



**ENGAGEMENT AND INTAKE PACKET**

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**Print Name Please**



## CLIENT INTAKE PACKET

First, and most importantly, **THANK YOU** for allowing Premiere Business Services to prepare your income tax return. We strive to maximize all deductions for which you legally qualify. We also want you to know, you **MUST** be able to support your legal deductions when the IRS audits your tax return.

Again this year, the current administration and the IRS has changed how we must gather information for tax preparation. We are **REQUIRED** to have every client complete this Intake Packet prior to completing your tax return. If you do not wish to complete this packet, we may chose to not prepare your tax return.

You must have, and we are required to keep a copy of, the following documents prior to completing your tax return:

- All tax information forms. This will include, but may not be limited to
  - Form W-2 (Wages)
  - Form 1099 (Misc Income)
  - Form 1098 (Mortgage Interest)
  - Form 1095 (ACA Insurance)
  - Form 1098-T (Education)
    - Additional Source Document Statement (billing statements) from the school
  - Broker Statements including all worksheets that detail cost basis and sell price
  - Any statements that support deductions, such as
    - Charitable Contribution statements
    - Bank statements detailing contributions
    - Pharmacy Prescription Medicine Statements
    - Physician and Hospital statements detailing payments made
- Social Security Cards for all persons listed on your tax return
- Proof of your identity, such as a drivers license or any other government issued picture ID card.

You will also be asked to provide proof that details the home of record address of a child being claimed on your tax return that qualifies you for additional child tax credits and the EITC.

- Student records or letter from the child's school
- Medical statement from your physician.



## Engagement Letter

Thank you for the confidence you display in choosing Premiere Business Services to prepare your Federal and State income tax returns. This engagement letter is to confirm the arrangements for our tax return preparation services. We will prepare your individual and or business federal and state income tax returns in accordance with appropriate tax laws and regulations. Your tax returns will be prepared solely from information provided by YOU!

***You agree to hold harmless Premiere Business Services, its employees and assigns for any misleading information you provide that causes Premiere Business Services its employees and assigns to incur IRS Scrutiny.***

In accordance with current federal law, IRS regulations and recent court rulings, your data will not be audited or otherwise verified, however we may ask you to clarify some of the information provided us or to furnish additional data. Because all tax returns are subject to potential review by the IRS or the State Department of Revenue, it is your responsibility to provide adequate records and to retain documentation necessary to substantiate all items of income, deductions, exemptions and credits. By law, you have the final responsibility for the accuracy of your return so therefore, you agree to review the returns carefully before you sign the returns. To ensure speedy completion of your tax return, please provide any information promptly to our office if we ask for it. Although information you provide us during our return preparation interview is confidential, we cannot disregard the implications of any such information provided us while preparing your return. Additionally, there is no preparer-client privilege in tax preparation and we cannot and will not mislead the IRS in any way. The previous notwithstanding, **NO ONE CAN GET INFORMATION FROM US WITHOUT YOUR WRITTEN PERMISSION EXCEPT FOR A GOVERNMENT AGENCY FOLLOWING DUE PROCESS OF LAW.**

You understand that records must be maintained contemporaneously that reflect time, place and business purpose. To be deductible, an expense must be ordinary and necessary. *NOTE: Ordinary means that it is common and accepted in the business or other activity. Necessary means that it is appropriate for the business. The burden of proof always lies with the taxpayer NOT with the IRS!*

You also understand that if gambling losses are deducted, you can prove such losses with a gambling diary. *NOTE: Current regulations require that win/loss are netted each day.*

You agree that if mileage is deducted, you have a mileage log which details dates, business purpose and miles driven. *NOTE: You are also required to have an independent source document which supports your odometer reading.*

If business use of the home is deducted, you hereby confirm that the area used for business is used both regularly and exclusively for business use.

If charity donations are included in your deductions, you hereby confirm that you have bank records and supporting receipts from bona-fide charities. If you have deductions for non-cash items, you hereby affirm that you have in your tax records a receipt from the charity, AND an inventory of the items donated, AND a fair market value assessment showing the value of the items donated.

