

Tax-Masters, Inc.  
Established 1977

## Client Information Sheet

Tax-Masters, Inc.  
6159 Executive Blvd  
Rockville, MD 20852

(301) 230-0200  
(301) 230-0203 FAX  
www.tax-masters.com

### Taxpayer

Full Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Daytime No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Email \_\_\_\_\_

### Spouse

Full Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Daytime No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Email \_\_\_\_\_

Current Address \_\_\_\_\_ Apt # \_\_\_\_\_ Have you moved since filing  
City \_\_\_\_\_ State \_\_\_\_\_ your last return? \_\_\_\_\_  
Zip \_\_\_\_\_ Date of Move \_\_\_\_\_  
COUNTY \_\_\_\_\_  
Tax Year / Type of Service \_\_\_\_\_  
Tax Consultant \_\_\_\_\_

### Dependents

| Legal Name | Birthdate | SSN# | Total Fee   | \$ |
|------------|-----------|------|-------------|----|
|            |           |      | Adjustments |    |
|            |           |      | Total Due   |    |
|            |           |      | Payment 1   |    |
|            |           |      | Payment 2   |    |
|            |           |      | Balance Due |    |

Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

# Tax-Masters, Inc.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Client:

Thank you for selecting Tax-Masters, Inc. for your tax preparation needs and related work. This letter is to confirm and specify the terms of our engagement with you, which shall also apply to any additional services we provide to you. We may, from time to time, modify our terms of engagement for future services and will provide a copy of the modified terms of engagement to you at such time.

## Services to be Provided

You are engaging us to prepare the tax returns for the calendar year \_\_\_\_\_ (Please enter) as indicated below. (Please place a checkmark in the box besides the returns you would like us to prepare, specifically listing ALL state and local returns.)

|                          |  |       |
|--------------------------|--|-------|
| <input type="checkbox"/> | <b>Federal Income Tax Return -- Form 1040</b>          |       |
| <input type="checkbox"/> | <b>State Income Tax Return(s)</b> (please list states) | _____ |
| <input type="checkbox"/> | <b>City Income Tax Return(s)</b> (please list cities)  | _____ |
| <input type="checkbox"/> | <b>Other Tax Returns (Personal Property, etc.)</b>     | _____ |

We are not responsible for returns not on the list. We are under no duty to review the information you provide to determine whether you may have a filing obligation with another state, city or other locality. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request as separate engagement.

This engagement letter does not cover the preparation of any financial statements, or any other accounting or advisory services which, if we are to provide, will be covered under a separate engagement.

You understand that you are responsible for making all financial records and related information available to us so that we may perform these services and that you are responsible for the accuracy and completeness of the information you supply. This responsibility includes the maintenance of adequate records and related internal controls over financial reporting. Additionally, upon our request, you are responsible for providing us all the documents, receipts, cancelled checks and other records required to substantiate the financial records. We will return to you all of your original records. The work papers and files prepared by us in connection with the performance of this engagement are the property of this firm. You should retain all of these records that form the basis of income and deductions for a minimum of 7 years. 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.

Completion of our Worksheets, Client Questionnaire, and other forms requiring specific information in their entirety will assist us in preparing accurate and complete tax returns. In providing this information to us, you represent that the information you are supplying is truthful,

accurate and complete to the best of your knowledge and that you have truthfully disclosed to us all income and other relevant facts affecting the returns. You further represent that you have provided us true, correct and complete information regarding amounts you claimed as tax deductions and have maintained written documentation supporting all amounts, including log books and receipts. We will not audit, and normally we will not verify, any information that you provide.

If a question arises regarding the interpretation of tax law and a conflict exists between the tax authorities' interpretation of the law and other supportable positions, you understand that we will use our professional judgment in resolving the issue. In addition, our staff works as team and information may be shared with other Tax-Masters, Inc.'s consultants to provide you with the best possible service. Your personal information will not be given to any outside individual without your express written permission.

We are not responsible for disallowed deductions or credits or for the inclusion of additional unreported income including any resulting taxes, penalties or interest. Further, we are not responsible for the payment of any penalties imposed on returns that are late, underpaid, or incorrect. You agree to be responsible for all amount owed to the IRS or to any state revenue department.

Due to new tax regulations requiring preparation of additional forms, your fees may increase from prior years. We will make every effort to advise you of these changes as we evaluate your tax situation.

Our standard tax preparation fee does not include responding to inquiries or examination by taxing authorities or third parties. These are a separate engagement from the preparation of the tax returns. You understand that you will be charged an additional fee if we are asked to assist or represent you in a tax examination or inquiry. You agree to immediately notify us upon the receipt of any correspondence from any agency covered by this letter.

Our fees for services will be based on the amount of time required at our standard hourly rates, plus the cost of any ancillary services and actual out-of-pocket expenses. Certain cases may require up-front payment to begin work. Our invoices for these fees will be rendered periodically as work progresses and are payable on presentation. In accordance with our firm policy, work may be suspended if your account is more than ten (10) days outstanding and will not be resumed until your account is paid in full. If we elect to terminate our services for non-payment you will be obligated to compensate us for all time expended and costs incurred through the date of termination. In the event we pursue collection of your account, you agree to be responsible for all costs that we incur including attorneys' fees and associated expenses.

