**Client Information Sheet - 2020**

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| --- | --- | --- | --- |
| **Have you used our services**  |  Y/N  |  **Year:** | **Days stayed in USA in 2020?** |
|  |  |

## Primary Taxpayer

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last | First |  | Middle Initial | Middle Initial | SSN/ITIN |
| Marital Status | DOB (MM/DD/YYYY) | Occupation | Occupation |
| Current address | Personal Email |
| Mobile number | Visa Status | Elderly/Disabled (Y/N) |
|  Spouse, If applicable |
| Last | First | Middle Initial | Visa Status |
| SSN/ITIN | DOB (MM/DD/YYYY) | Occupation |  |  Elderly/Disabled (Y/N) |

**A. Details of the Dependents (Excluding spouse):**

If you don’t have SSN /ITIN for your spouse/dependent, we will file for the ITIN along with the return. Please contact us for the further information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dependents** -**(First name, last name)** | **Relationship** | **DOB****MM/DD/YYYY** | **SSN / ITIN /****Not Available** | **Months lived with you** | **Day care expenses per annum, (Also, please provide details in Part C)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

**B. Details of states for state taxes:** If you are filing NY, OH or AL State Taxes (Resident, Non-Resident or Part year), please send us a copy of your & your spouse’s unexpired copy of Driver’s License/State issued ID. These can be issued by any state.

1. State of Residence as of 31st Dec 2020:
2. Please provide Details as below, if you stayed in more than one state during 2020:

|  |  |  |
| --- | --- | --- |
| **State** | **From date (mm/dd/yyyy)** | **To date (mm/dd/yyyy)** |
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**C. Foreign Bank account and Foreign Income (FATCA & FBAR)**

1. Do you have a foreign bank or investment account/accounts (this excludes Real estate) worth more than:

 **This is for FATCA reporting purpose:**

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| --- | --- | --- | --- |
| **If you are filing as** | **As of 31st Dec 2020** | **During the year 2020** |  **Yes/No** |
| Single/Married Filing Separate | $50,000/- | $75,000/- |  |
| Married Filing Joint | $100,000/- | $150,000/- |  |
| Citizens living abroad - Single | $200,000/- | $300,000/- |  |
| Citizens living abroad -Married Filing Joint | $400,000/- | $600,000/- |  |

1. Do you have foreign Bank or investment account/accounts worth more than $10,000 anytime during the 2020? (Y/N) – **This is for FBAR filing requirement**
2. Do your spouse has foreign Bank or investments account/accounts worth more than $10,000 anytime during the 2020? (Y/N) - **This is for FBAR filing requirement**
3. Do you have any Income other then USA? (Y/N) – **This is for Global Income reporting purpose**
4. Do you have mutual funds in a foreign country. Y/N

**D. Please check the following for 2020. and provide the details/forms, if applicable:**

1. Did you pay any estimated tax to Federal or State (besides employer deductions)? (Y/N)
2. Are you or your spouse paying any Interest on student loan here or abroad, for studying in USA? (If yes, please ready with the Interest amount for Tax Interview) (Y/N)
3. Did You or your spouse receive any distributions from IRA, Pension or 401K? (If yes, please provide form 1099R) (Y/N)
4. Do you or your spouse own a rental property in US or a foreign country? (Y/N)
5. Do you or your spouse contributed to HSA (Health Savings Account) other than by Employer or through Employer? (Y/N)
6. Everyone on the return covered by health insurance all year? (Y/N)
7. Did you sell Employer stocks/options? If yes then please provide supplemental information.
8. Day Care Expenses: Please provide the details ONLY if your spouse is working/student with university - part time or full time/disabled:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Day Care Provider** | **SSN/EIN** | **Address** | **Amount Paid Yearly** |
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1. Please keep your Bank account and routing number ready for your tax interview.
2. If you received Identification Protection Pin for you or dependents, please provide during tax interview.
3. Did you quarantine or have Covid in 2020?

***Common Checklist of items needed to file the return***

|  |  |
| --- | --- |
| 1. | **If You are a New Client: You must send*** SSN card or Driver’s license or Passport
* Your dependent’s I-94 or School Record or Immunization Record
 |
| 2 | If you are filing NY, OH or AL State Taxes (Resident, Non-Resident or Part year), please send us a copy of your & your spouse’s unexpired copy of Driver’s License/State issued ID. These can be issued by any state **(Required)** |
| 2. | W-2’s from all employers |
| 3. | 1099 from business(s) |
| 4. | 1099 INT – Interest received from Banks  |
| 5. | Receipts or consolidated list of charitable contributions or donations |
| 6. | Itemized totals of medical expenses |
| 7. | Itemized totals confirming college expenses |
| 8. | Mortgage Interest statement of all property |
| 9 | Form 1095 received for your Health Insurance |

**Please read & sign the engagement letter below before beginning the process with us.**

**CHANGE ENGAGEMENT LETTER**

## INDIVIDUAL TAX RETURN ENGAGEMENT

This letter confirms the terms of the engagement with you and the nature and extent of services WorkMyTaxes will provide. Our fees become due once we begin preparation of your tax returns. WorkMyTaxes will prepare your federal and state income tax returns you request using information you provide us.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions for a period of 7 years. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are finally responsible for the returns, so you should review them carefully before you sign them. The law imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please call us.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns.

We will use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities’ interpretations of the law and other supportable positions. Unless you instruct us otherwise, we will apply the “realistic possibility of success” standard to resolve such issues in your favor where possible.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable before we send the draft taxes to you for your review.

We will retain copies of records you supplied to us along with our work papers for your engagement for a period of three years. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

To indicate that this letter correctly summarizes your understanding of the arrangements for this work, please sign this letter & send us a copy.

Accepted By:

Name Signature: \_

Date