Tax preparation services are based on a fee schedule charged per form or schedule needed to complete your return and will be due and payable upon presentation of our invoice to you.

Additional charges may include, but is not limited to, accounting or bookkeeping work performed, research of cost basis for stocks/bonds or assets sold, multi state returns filed, amended returns for prior years, or FAFSA reports. These additional charges will be identified on your invoice.

***Our fee does not include responding to inquiries or examination by taxing authorities for instances NOT reported by you for your original tax return.***

Either of us may terminate this agreement at any time, however upon termination, all fees accrued to date are immediately due and payable.

***PLEASE NOTE ALL TAX PREPARATION FEES ARE DUE AND PAYABLE UPON PRESENTATION OF OUR INVOICE TO YOU. WE GLADLY ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER CARD OR DEBIT CARD TRANSACTIONS AS PAYMENT. CHECKS RETURNED FOR NON SUFFICIENT FUNDS (NSF) WILL INCUR AN ADDITIONAL \$50 FEE PLUS INTEREST AT 18% PER ANNUM. YOU AGREE TO PAY ALL LEGAL FEES AND COURT COSTS AND ANY OTHER FEES INCURRED BY PREMIERE BUSINESS SERVICES IF COLLECTION OF OUR FEE IS REQUIRED.***

### **Privacy Policy**

It has always been the policy of Premiere Business Services to keep all information that we collect from you, confidential from all sources. We restrict access to all nonpublic personal information about you to members of our firm who need to know that information to provide services to you.

We do collect nonpublic personal information about you from the following sources:

- Information we receive from you on tax preparation organizers, worksheets, Federal and State tax reporting forms, and from other documents we use in tax preparation or other financial and related services.
- Information about your transactions with us, our affiliates, and others.
- Information we may receive from outside agencies such as banks and brokerage houses.

We do not disclose any nonpublic personal information about our clients or former clients, except as permitted, required, or approved by you in writing as listed below:

- Requirements to comply with federal, state or local law.
- Requirements to disclose information in response to legal subpoenas.
- Items you permit or request us to disclose, as authorized by you ***in writing.***
- Information that you authorize us to disclose by signing this engagement letter to electronically file your tax return, when applicable.
- Information that you authorize us to disclose by signing this engagement letter, which discloses that you are our client, without disclosure of financial or other personal information.

***NOTE: DUE TO RECENT IRS CHANGES WE WILL NOT PROVIDE ANY TAX RETURNS, LETTERS OR DOCUMENTS TO ANYONE EXCEPT YOU, OUR CLIENT. ALL REQUESTS FOR ADDITIONAL TAX RETURN COPIES MUST BE MADE IN WRITING AND PERSONALLY PICKED UP FROM OUR OFFICE. WE WILL REQUIRE IDENTITY PROOF AT THAT TIME.***

## Consent Statement

Should collection of our fee be necessary, we may disclose your personal information to our attorney, collection agency or, in the case of a check returned for insufficient funds, the St. Charles County Prosecuting Attorney.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution. You are not required to complete this form. Because our ability to disclose your tax return information to our attorney, collection agency, or St Charles County Prosecuting Attorney may affect the services we provide to you and its cost, we may decline to provide you with service, or change the terms of our service that we provide to you if you do not sign this consent. If you agree to the disclosure of your tax return information, for the purpose of fee collection, your consent is valid for a period of one year from the date indicated on this form.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

## Agree to Contact

If you receive any letters from any taxing authority, you will contact us IMMEDIATELY. You agree to contact us if you find additional information that might lead to changes in your tax return. You agree that Premiere Business Services, its employees or assigns is not responsible for providing any of the deductions taken on your tax return. ***You have provided this information from your own records and you have proof of all deductions and income including but not limited to logbooks and receipts***

We believe this engagement letter accurately summarizes the significant terms of our agreement. If you have any questions regarding this agreement, please discuss them with us. If you agree with the terms of our agreement, please sign where indicated below.

***I (we if filing a joint return) have read, understand and accept the conditions of this engagement letter and declare, under penalty of perjury, that I (we) have answered all questions in a TRUE and FACTUAL manner and that the documents provided Premiere Business Services are original documents supporting my (our) claim for income and deductions related to my (our) income tax return.***

***I (we) also declare that Premiere Business Services, its employees or assigns is not responsible for providing any of the deductions taken on my (our) tax return and that ALL income, both legal AND illegal, has been declared and truthfully reported to Premiere Business Services, its employees or assigns.***

**NOTE: BOTH MUST SIGN AND AGREE TO THIS DOCUMENT, IF MARRIED (THE ONLY EXCEPTION IS A SURVIVING SPOUSE).**

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INFORMATION REQUESTED IS *REQUIRED* BY THE CURRENT  
ADMINISTRATION AND IRS REGULATIONS.  
PLEASE PRINT.**

***PART I: Personal Information***

First Name, Initial, Last Name, Suffix(if any)	Soc Sec Number	Date of Birth
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Spouse Name, Initial, Last Name	Soc Sec Number	Date of Birth
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Street Address	City	State	Zip Code
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Home Telephone	Your Cell Phone	Spouse Cell Phone
----------------	-----------------	-------------------

Your E-Mail	Spouse E-Mail
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Premiere regularly sends information by e-mail, may we contact you by e-mail?                
YES    NO

**PLEASE ANSWER ALL QUESTIONS**

	<b>YOU</b>		<b>SPOUSE</b>	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
• Are you a U.S. Citizen	_____	_____	_____	_____
• Are you legally blind	_____	_____	_____	_____
• Are you TOTALLY disabled	_____	_____	_____	_____
• Can you be claimed as a dependent on someone else's tax return	_____	_____	_____	_____
• Are you excluding Puerto Rico Income	_____	_____	_____	_____
• Do you want \$3 to go to the Presidential Election Fund	_____	_____	_____	_____
• Do you or Did you have a financial interest or signature over a foreign bank account in 2015	_____	_____	_____	_____
• Did you receive a Distribution from a Foreign Trust during the year	_____	_____	_____	_____
• If your spouse died in 2015 or 2016, please provide the date of death	_____	_____	_____	_____
• DO YOU HAVE HEALTH INSURANCE	_____	_____	_____	_____
◦ IF YES WERE YOU INSURED ALL YEAR	_____	_____	_____	_____

**PLEASE CONTINUE TO THE NEXT PAGE**

**PART II: Family and Dependent Information**

AS OF DECEMBER 31, YOUR MARITAL STATUS WAS:

_____	Single		
_____	Married		
_____	Married but LEGALLY separated from my spouse		
	If you chose this status, did you live with your spouse at any time in the last six months?		
		_____ YES	_____ NO
_____	Divorced: Date of Final Divorce Decree if in 2015	_____	

Provide the following information for anyone (NOT YOURSELF OR YOUR SPOUSE) who lived in your home, for which you provided GREATER than 50% of their support.

FIRST/LAST NAME	DATE OF BIRTH (mm/dd/yy)	Social Security Number	Relationship	Months in home (2015)	Single on 12/31 (yes/no)	Student (yes/no)

**PREMIERE BUSINESS SERVICES IS REQUIRED TO HAVE A COPY OF ALL FORMS THAT SHOW INCOME. THIS INCLUDES, BUT IS NOT LIMITED TO W2, 1099, SELF-EMPLOYED INCOME/EXPENSE WORKSHEETS, GAMBLING WINNING STATEMENTS, UNEMPLOYMENT DOCUMENTS, AND BROKER TRANSACTIONS. YOUR COOPERATION IN PRESENTING THESE DOCUMENTS TO OUR STAFF IS GREATLY APPRECIATED!**

