person or party, except as required by law or to facilitate filing your tax return. Upon closing your account, your non-public personal information will not be disclosed to any person or party unless required by law. Please understand that IRS related confidentiality is limited to non-criminal tax advice. So, while information you shared to provide tax services is held in strict confidence, it is not protected from the IRS by advisor-client privilege unless such consultations are with an attorney for legal advice.

Security: Access to your information is restricted in a variety of ways: Only to those employees who have a need to know in order to provide products or services to you; Physical security, electronic security safeguards and strict procedural measures consistent with federal standards are in place to protect your non-public personal information. Your privacy is important. Please trust that protecting your information is equally important. Please call if you have questions or concerns.

Client Consent to Use Tax Information: Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. In addition to tax preparation services, this firm is in the business of providing year-round financial consultation and tax planning services. These services cannot be provided without your consent. You are not required to complete this form. If you do not specify the duration of your consent, your consent is valid for one year.

I consent the use of my tax information for purposes other than preparing my tax return. I consent for you to communicate with me via newsletter, e-mail, website, phone, or other means with information and recommendations that may be of use to me, including but not limited to: 1. **Tax Advice.** Advisory services relating to events in my life that have tax consequences such as college, investment transactions, marriage, divorce and retirement. 2. **Tax Planning.** Services related to planning and forecasting potential tax obligations and their estimated tax payment requirements. 3. **Retirement Tax Planning.** Services related to retirement planning, social security planning, minimum required distributions from retirement account and other planning services. 4. **Investment and Asset Advice.** Services related to the tax considerations of buying, selling and exchanging property including stocks, bonds and real estate. 5. **Other Tax and Financial Advice.** Services related to responding to your tax and financial questions. By signing this form, you expressly consent to the use of your tax information for the purposes of providing these auxiliary tax and financial services for you. I understand the firm is using tax information furnished by me to provide me with the services listed here. I also understand that I may terminate this consent at any time by providing a written request for termination. Except upon approval by me or as required by law the firm will not disclose my confidential tax information to any other person or for any other purpose. I acknowledge that I have read and understand the Firm's Privacy Policy provided and agree to the terms presented on the reverse of this form outlining the tax engagement.

Date: _____

Name (print): _____

Signature: _____

ALTERNATE ELIGIBILITY RECORD (Due Diligence)

In accordance with Internal Revenue Service (IRS) Bulletin 97-65 and Internal Revenue Code (IRC), this form serves as Alternate Eligibility Checklist, and may be used IN LIEU of other forms of Due Diligence, including form 8867. Maintain this form with your client files.

HEAD OF HOUSEHOLD ELIGIBILITY

*You may file Head of Household if you can answer **YES** to **ALL** of the following questions. (See Publication 17, Chapter 2&3)*

- ☐ Yes ☐ No You are unmarried, or are considered unmarried on the last day of the year.
- ☐ Yes ☐ No You paid more than half the cost of keeping up a home for the year.
- ☐ Yes ☐ No A qualifying person (definition below) lived with you in the home for more than half the year (except temporary absences, such as school), and you can claim an exemption for him/her except as noted under Category 3 below.

A **qualifying person** requirements are: (See Table 2-1, Publication 17)

1. A qualifying relative such as a parent, grandparent, brother, sister, stepbrother, stepsister, stepmother, stepfather, father-in-law, half-brother, half-sister, brother-in-law, sister-in-law, daughter-in-law, uncle, aunt, nephew, or niece who is related to you by blood and lived with you for the entire year.
2. Child, grandchild, stepchild, or adopted child.
3. Eligible foster child. (Note: For eligibility for dependent only a foster child who is a child who is in your care, that you care for as your own child, and who lived with you the entire year. It does not matter how the child became a member of the household).

EARNED INCOME CREDIT (EIC) ELIGIBILITY

1. Relationship Test

☐ Yes ☐ No Your child/ children is/are one of the following: a son, daughter, adopted child, stepchild, grandchild, or eligible foster child or is your brother, sister, stepbrother, stepsister (or the child or grandchild of your brother, sister, stepbrother, or stepsister), and you care for it/them as you would as your own child.