We are pleased that you are entrusting your work to us, and we will do our best to provide you with prompt, high quality and cost-effective services. To memorialize our engagement agreement, please countersign the enclosed copy of this letter and return the same to our office.

Sincerely,  
Tax-Masters, Inc.

By: *Linda deMarlor*  
Linda de Marlor, President

READ, UNDERSTOOD AND AGREED: The terms and conditions of your engagement are accepted.

I/we agree to retain Tax-Masters, Inc. and agree to be jointly and severally responsible for the payment of your fees and other charges as set forth in this engagement agreement. I/we agree to review all documents prepared by Tax-Masters Inc. on my behalf to ensure accuracy prior to submittal to any government agency. Tax-Masters Inc. is not responsible for providing any of the deductions taken on my tax return(s). I/we have provided this information from my own tax records and I have proof of my deductions and income.

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

\_\_\_\_\_  
Taxpayer's Printed Name

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

\_\_\_\_\_  
Spouse's Printed Name

Company: \_\_\_\_\_

By: \_\_\_\_\_  
Individual Name, individually and on behalf of Company Name

Title: \_\_\_\_\_

## Client Questionnaire

| <b>Name:</b>  | <b>2015</b> |   |
|---|-------------|---|
| The following items may affect your tax return. Please answer <b>all questions</b> carefully. Questions pertain to calendar year 2015 unless otherwise noted. If married filing jointly, questions apply to you and your spouse.  | Y           | N |
| 1) Did you pay or receive alimony? Do not include child support. (Select one) Pay <input type="radio"/> Receive <input type="radio"/><br>To/From: <b>Name</b> _____ <b>SSN</b> _____ <b>Amount</b> \$ _____   |             |   |
| 2) For the entire year, did you, your spouse and your dependents have health care coverage provided by either an employer or the government (Medicare, Medicaid, or VA) or purchased through the Health Insurance Marketplace (Exchange) or directly from an insurance company?   |             |   |
| 3) Did you (or do you plan to before April 18, 2016) contribute to a traditional IRA or Roth IRA for 2015?<br><b>Self:</b> Traditional IRA \$ _____ Roth IRA \$ _____ <b>Spouse:</b> Traditional IRA: \$ _____ Roth IRA \$ _____  |             |   |
| 4) Did you convert a traditional IRA or rollover a qualified plan distribution to a Roth IRA in 2015?<br>If yes, amount converted/rolled over: \$ _____   |             |   |
| 5) Did you (or do you plan to before April 18, 2016) contribute to a health savings account (HSA) for 2015?<br>Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your W-2.) <b>Self:</b> \$ _____ <b>Spouse:</b> \$ _____ Self-only <input type="radio"/> Family <input type="radio"/>  |             |   |
| 6) Did you receive any distributions from your health savings account (HSA)?<br>Amount of distributions: \$ _____ Amount of unreimbursed qualified medical expenses: \$ _____   |             |   |
| 7) Are you a grade K-12 Teacher? Did you work at least 900 hours during the tax year?<br>If yes, enter amount of out-of-pocket classroom expenses you paid or incurred: \$ _____  |             |   |
| 8) Did you pay child care costs for a dependent child under 13, or costs of caring for a disabled dependent or spouse, so you could work, attend school or look for a job?<br><br>If yes, provide the amounts paid for each individual and the names, address and taxpayer ID numbers of the care providers. Use the Tax-Masters Itemized Deduction and Credits worksheet form to provide this information.   |             |   |
| 9) Did you pay expenses related to adopting a child?<br>If yes, provide details of any expenses incurred: \$ _____  |             |   |
| 10) Did you pay an individual \$1,900 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook or gardener? (You are required to issue a W-2 to the service provider)  |             |   |
| 11) Did you have any debts cancelled or reduced (including credit cards), property repossessed or foreclosed upon, or did you file for bankruptcy?  |             |   |
| 12) Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account) located in a foreign country at any time during 2015? A financial account is located in a foreign country if it is physically located outside the U.S., including an account maintained with a branch of a U.S. If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a military installation) exceed \$10,000 at any time during the year? |             |   |
| 13) Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?   |             |   |
| 14) Do you have financial accounts maintained by a foreign (non-US) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing jointly)?   |             |   |
| 15) Did you own any foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?   |             |   |
| 16) Did you have any children under age 19 (or age 19-23 and full-time students) who had unearned income over \$1,000 for 2015?   |             |   |
| 17) Did you make gifts totaling more than \$14,000 to any individual during the year? If so, please provide recipient's name, address, relationship to you and the amount of the gift.  |             |   |