***PART III: Income***

	You		Spouse	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
• Do you have Form W2 for Wages/Salary	_____	_____	_____	_____
• Did you receive income from TIPS	_____	_____	_____	_____
<i>If your answer is YES, did you report all TIP income to your employer</i>	_____	_____	_____	_____
<i>If you DID NOT report all TIP income to your employer, how much additional TIP income are you now reporting</i>	_____	_____	_____	_____
• Do you have income from Interest/Dividends <i>(This is from Bank CDs, Savings Accounts, Brokerage Statements)</i>	_____	_____	_____	_____
• Did you receive a state income tax refund last year	_____	_____	_____	_____
<i>If your answer is YES, did you Itemize Deductions</i>	_____	_____	_____	_____
• Do you receive Alimony or Separate Maintenance	_____	_____	_____	_____
<i>If your answer is YES, how much did you receive</i>	_____	_____	_____	_____
• Do you have Income From Self-Employment	_____	_____	_____	_____
<i>If your answer is YES did you receive Form 1099</i>	_____	_____	_____	_____
<i>Do you also have an Income Statement</i>	_____	_____	_____	_____
<i>Do you also have a Balance Sheet</i>	_____	_____	_____	_____
<i>Do you use your personal vehicle for this business</i>	_____	_____	_____	_____
<i>If your answer is YES, do you have a MILEAGE log</i>	_____	_____	_____	_____
• Did you sell Stocks, Bonds, Mutual Funds or Real Estate	_____	_____	_____	_____
• Did you receive income from Pensions, Annuities 401(k), IRAs	_____	_____	_____	_____
• Do you own RENTAL PROPERTIES	_____	_____	_____	_____
<b><i>If your answer is YES, please fill out the RENTAL PROPERTY Questionnaire</i></b>				
• Did you receive Unemployment Compensation	_____	_____	_____	_____
• Did you receive Social Security or Disability	_____	_____	_____	_____
• Did you receive Railroad Retirement	_____	_____	_____	_____
• Do you have gambling winnings	_____	_____	_____	_____
<i>If your answer is YES, do you have a record of loss</i>	_____	_____	_____	_____
• Do you have income from awards, prizes, jury duty or any other miscellaneous income	_____	_____	_____	_____

**PLEASE CONTINUE TO THE NEXT PAGE**



**THE FOLLOWING QUESTIONS WILL ASSIST US IN ENSURING ALL LEGAL DEDUCTIONS ARE TAKEN ON YOUR TAX RETURN. ADDITIONAL VERIFICATION MAY BE REQUIRED.**

***PART IV: Adjustments and Deductible Expenses***

*(Please answer each question with YES, NO or UNSURE)*

	<u>Yes</u>	<u>No</u>	<u>Unsure</u>		
• Are you a classroom teacher with verifiable expenses	___	___	___		
• Are you a Reservist, Performing Artist, or a Fee Based Government Official	___	___	___		
• Did you have a Health Savings Account	___	___	___		
• Did you move greater than 50 miles for your employment	___	___	___		
• Did you PAY Alimony or Separate Maintenance	___	___	___		
If your answer is YES please provide the recipient's SSN	_____				
• Did you contribute to a Traditional or ROTH IRA	___	___	___		
• Did you pay student loan interest	___	___	___		
• Did you PAY out of pocket medical/dental expenses	___	___	___		
• Did you PAY or have escrowed Real Estate Tax on your primary residence	___	___	___		
• Do you have a "second home" for which you paid real estate tax	___	___	___		
• Did you PAY personal property tax	___	___	___		
• Did you pay home mortgage interest on your primary residence	___	___	___		
• Did you pay interest on a second mortgage or a line of credit (Not a vehicle loan or credit card interest)	___	___	___		
• Did you refinance your home loan	___	___	___		
• Do you have VERIFIABLE charitable contributions	___	___	___		
<i>Checks or cash equivalents. All CASH MUST have a bank statement or a charity statement showing the date of donation and the amount of donation.</i>					
• Did you give NON-CASH items to charity	___	___	___		
<i>All receipts MUST be supported by a detailed list of items showing date of donation as well as the fair market value of the goods donated.</i>					
• Did you suffer a casualty or theft loss	___	___	___		
• Did you have unreimbursed business expenses	___	___	___		
<i>Items include Union Dues, Tools used in your Business, Vehicle Mileage WITH logs detailing date, beginning odometer, ending odometer and business purpose.</i>					
• Did you have a safe deposit box or investment expenses	___	___	___		
• Did you have Child Dependent Care Expenses	___	___	___		
• Are any individuals listed on this return full time, post-high school students	___	___	___		
• Are you required to pay back the first-time home buyers credit	___	___	___		
• Did you pay estimated taxes	___	___	___		
If you answered YES, please list:					
	Amount	Date			
Federal Quarter 1	_____	_____	State Quarter 1	_____	_____
Federal Quarter 2	_____	_____	State Quarter 2	_____	_____
Federal Quarter 3	_____	_____	State Quarter 3	_____	_____
Federal Quarter 4	_____	_____	State Quarter 4	_____	_____

**PLEASE CONTINUE TO THE NEXT PAGE**

**PART V: Earned Income Tax Credit (EITC)**

**ANSWER THESE QUESTIONS ONLY If you have Wages LESS THAN \$39,131 (\$44,651 if married) AND you have at least one child. Please answer the following questions AND provide the documents listed.**

- |   | Yes                          | No    |
|---|------------------------------|-------|
| • Do you have children that you are claiming for the EITC   | _____                        | _____ |
| If you answered YES, how many children do you have  | _____                        | _____ |
| • Do you (and your spouse if filing a joint return) have a social security number that allows you to work in the US | _____                        | _____ |
| • Were you a nonresident alien for any part of 2014   | _____                        | _____ |
| • Are you a qualifying child of another person  | _____                        | _____ |
| • Is your spouse a qualifying child of another person   | _____                        | _____ |
| • Please indicate how your child is related to you  | Son _____                    | _____ |
|   | Daughter _____               | _____ |
|   | Stepchild _____              | _____ |
|   | Foster Child _____           | _____ |
|   | Brother/Sister _____         | _____ |
|   | Stepbrother/Stepsister _____ | _____ |
|   | Grandchild _____             | _____ |
| • Is either of the following statements TRUE:   |                              |       |
| The child is UNMARRIED  | _____                        | _____ |
| The child is married, can be claimed as my dependent, AND is NOT filing a joint tax return                          | _____                        | _____ |
| • During 2014, did the child (children) live with you, in the US for OVER half the year                             | _____                        | _____ |
| • Was the child (children) under the age of 19 December 31  | _____                        | _____ |
| If the answer is NO, is the child UNDER the age of 24   | _____                        | _____ |
| If the child IS under 24, is the child a FULL TIME student  | _____                        | _____ |
| • Is the child permanently AND totally disabled   | _____                        | _____ |
| • Can any other person claim this child   | _____                        | _____ |

**The following documents MUST be in our possession BEFORE we can file your tax return claiming the EITC. THIS IS A DUE DILIGENCE REQUIREMENT OF THE IRS.**

- *Proof of residency for the child (children) for which you are claiming the EITC credit*
  - School Records or a statement from the school showing YOUR address as the primary residence for the child (children) \_\_\_\_\_
  - Landlord or Property Management statement showing YOUR address as the primary residence for the child (children) \_\_\_\_\_
  - Health Care provider statement showing YOUR address as the primary residence for the child (children) \_\_\_\_\_
  - Child Care provider statement showing YOUR address as the primary residence for the child (children) \_\_\_\_\_
  - Place of worship statement showing YOUR address as the primary residence for the child (children) \_\_\_\_\_

***I (we if filing a joint return) declare, under penalty of perjury, that I (we) have answered these questions in a TRUE and FACTUAL manner and that the documents provided Premiere Business Services are original documents supporting my (our) claim for the Earned Income Tax Credit (EITC)***

