Disclosure and Service Agreement

Note: This is a fillable form. In most cases, there is no need to print it out. Just save and attach it in email.

1. A qualified tax preparer (“We”) will prepare your federal and state individual income tax returns. These returns will be prepared from information which you will furnish to us. We will not audit or make any other verification on the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with an online checklist to help you in gathering the necessary information (please note this list is not comprehensive, and any forms you are unsure about should be submitted to me prior to me preparing your tax forms). In the event of an audit by a taxing authority, you will be required to provide the documentation for all items in question to the taxing authority. It is the taxpyer’s (you) responsibility to obtain or retain all documentation that supports your tax liability.
2. It is your responsibility to provide all the information required for the preparation of a complete and accurate tax return. You should retain all documents, cancelled checks and other data that form the basis of income and deductions for at least the period of the statute of limitations (typically 3 years, but can unlimited in certain situations). You should also retain documents that support items carried over into open years, such as cost basis information, nondeductible IRA's, net operating losses, etc. This information 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. If for some reason you believe your returns have not been received by the taxing authorities, (i.e., didn't get your refund or they haven't cashed your check) then please contact us.
3. Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover errors or omissions by you, fraud, misrepresentations, defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary only for the preparation of your income tax returns. It is your responsibility to provide us with accurate, truthful information for use in preparing your tax forms.
4. We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authority’s interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.
5. Your returns may be selected for review for any reason by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to help you resolve these issues. However, such assistance is not included in your tax preparation fee and we will render additional fees for the time and expense incurred on a case by case basis. Moreover, the taxing authorities may correspond with you regarding your tax return. You agree to timely forward this correspondence to us for review and analysis. Additional fees may be charged depending upon the response required.
6. Our fees are based upon a standard rate schedule for the type of forms required to be filed. Our basic pricing schedule is available at [www.NoPainMuchGain.com](http://www.NoPainMuchGain.com). A retainer fee may be required to begin work, and payment in full for services is due prior to us filing your taxes. You agree to reimburse us for any bank fees associated if the payment is not honored by the bank for any reason.
7. Once we have started to prepare your tax return, we may ask you for additional information. You agree to promptly respond to our inquiries within 48 hours. We may terminate the service and retain the retainer if we don’t receive a response.
8. Prior to e-file, or printing the return for mail return, you may terminate the service for any reason without paying us. But once the return is e-filed, or you received a printout of the actual return, you must fulfill its financial obligation to us. In the same way, we may refuse to complete the filing without charge for any reason.
9. Unless specifically requested by you, we are authorized to contact you to provide tax-related information, such as newsletter, via email, mail or phone.
10. You will be responsible for all penalty and tax bill caused by you failing to provide necessary tax information, or providing inaccurate information to us. If the penalty and tax bill is caused by our error, you will still be responsible for the tax and any interest or penalty owed. We will only be liable up to the Fee charged for the particular return.
11. To provide better customer service and to comply with retention requirement, information about your tax return will be encrypted and stored on local disk drives. To further provide disaster recovery protection, data is also encrypted and backed up off-site on Internet cloud storage. Faxes are converted to email. Security of email is provided by Yahoo! Mail.
12. If you are married and filing jointly with your spouse, both of you should understand that joint income tax return subject both spouses to joint and several liability. Although one spouse may act as a primary representative (i.e. Principal Client) of the tax matter, both spouses understand their duties and responsibilities to review, understand and agree to the tax returns before signing.
13. If you are filing jointly with your spouse, both spouses are our clients. Unforeseen events in the future, such as divorce, may create a potential conflict of interest, where representation of one client is directly adverse to that of another client, or representing a client in circumstances creating a significant risk that the representation of one or more clients will be materially limited by the practitioner’s responsibilities to another client, a former client, or a third person or by a personal interest of the practitioner. If this potential conflict of interest arises, we will notify both parties for path forward.

