

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.

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:

<u>Personal Information:</u> This information tells the IRS exactly who's filing, who is covered in your tax return, and where to deposit your tax refund:

	 *If you are (helpful, bu *If claiming applicable (Bank account 	nt and routing number, if (it year's tax return sidency from: Ped depositing your re	for you and you and you intrician, School fund directly in	our spouse ol and if oto your	
	<u>Name</u>	Soc. Sec. No.	<u>Date of Birth</u>	<u>Occupation</u>	<u>Cell Phone</u>	
Taxpayer						
Spouse						
Street Address:		City:	Sta	ate:	Zip:	
Email Add	ress (Taxpayer):					
Email Add	ress (Spouse):					
	Direct Deposit Infor	mation:				
Account N	lumber:					
Routing N	lumber:					
Name of E	Bank:					

Please ensure your banking information is correct

*We will process payment after you sign form 8879

*No processing fees apply.

Check this box if you prefer to pay your invoice through ACH withdrawal



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			Taxpayer:
Blind	Yes	No	
Disabled	Yes	No	
Pres. Campaign Fund	Yes	No	
			Spouse:
Blind	Yes	No	
Disabled	Yes	No	
Pres. Campaign Fund	Yes	No	

Marital Status:				
Married				
Single				
Will File Jointly	Yes	No		
Widow(er) –	Include Date o	of Spouse's I	Death:	

Dependents (Children & Others)							
Names	Relationship	Date of Birth	Soc. Sec. No.	Months Lived w/You	Disabled	FT Student	Single as of 12/31



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Quarterly Payments:					
	Amount	Date			
Federal Quarter 1					
Federal Quarter 2					
Federal Quarter 3					
Federal Quarter 4					
	Amount	Date			
State Quarter 1					
State Quarter 2					
State Quarter 3					
State Quarter 4					
Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If YES, enter the six digit identity protection PIN number:					
Taxpayer:					
Spouse:					

I (we if filing a joint return) declare, under penalty of perjury, that I (we) have answered all questions in a **TRUE and FACTUAL manner and that the documents provided to Premiere Business Service3s are original** documents supporting my (our) claim for income and deductions related to my (our) income tax return. I (we) understand and accept the conditions of the Engagement Letter, Privacy Policy, Consent Statement, and Agree to Contact (available upon request). 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:



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 current court rulings, your data will not be audited or otherwise verified, however, we may ask you to clarify some of the information provided to us or for you 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 for the accuracy of your return(s). Therefore, you agree to review the return(s) carefully before you sign the return(s). 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 preparation interview and/or discussion is confidential, we cannot disregard the implications of any such information provided to us while preparing your return. Additionally, there is no preparer-client privilege in tax preparation and we cannot mislead the IRS in any way. The previous not withstanding, NO ONE CAN GET INFORMATION FROM US WITHOUT YOUR WRITTEN PERMISSION EXCEPT FOR A GOVERNMENT AGENCY FOLLOWING DUE PROCESS OF LAW.

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 are not limited to, accounting or bookkeeping work performed, financial planning services, life insurance or annuities, 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 your 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 INSUFFICIENT FUNDS WILL INCUR AN ADDITIONAL \$50.00 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 <u>NOT</u> PROVIDE ANY TAX RETURNS, LETTERS OR DOCUMENTS TO <u>ANYONE</u> 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.

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

Taxpayer Signature:	Date:
Spouse Signature:	Date: