



TAX FACTS, INC.
114 N. McDonough Street
Jonesboro, GA 30236

Phone: 770.471.3003
Fax: 770.471.4662
email: info@taxfacts.com
web: www.taxfacts.com

Date: _____

Taxpayer Name and Address: _____

Subject: Preparation of Your 2013 Tax Returns

Thank you for choosing **Tax Facts** to assist you with your **2013** taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your **2013** federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required and the forms necessary to accurately prepare your return. Invoices are due and payable upon completion of the return. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records for five years, after which these documents will be destroyed.

Our engagement to prepare your **2013** tax returns will conclude with the delivery of the completed returns to you (if paper filing) or your signing, and the subsequent transmission, of your tax return (if e-filing). If you have not chosen to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. You should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,
Penny Tokash, EA

Taxpayer Signature

Dated: _____

Spouse Signature

Dated: _____

Tax, Accounting & Financial Services

YOUR
PHOTO ID

**CLIENT
INFORMATION
2014**

SPOUSE
PHOTO ID

☐ Prior Client

YOU	SPOUSE
NAME	
SOCIAL SECURITY NUMBER	
BIRTHDAY	
OCCUPATION	
PHONE NUMBER	
EMAIL	

ADDRESS _____ APT. # _____

CITY/STATE _____ ZIP _____

PHYSICAL ADDRESS IF PO BOX USED ABOVE: _____

CHOOSE:

- ☐ SINGLE
☐ MARRIED
☐ UNMARRIED HEAD OF HOUSEHOLD (MUST HAVE A DEPENDENT)

TOTAL NUMBER OF DEPENDENTS ON YOUR RETURN _____ (Do not include you or your spouse)

*Put a star beside the name of any dependent who did not live with you all year and explain below.

FULL NAME OF DEPENDENT (FIRST and LAST NAME)	SOC SECURITY #	BIRTHDATE	RELATIONSHIP?	DAYCARE AMT PAID	COLLEGE YEAR	TUITION PAID

(LIST ADDITIONAL DEPENDENTS, SOC SECURITY #, BIRTHDAY, AND RELATIONSHIP ON SEPARATE SHEET)

DID YOU PAY FOR CHILD CARE THIS YEAR? To claim a credit for childcare paid, you **MUST** Include the **NAME, ADDRESS, AND SS# OF THE PERSON OR ID# OF THE BUSINESS.**

NAME _____ EIN or
SOC SEC # _____ AMT PD. _____

ADDRESS _____

NAME _____ EIN or
SOC SEC # _____ AMT PD. _____

ADDRESS _____

(LIST ADDITIONAL BABYSITTER'S NAME, ADDRESS, SOC SECURITY #, AND AMT PAID ON SEPARATE SHEET)

CALL TAX FACTS: 770-471-3003 | FAX: 770-471-4662 | EMAIL: info@taxfacts.com

Client Information Sheet.doc