Our Promises

1. The primary tax preparer (Armstrong Soo) is an IRS Enrolled Agent. ID is 92515. You may verify the status by calling the IRS on (855)472-5540.
2. We will not make fraudulent, untrue, or misleading statements or representations which are intended to induce a person to use their tax preparation services.
3. We will not obtain your signature to a tax return or authorizing document, which contains blank spaces to be filled in after it has been signed.
4. We will not fail or refuse to give you, for your own records, a copy of any document requiring your signature, within a reasonable time after you signature.
5. We will maintain a copy of any tax return prepared for four years or more from the later of the due date of the return or the completion date of the return.
6. We will not violate provisions of Sections 17530.5 or 7216 of Title 26 of the United States Code prohibiting us from disclosing any information obtained in the business of preparing federal or state income tax returns unless (1) consented to, in writing, by the taxpayer in a separate document; (2) expressly authorized by law; (3) necessary for the preparation of the return; and, (4) pursuant to court order.
7. We will sign your tax return when payment for services has been made. Signature may be in the form of electronic signature.
8. We will return, upon the demand by or on behalf of you, records or other data provided to us by you.
9. We will not give false or misleading bond information to a consumer or giving false or misleading information to a surety company in obtaining their tax preparer bond.

Fees

US Citizen and US Resident

|  |  |
| --- | --- |
| Federal 1040 EZ + 1 State return | $50 |
| Federal 1040 + 1 State returnIncludes:* Schedule A (Itemized Deduction)
* Schedule B (Interest & Ordinary Dividend)
 | $100 |
| Schedule C (Self-Employment) | $80 ea. |
| Supporting forms for Schedule C | $35 ea. |
| Schedule D (Capital Gain/ Loss) | $50 ea. |
| Schedule E (Supplemental Income/ Rental Income) | $100 each property |
| Form 1045 (Net Operating Loss) | $100 ea. |
| Sale of Home (or rental property) | $100 each property |
| Schedule K-1 | $50 ea. |
| NOL Carryforward from previous years without Form 1045 | $50 |
| Stock Option Account | $50 per 3921 or 3922 |
| 2-State Return | $50 |
| 3-State Return | $150 |
| Married Filing Separately in Community Property State | $200 per spouse |
| Report of Foreign Bank Accounts (FinCEN Form 114) | $100 |
| Form 8938 (Statement of Specified Foreign Financial Assets) | $50 |
| Additional required forms and schedules | $25 ea. |
| Additional required special forms and schedules | TBD |
| Power of Attorney | $100/ incident |
| Representation (research, correspondence, talk to IRS) | $100/ hr |
| Optional Organization Fee\* | $100/ hr |

\* Mostly applicable only to Self-Employment and Rental Property taxpayers who want to pay me to organize their receipts before entering them on tax forms.

US Non-Resident

|  |  |
| --- | --- |
| Federal 1040 NR+ 1 State returnIncludes:* Form 8833 (report any Treaty benefits)
* Form 8843 (exclude days of presence in US)
* Form 8840 (report close connection to a foreign country)
 | $200 |
| Statement for Dual-Status Return | $50 |
| Form 2063 or Form 1040-C for Departure Permit | $100 |
| Any other form as required | See “US Citizen and US Resident” |

US Expatriates/ Foreign Earned Income Exclusion and/or Foreign Housing Exclusion/ Deduction

|  |  |
| --- | --- |
| Form 2555 | $100 |
| Any other form as required | See fee for “US Citizen and US Resident” |

[ ]  I, \_\_\_\_\_\_\_\_\_\_\_\_\_ (please fill out your name), have read, understood and accept the terms in this Agreement. If I am filing jointly, my spouse has also read, understood and accept the terms in this Agreement. The last 4 digits of my SSN is \_ \_ \_ \_.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questionnaire

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This Questionnaire is for **TY2015**

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Taxpayer,

The goal of this questionnaire is to help me understanding your tax situation better so I can file your tax return accurately and expeditiously.

* Bring a copy of your 2014 Tax Return (or the last tax return you have) if I didn’t prepare it for you.
* List all your full-time and part-time occupations
* Make copies of all W-2s and tax forms, if possible