**Client Questionnaire (Continued)****Check any of the boxes below that apply to you for 2015**

|   |   |
|---|---|
| <input type="checkbox"/>  | Purchased health insurance for yourself or a family member through the Health Insurance Marketplace (Exchange). (Attach Form 1095-A, Health Insurance Marketplace Statement). |
| <input type="checkbox"/>  | Granted stock options by your employer and/or exercised employer stock options.   |
| <input type="checkbox"/>  | Owned any securities or held any debts that became worthless during the year.   |
| <input type="checkbox"/>  | Contributed to or received distributions from an Archer Medical Savings Account (MSA).  |
| <input type="checkbox"/>  | Purchased a qualified fuel cell vehicle.  |
| <input type="checkbox"/>  | Purchased a four-wheeled, plug-in electric drive motor vehicle or a 2 or 3-wheeled electric vehicle.  |
| <input type="checkbox"/>  | Traveled more than 100 miles to perform duties as a National Guard member or reservist.   |
| <input type="checkbox"/>  | Performed services in the performing arts for at least two employers.   |
| <input type="checkbox"/>  | Lived or worked in a foreign country.   |
| <input type="checkbox"/>  | Issued an Identity Protection PIN by the IRS. Add PIN: _____  |
| <input type="checkbox"/>  | Served in the Military.   |
| <input type="checkbox"/>  | Received any notice from the IRS or a state taxing authority. (Attach a copy for any unresolved issues).  |
| <input type="checkbox"/>  | Have a Solo 401K or other qualified pension plan (connected with self-employment) with plan assets equal to or greater than \$250,000 at any time during the tax year.        |
| <b>Please provide any other information related to your 2015 taxes not reported elsewhere on the questionnaire.</b> |   |

## **Health Care Coverage Certification**

In March 2010 President Obama signed the Affordable Care act. One provision of the Act required that in 2015 all Americans must have qualified health insurance or face a "Shared Responsibility Payment" more commonly known as the Health Care Penalty. In order to remind you of the rules and to protect us both from future IRS liability in the event of an audit, we require that all individual taxpayers for 2015 to positively affirm the following items related to Health Care. Please initial the appropriate item(s) and sign the bottom of the affirmation.

- \_\_\_\_\_ 1. We have provided you with all copies of Forms 1095-B, 1095-B, and 1095-C we received.
- \_\_\_\_\_ 2. We did not receive all Forms 1095-A because we have alternate government provided qualified health care insurance form Medicare, Medicaid, or Tri-care that covers all members of our household. **Enter N/A if not applicable.**
- \_\_\_\_\_ 3. We have qualified employer-provided health insurance for the entire year for our entire household.
- \_\_\_\_\_ 4. We have qualified other health insurance we purchased directly from an agent or insurance company for the entire year which covers our entire household.

***In the event you do not have qualified health insurance for the entire year for your entire household, please provide us with the following information regarding insurance coverage for all members of your household.*** In the absence of the completion of items 1-4 above or item 5 below, and the absence of your providing us with information regarding an exemption from the requirement to provide health insurance we will calculate the penalty and include with your return.

| Name             | Period of Coverage<br>(months and year) | Insured Signature<br>(Taxpayer or Spouse) |
|------------------|---|---|
| _____            | _____                                   | _____                                     |
| _____            | _____                                   | _____                                     |
| _____            | _____                                   | _____                                     |
| _____            | _____                                   | _____                                     |
| Signature 1      | _____                                   | Signature 2                               |
| _____            |   | _____                                     |
| BY: (Print Name) |   | BY: (Print Name)                          |
| Dated: _____     |   | Dated: _____                              |

**Tax-Masters, Inc.  
6159 Executive Blvd  
Rockville, MD 20852**

**Consent to Use Tax Return Information for other Tax-Related Services**

Due to IRS regulations, we must obtain your permission to use your tax return information for purposes other than the actual preparation of your tax returns. Our firm provides additional tax services beyond tax preparation, including year-round tax planning and tax consultation services. We cannot provide these services to you without your written consent.

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.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

I/We authorize the use of my tax information, at my request, for the purpose of offering the following services, including but not limited to the following:

- Life event tax advice, including marriage, divorce, college planning, estate & trust planning, and retirement planning.
- Accounting and Bookkeeping services
- Investment planning, including the purchase, sale, or exchange of real estate.
- Legal advice and services related to the formation of business entities.
- Consultation and implementation of Health Reimbursements Accounts, Health Savings Accounts and other health-related plans.

I/We also consent to the use of my tax information for purposes of communicating with me via newsletters, e-mail, web-site, phone, etc. information or data for purposes of making recommendations to me concerning the above services.

Duration of your consent (defaults to one year if left blank) \_\_\_\_\_

|                          |                    |               |
|--------------------------|--------------------|---------------|
| _____<br>Taxpayer's Name | _____<br>Signature | _____<br>Date |
|--------------------------|--------------------|---------------|

|                        |                    |               |
|------------------------|--------------------|---------------|
| _____<br>Spouse's Name | _____<br>Signature | _____<br>Date |
|------------------------|--------------------|---------------|

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 email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).