2. Age Test

☐ Yes ☐ No Your child/children is/are under 19 years of age at the end of the year. Or is under 24 years of age at the end of the year and is a full-time student, or was permanently and totally disabled at any time during the tax year, regardless of age.

3. Residency Test

☐ Yes ☐ No Your child/ children lived with you for more than half of the year in your home in the USA.

4. Previously Disqualified

☐ Yes ☐ No Have you ever had these tax credits disallowed or reduced in prior year tax returns?

5. Qualifying Child of another Test

If your child could possibly be the qualifying child of another individual (i.e. other parent), please explain the living situation below:

I attest and affirm that the information provided to complete this Eligibility Checklist is true and correct to the best of my knowledge. I understand the IRS may randomly question eligibility and that if my tax return is randomly selected for review, that my return, refund, direct deposit, or any combination thereof may be delayed or denied.

Taxpayers Signature

SSN

Date

New Client Form



All information provided is confidential and will be utilized for tax preparation purposes only.

FILING STATUS (Please **CHOOSE ONE**):

- | | |
|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Head of Household |
| <input type="checkbox"/> Married Filing Jointly | <input type="checkbox"/> Qualifying Widow w/Child |
| <input type="checkbox"/> Married Filing Separately | <input type="checkbox"/> Not Sure |

TAXPAYER INFORMATION:

Primary Taxpayer Full Legal Name: _____

SSN#: _____ Date of Birth: ____/____/____

Occupation: _____

SPOUSE INFORMATION (leave blank if not married):

Spouse Full Legal Name: _____

SSN#: _____ Date of Birth: ____/____/____

Occupation: _____

MAILING ADDRESS INFORMATION:

Home Address (NO P.O. Boxes): _____

City: _____ State: _____ Zipcode: _____

Email: _____

Phone Number: _____ Alt Phone Number: _____

FINANCIAL INFORMATION FOR DIRECT DEPOSIT:

- ☐ Checking ☐ Savings

Bank Name: _____ Routing #: _____ Account #: _____

HOW DO YOU HEAR ABOUT TAXLADY? _____

New Clients: Please bring your photo ID and your prior year's tax return. Also, let us know if you have lived in more than one state in 2023 and the corresponding dates.

DEPENDENT INFORMATION:

Dependent #1 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

of Months Lived in your home: _____ Relationship to you: _____

Dependent #2 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

of Months Lived in your home: _____ Relationship to you: _____

Dependent #3 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

of Months Lived in your home: _____ Relationship to you: _____



Interviewer Name: _____

Date: _____

Please complete the following pages, CROSS OUT any section that does not apply to you.

DAYCARE OR PRIVATE SCHOOL INFORMATION:

Business Name: _____

Tax ID or SSN#: _____ Total Amount Paid: \$ _____

Full Address: _____

COLLEGE/POST SECONDARY EDUCATION (provide 1098-T from school):

Who attended? _____ As of 12/31/23, what year completed? **1 2 3 4 5+**

**IRA Contributions Made (NOT through Employer)
(If not reported on W2)**

Taxpayer IRA Contribution: \$ _____

☐ Traditional ☐ ROTH

Spouse IRA Contribution: \$ _____

☐ Traditional ☐ ROTH

ADDITIONAL TAXPAYER INFORMATION: Please select **ANY** that apply:

☐ Self-Employed (Provide Income /Expenses - Form available)

☐ Health Savings Account (provide 1099-SA)

☐ Partner or Member in Partnership or S Corp (provide K1)

☐ Military Active Pay or Military Pension

☐ Marketplace Health Ins. (provide 1095-A)

☐ Landlord (has Rental Property)

☐ Sold Investments (Including Crypto - provide 1099-B or appropriate information)

☐ Student Loan Interest paid (provide amounts paid and who for)

NOTES FOR ACCOUNTANT/QUESTIONS:

REFUND/PAYMENT – DIRECT DEPOSIT INFORMATION:

Bank Name: _____ Routing #: _____ Acct #: _____

Let us know if you have lived in more than one state in 2023 and the corresponding dates.