**Section 1 – About Yourself**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Primary Taxpayer | Spouse | Notes (if any) |
| Name of the primary tax payer if filing jointly with spouse. |  | N/A |  |
| Has IRS validated you as identity theft victim and you received CPO1A letter? | [ ]  Yes [ ]  NoIf yes, please provide your Identity Protection PIN | [ ]  Yes [ ]  NoIf yes, please provide your Identity Protection PIN |  |
| Date of Birth (MM/DD/YY) |  |  |  |
| Occupation |  |  |  |
| Email address for electronic signing. If filing jointly, both spouses must have different email addresses for electronic signing to work. |  |  |  |
| Were you a member of clergy who filed Form 4361? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Are you a U.S. citizen or Permanent Resident (i.e. Green Card holder?) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Which U.S. state were you a resident of as of Dec 31, 2015? |  |  |  |
| Were you a resident of the abovementioned U.S. state for the entire year of 2015? | You[ ]  Yes [ ]  No | Spouse[ ]  Yes [ ]  No |  |
| Do you want to contribute $3 to Presidential Election Campaign? “Yes” will not change your tax and reduce your refund. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Blind? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Your current address |  |  |
| Were you legally married as of 12/31/2015? | [ ]  Yes [ ]  No |  |
| If you were legally married as of 12/31/2015, were you separated from your spouse? | [ ]  Yes, I was separated for \_\_\_\_ months in 2015. [ ]  No, I was not separated  |  |
| Is someone else claiming you as dependent for 2015? | [ ]  Yes, someone is claiming me as dependent. Who? \_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No, no one is claiming me. |  |
| Was there anyone living with you in 2015 beside your spouse, if any?  | [ ]  Yes, someone lived with me in 2015 Please fill out the following table for each dependent.[ ]  No, I/ We lived alone all year in 2015 |  |
| Note: Do not enter spouse as dependent. If you have provided this info to me for prior tax return and there is no change, write “No Change”.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | DOB (mm/dd/yy) | Married? (Y/N) | US Citizen/ Resident? (Y/N) | Full time student? (Y/N) | SSN | Relationship to you | Lived with you more than half of the year (Y/N) | Dependent provided >50% of his/ her OWN Support? (Y/N) | Dependent earned more than $3,950? (Y/N) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Attach additional sheet if you have more than 3 dependents.Is any dependent above permanently and totally disabled? [ ]  Yes [ ]  NoYour child is permanently and totally disabled if both of the following apply:* He or she cannot engage in any substantial gainful activity because of a physical or mental condition.
* A doctor determines the condition has lasted or can be expected to last continuously for at least a year or can lead to death
 |
| Did you have any Foreign Earned Income in 2015? Do not count interest, capital gain from foreign stocks. | [ ]  Yes [ ]  No |  |

**Section 2 – Income**

|  |  |  |
| --- | --- | --- |
|  |  | Notes |
| Did you have any Foreign Earned Income in 2015? Do not count interest, capital gain from foreign stocks. | [ ]  Yes [ ]  No |  |
| Did you have any bank account in the USA? | [ ]  Yes [ ]  No Bring all 1099-INT* Bring a voided check if you want direct deposit
 |  |
| Did you have any foreign bank account? | [ ]  Yes [ ]  No |  |