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse (if filing jointly)Signature

***PART VI: Rental Property Questionnaire***

**If you own rental property, please complete this page. IF YOU DO NOT OWN RENTAL PROPERTY, YOU NEED NOT COMPLETE THIS PAGE.**

- |   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| <ul style="list-style-type: none"> <li>• Do you own Rental Property<br/><i>If you answered NO above-please continue to next page</i></li> </ul> | _____      | _____     |
| <ul style="list-style-type: none"> <li>• Are you or your spouse a licensed real estate professional</li> </ul>                                  | _____      | _____     |
| <p>If you answered YES please provide the following:</p>  |            |           |
| Name of licensed real estate professional   | _____      |           |
| License Number  | _____      |           |
| State where license is registered   | _____      |           |
| Expiration date of license  | _____      |           |
| <ul style="list-style-type: none"> <li>• Do you manage the rental property yourself</li> </ul>  | _____      | _____     |
| <ul style="list-style-type: none"> <li>• Do you spend greater than 50% of your time managing the rental property</li> </ul>                     | _____      | _____     |
| <ul style="list-style-type: none"> <li>• Is the time you spend, greater than 750 hours per year</li> </ul>                                      | _____      | _____     |
| <ul style="list-style-type: none"> <li>• Do you have a comprehensive log detailing the time you spend managing the business</li> </ul>          | _____      | _____     |
| <ul style="list-style-type: none"> <li>• If you answered YES above-does the log include</li> </ul>  |            |           |
| Time and Place  | _____      | _____     |
| Business Purpose  | _____      | _____     |
| Business Relationship (ie; tenant, vendor, etc)   | _____      | _____     |

***I (we if filing a joint return) declare, under penalty of perjury, that I (we) have answered these questions in a TRUE and FACTUAL manner and that the documents provided Premiere Business Services are original documents supporting my (our) claim for income and deductions related to my (our) property rental business.***

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse (if filing jointly)Signature

**PLEASE CONTINUE TO THE NEXT PAGE**

**PART VII: Business Use of Personal Vehicle**

**If you use your personal vehicle for your business or employment, please complete this page. IF YOU DO NOT USE YOUR PERSONAL VEHICLE FOR BUSINESS OR EMPLOYMENT, YOU NEED NOT COMPLETE THIS PAGE.**

- |   | <b>Yes</b>              | <b>No</b>               |
|---|-------------------------|-------------------------|
| <ul style="list-style-type: none"><li>Do you or your spouse use your personal vehicle for business purposes<br/><i>If you answered NO above-please continue to next page</i></li></ul>  | _____                   | _____                   |
| <ul style="list-style-type: none"><li>Do you have a mileage log<br/><i>If you answered NO, you will NOT be able to claim this deduction</i></li></ul>   | _____                   | _____                   |
| <ul style="list-style-type: none"><li>If you answered YES, does this log detail the following:<br/>Date, Time and Place of Business Travel<br/>Business Purpose for the Business Travel<br/>Business Relationship for the Business Travel</li></ul> | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| <ul style="list-style-type: none"><li>You MUST have an independent, corroborating statement which verifies your odometer reading. Do you have this statement<br/>(This could be an inspection or vehicle repair statement)</li></ul>                | _____                   | _____                   |

**IF YOU HAVE INDICATED “NO” TO ANY OF THE ABOVE QUESTIONS, AND YOU ARE UNABLE TO PRODUCE A VEHICLE MILEAGE RECORD WHICH DETAILS THE ITEMS LISTED ABOVE, YOU WILL NOT BE ABLE TO CLAIM THIS DEDUCTION.**

*I (we if filing a joint return) declare, under penalty of perjury, that I (we) have answered these questions in a TRUE and FACTUAL manner and that the documents provided Premiere Business Services are original documents supporting my (our) claim for deductions related to my (our) business use of personal vehicle.*

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse (if filing jointly)Signature