| If you had any foreign bank account, was the aggregate value of all accounts US$50,000 (or US$75,000 if married filing jointly or you lived overseas) or more on 12/31/2015? | [ ]  Yes [ ]  No |  |
| If you had any foreign bank account, was the aggregate value of all accounts US$10,000 or more at ANY time in 2015? | [ ]  Yes [ ]  No |  |
| Did you receive dividends from stock? | [ ]  Yes [ ]  NoBring all 1099-DIV |  |
| If you have children, did they receive any investment income? | [ ]  Yes [ ]  No Bring all 1099s |  |
| Did you receive alimony (NOT child support) in 2015? |  [ ]  Yes [ ]  No Bring documentation that shows how much alimony you have received in 2015 |  |
| Did you pay alimony (NOT child support) in 2015? | [ ]  Yes [ ]  No Make sure you have the name and SSN of the recipient. |  |
| Did you receive any combat pay in 2015? | [ ]  Yes [ ]  No  |  |
| Did you run your own business in 2015, or did you receive 1099-MISC?Feel free to use <http://www.NoPainMuchGain.com/spreadsheet.xls> to keep track of revenue and expenses to avoid $100/hr organization fee. | [ ]  Yes [ ]  No Bring documentation of revenue, amount and type of expense.Bring documentation of how much you paid for health insurance premium in 2015 for yourself, spouse and dependents. |  |
| Did you buy or sell any property such as stock, bonds and mutual funds in 2015? | [ ]  Yes [ ]  No Bring all 1099-BKnow when did you buy those properties and the purchase prices |  |
| Did you lose more than $3,000 in any one year in stocks, bonds and mutual funds in the past few years? | [ ]  Yes/ Not Sure [ ]  No Bring Schedule D from previous tax returns |  |
| Did you sell your home in 20145 Feel free to use <http://www.NoPainMuchGain.com/rental.xls> to keep track of revenue and expenses to avoid $100/hr organization fee. | [ ]  Yes [ ]  NoBring 1099-S, if any* Know when did you buy your home and at what price
* Check the escrow paper from the title company to see if you have paid any prorated real estate tax
* Was the home a rental property? [ ]  **Yes** [ ]  **No**
* **Was the home purchased with First Time Homebuyer Credit?** [ ]  **Yes** [ ]  **No**
 |  |
| Was your home foreclosed by the bank in 2015? | [ ]  Yes [ ]  NoBring 1099-A or 1099-C issued by the bank* Your cost of the home including remodeling and upgrade.
 |  |
| Did you receive rental income in 2015, whether the rental unit has permit or not?Feel free to use <http://www.NoPainMuchGain.com/rental.xls> for each rental property to keep track of revenue and expenses to avoid $100/hr organization fee. | [ ]  Yes [ ]  NoKnow how much was your annual rental incomeKnow how big is your home and how big is your rentalKnow how much you paid to maintain the house, such as property tax, home insurance...etc.Find out from your property tax statement on the assessed value of the home excluding land valueFind out when (mm/yy) you bought the rental property and how many months was it available for rent. |  |
| Did you receive unemployment compensation in 2015? | [ ]  Yes [ ]  No Bring all your 1099-G |  |
| Did you withdraw money from your 401k, 403b or IRA accounts in 2015? | [ ]  Yes [ ]  NoBring all your 1099-R |  |
| Did you receive Social Security in 2015? | [ ]  Yes [ ]  NoBring your Form SSA-1099, or RRB-1099 or SSA-1042S, or RRB-1042S |  |
| Did you win any lottery, raffle and gambling? Did you receive compensation for jury duty? | [ ]  Yes [ ]  NoBring 1099-G, if you have any |  |
| Did you receive any inheritance or gift from outside of the USA? | [ ]  Yes [ ]  No |  |

**Section 3 – Adjustment to Income**

|  |  |  |  |
| --- | --- | --- | --- |
|  | You | Spouse | PREPARER’SNOTES |
| Did you contribute to Heathcare Savings Account (HSA) for High Deductible Health Plan (HDHP) in 2015 Or are you planning to contribute before 4/15/2016?**Note: Not to be confused with Flexible Spending Account (FSA).** | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No |  |
| Did you contribute to any IRA, SEP and/or SIMPLE in 2015? Or are you planning to do so before 4/15/2016? | [ ]  Yes [ ]  NoWhich, When and How much? | [ ]  Yes [ ]  NoWhich, When and How much? |  |
| Did you pay any student loan interest in 2015? | [ ]  Yes [ ]  NoBring 1098-T | [ ]  Yes [ ]  No Bring 1098-T |  |
| Did you, your spouse or dependent pay any post-secondary tuition or job-improving training in 2015? | [ ]  Yes [ ]  NoBring any 1099-T. Know how much for each recipient if you did not receive 1099-T |  |
| Did you relocate in 2015 for job reason? | [ ]  Yes [ ]  No |  |

**Section 4 – Possible Deduction**

|  |  |  |
| --- | --- | --- |
|  |  | PREPARER’SNOTES |
| Did you pay any State tax in 2015 for TY2014 and prior? | [ ]  Yes [ ]  No How much? |  |
| Did you pay any out-of-pocket medical expense, such as health insurance, doctor offices co-pay, dental work, prescription glasses (contacts), prescription medication, prescribed birth control pills…etc.? | [ ]  Yes [ ]  No How much and what were they for?How many miles were driven on your car to obtain medical services? |  |
| Did you pay any mortgage interest in 2015?Tip: Find out how much CA DMV Vehicle License Fee at <https://www.dmv.ca.gov/FeeCalculatorWeb/vlfForm.do>  | [ ]  Yes [ ]  No* Know how much you paid for property taxes AND DMV Vehicle License Fee
* Bring all 1098s including those from home equity
* Identify each 1098s with property address, original loan amount and type (i.e. home or equity line of credit)
 |  |
| Did you refinance your home in 2015? | [ ]  Yes [ ]  NoPlease provide the Escrow closing statement that list all the costs you paid to purchase your home |  |
| Did you make charitable donation via check in 2015? | [ ]  Yes, I wrote check(s) to charity(ies).If Yes, was any single check $250 or more?[ ]  Yes [ ]  No [ ]  No, I did not write any check to charity. |  |
| Did you donate any cash to charity in 2015? | [ ]  Yes, I donated cash to charity(ies).If Yes, do you have receipt or letter of acknowledgement from the charity(ies)?[ ]  Yes [ ]  No [ ]  No, I did not donate any cash. |  |
| Did you donate non-cash personal item to charity in 2015? | [ ]  YesIf Yes, please use <http://tinyurl.com/mtyxm39> to estimate value and send me the printout. If the total value is $500 or more, please also send me the receipt from the charity [ ]  No, I did not donate any personal item. |  |
| If you donated money to charity, did you give cash instead of check? | [ ]  Yes, I gave cash but I DON’T have acknowledgement letters or receipts from all beneficiaries.[ ]  Yes, I gave cash and I have acknowledgment letters or receipts from all beneficiaries. [ ]  No, I did not give cash. |  |
| If you donated money to charity, was any one single donation $250 or more? | [ ]  No[ ]  Yes but I don’t have all the acknowledgement letters or receipts for any single donation that was $250 or more.[ ]  Yes, I have all the acknowledgement letters or receipts for any single donation that was $250 or more. |  |
| Did you donate vehicle, boat and aircraft to any religious or non-profit organization? | [ ]  Yes [ ]  No |  |
| Were you involved with discrimination suit, or with a lawsuit related to doing or keeping your job? | [ ]  Yes [ ]  No |  |
| Did you suffer any loss from casualty or theft? | [ ]  Yes [ ]  NoHow much and what are they for? |  |
| Did you incur any unreimbursed employee expense? | [ ]  Yes [ ]  NoHow much and what are they for? |  |
| Did you subscribe to any professional service for your investment (such as magazine and research service)? | [ ]  Yes [ ]  NoHow much and what are they for? |  |

**Section 5 – Credits**

|  |  |  |
| --- | --- | --- |
| Did you pay for any childcare expense, including pre-schools and K but excluding 1st grade or higher? | [ ]  Yes [ ]  NoHow much did you pay for each childTry your best to obtain the name, address and Taxpayer Identification Number for each child’s care provider or a W-10 from each provider, unless provider is a tax-exempt organization. |  |
| Did you adopt or in process of adopting a child or children in 2015? | [ ]  Yes [ ]  No |  |
| Did you make energy efficiency improvement to your home in 2015, such as adding insulation, energy efficient exterior windows and energy-efficient heating and air conditioning systems? | [ ]  Yes [ ]  No  |  |
| Did you purchase any energy efficiency residential alternative energy equipment, such as solar hot water heaters, geothermal heat pumps and wind turbines in 2015? | [ ]  Yes [ ]  No |  |
| Did you purchase a qualified plug-in electric drive motor vehicle in 2015? | [ ]  Yes [ ]  NoPlease state the Year/ Make/ Model of the vehicle. |  |

**Section 6 – Other Federal/ State Taxes**

|  |  |  |
| --- | --- | --- |
| Did you make any purchase from out-of-state or Internet sellers in 2015, where:1. The seller(s) did not collect state sales tax, AND
2. You used, stored, gave away or consumed the item in your state, AND
3. Your state is not Alaska, Delaware, Montana, New Hampshire and Oregon?
 | [ ]  Yes [ ]  NoYou may owe [Use Tax](http://www.ftb.ca.gov/current/usetax.html) for your State. I will contact you for more information. |  |
| Did you pay more than $1,800 salary to household employee(s) in 2015? | [ ]  Yes [ ]  No |  |
| Would you like to make voluntary contribution to any charitable fund offered by your state, if offered?  | [ ]  Yes [ ]  No |  |
| Did you make any Estimated Tax Payment (Federal and/or State) in 2015? | [ ]  Yes [ ]  NoWhen and how much did you pay? |  |
| Was everyone in your household (spouse and dependents, if applicable) covered by one of the following “minimum essential” health plan in each month of the year?* Govt-sponsored (Medicare Part A, Part C, Medicare Advantage, Medicaid, CHIP, TRICARE, veteran health coverage)
* Employer-sponsored coverage under a group health plan, including self-insured plans.
* Qualified individual market coverage purchased through the Marketplace or from insurance companies.

If you don’t see your health plan here, check <http://tinyurl.com/na4fbng> for full listing. | [ ]  Yes, everyone in my household was covered by[ ]  Govt Health Plan. Name: \_\_\_\_\_\_\_\_\_\_\_\_[ ]  Employer-Sponsored Health Plan[ ]  Affordable Care (ObamaCare) Market Place[ ]  Other. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No, there was someone in my household who was not covered by any health plan for at least one month in 2015. |  |

**Section 7 – FOR GEORGIA RESISDENTS ONLY. For all others, please skip to Section 8**

|  |  |  |
| --- | --- | --- |
| Did you purchase a new single-family home that contains all of the accessibility feature listed below, or retrofit an existing single-family home with one of more of these features?* One no-step entrance allowing access into the residence
* Interior passage doors providing at least a 32-inch wide opening
* Reinforcements in bathroom walls allowing installation of grab bars around the toilet, tub, and shower
* Light switches and outlets placed in accessible locations
 | [ ]  Yes [ ]  No  |  |
| Are you a members of the National Guard or Air National Guard and are on active duty full time in the US Armed Forces, or active duty training in the US Armed Forces for a period of more than 90 consecutive days? | [ ]  Yes [ ]  No |  |
| Do you have a dependent minor child that successfully completed driver education at a private driver training school licensed by DDS, and has never obtained the Driver Education Credit before? | [ ]  YesChild’s name \_\_\_\_\_\_\_\_\_\_Name of private driver training school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cost: $\_\_\_\_\_\_\_\_\_[ ]  No |  |
| Did you receive disaster assistance from Georgia Emergency Management Agency or the Federal Emergency Management Agency during the tax year, including the following types of assistance?* Grants from the Department of Human Services’ Individual and Family Grant Program
* Grants from GEMA and/ or FEMA
* Loans from the Small Business Administration that are due to disasters declared by the President or the Governor.
 | [ ]  YesPlease provide a copy of the approval letter from the disaster assistance agency.[ ]  No |  |
| Are you a physician licensed to practice in Georgia, and practiced and resided in a rural county? | [ ]  Yes [ ]  No |  |
| Did you adopt a qualified foster child during this or prior tax years? | [ ]  Yes [ ]  No |  |
| Are you permanently and totally disabled? | You[ ]  Yes [ ]  No | Spouse[ ]  Yes [ ]  No |  |
| Did you contribute or planning to contribute by filing deadline to any beneficiaries’ Georgia Path2College 529 Plan? | [ ]  YesHow many beneficiary (ies)?How much per beneficiary?[ ]  No |  |

**Section 8 – Conclusion**

|  |  |  |
| --- | --- | --- |
| Would you want to file the Federal and State return electronically (i.e. e-File)? E-file eliminates the needs to mail in paper returns with attachments and you will receive your refund faster, if any. | [ ]  Yes [ ]  No  |  |
| If you have refund, do you want the IRS/ State to direct deposit your bank account? |  [ ]  Yes Bank Routing# is:Checking Account# is: |  [ ]  No I know it is going to take longer but I still want to receive refund checks in the mail. |  |
| If you owe tax, do you want to the IRS/State to debit your bank account? |  [ ] Yes Bank Routing# is:Checking Account# is: | [ ]  No I prefer to mail the check(s) in. |  |
| If you owe federal tax, do you need to arrange Installment Agreement? |  [ ] Yes, I’d be interested in Installment Agreement if I owe Federal more than $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| How did you learn about my tax service? | [ ]  I am a returning client[ ] Craigslists[ ] Yelp[ ]  Friends/ Relatives. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Others. Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| What is the most important factor that helps you decide to use my tax service over others? |  |  |

**Please use the space below to provide any information, if any, that you believe is significant but I haven’t asked you. Use additional paper if necessary.**

|  |
| --- |
|  |

Make sure you sign the agreement on page 5.

Please return this document along with other tax documents to us via one of the following methods:

1. Mail to 2820 Gleneagles Pointe, Alpharetta, GA 30005, USA or
2. Email to armstrong\_soo@yahoo.com , or
3. Fax to +1-925-476-1242, or
4. Upload all the files to your favorite cloud storage provider, such as DropBox or Box, and share the link with me.