

Lorraine Darling

Certified Public Accountant

Taxpayer Name _____ Date of Birth _____ Occupation _____

Spouse Name _____ Date of Birth _____ Occupation _____

Mailing Address: _____

E-mail address (optional): _____

Telephone number: Home _____ Cell _____

Please complete the following for dependents your will be claiming on your 2016 tax return: No dependents

If you have a new dependent (s), please provide social security number(s)

Name: _____ Date of Birth _____ Relationship _____

Name: _____ Date of Birth _____ Relationship _____

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Are you or your spouse a commercial fisherman? Yes No

Do you want your tax return prepared for electronic filing Yes No

If you have a refund, would you like it direct deposited? Yes No Checking Savings

If yes, please provide a voided check, or documentation showing the routing and account number

Is this a joint account? Yes No

If you answer YES to any of the following questions, please include documentation in your paperwork

Did you pay federal quarterly estimates? Yes No Paid All Will call or drop off

Did you pay state quarterly estimates? Yes No Paid All Will call or drop off

Did you pay property tax in 2016? Yes No Will call or drop off

Did you pay excise tax in 2016? Yes No Will call or drop off

Did you pay rent for your residence in 2016? Yes No Missing will call or drop off

If yes, did your rent include heat Yes No

Energy saving improvements made to home? Yes No If yes, please describe _____

If you have a health savings account were all funds spent on medical Yes No

Are you self-employed, own a rental property, corporation or partnership? Yes No

If yes to above, did you make any payments that would require you to send 1099s? Yes No

If yes, did you file all required 1099 forms Yes No

I acknowledge full payment is due when services are rendered.

Signature _____ Print _____ Date _____

Office use only RETURNING CLIENT TAXPAYER ID SPOUSE ID ENGAGEMENT INSURANCE

HEALTH INSURANCE COVERAGE
PLEASE SELECT THE OPTION(S) BELOW THAT APPLY TO YOUR TAX FAMILY

COVERAGE PROVIDED BY:

- EMPLOYER
- PRIVATE PAY (NOT MAINE COMMUNITY HEALTH OPTIONS)
- MEDICARE
- VA

All members of my tax family were covered by one of the entities above for ALL of 2016

IF THIS OPTION APPLIES TO YOU AND YOUR TAX FAMILY, PLEASE SIGN THE BOTTOM OF THIS PAGE, THIS FORM IS COMPLETE.

MAINE COMMUNITY HEALTH OPTIONS (aka. OBAMA CARE):

All members of my tax family were covered by this health plan for ALL of 2016

Form 1095-A is required for filing tax returns. Included in my documents Will Bring

IF THIS OPTION APPLIES TO YOU AND YOUR TAX FAMILY, PLEASE SIGN THE BOTTOM OF THIS PAGE, THIS FORM IS COMPLETE.

NOT COVERED BY HEALTH INSURANCE FOR ALL OF 2016 – OR EXEMPT STATUS ISSUED:

1) Hardship exemption by Community Health Options: Yes NO

If yes, please provide all applicable exemption certificate numbers and documentation issued for each member of your family. Included in my documents Will Bring

2) Did your **uninsured** dependent(s) filed an income tax return? Yes NO

If yes, please provide a copy of the return filed Included in my documents Will Bring

3) Did you or your spouse have access to health insurance through an employer? YES NO

NO COVERAGE: FOR EACH MEMBER OF YOU TAX FAMILY- FILL IN NAMES BELOW AND CIRCLE MONTHS NO COVERAGE WAS PROVIDED, PLEASE SIGN THE BOTTOM OF THIS FORM

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Does this person use Tobacco Yes No

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Does this person use Tobacco Yes No

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Does this person use Tobacco Yes No

Name: _____

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Does this person use Tobacco Yes No

SIGNATURE _____ PRINT _____

DATE _____

Thank you for your confidence in my firm. I look forward to working with you. This letter is to confirm and specify the terms of my engagement with you and to provide clarification of the nature of the services I will provide.

You represent that you will provide me information which is complete, true, and correct, disclosing all relevant facts. I will not audit or otherwise verify the data you submit. Additional information provided to me after returns or documents are prepared be subject to a minimum **\$25 reprocessing fee**.

Both the taxpayer and spouse must sign documents upon completion. If e-filing is rejected, I will notify you and provide a hard copy of your return for mailing. If your refund is being direct deposited, it is your responsibility to verify the routing number and account number printed on your tax return.

I will return all original source documents and a copy of the returns for your records. A **\$15 fee** will be charged for each additional copy of your returns. I will retain a copy of your tax return for 3 years. You should retain all documents and maintain all original source documentation for at least 10 years. Keep copies of your tax returns and proof of payment of your tax liabilities forever. You have the final responsibility for documents prepare by my office. I recommend you review them carefully before you sign them.

Penalties may be imposed when taxpayers understate their tax liabilities. By law, I am required to disclose any position on a return for which there is a reasonable probability of challenge. Penalties on underpayment, late filing and failure to file on time are interest on unpaid tax, and they are your responsibility. If you receive penalty and interest imposed as the result of my error, I will reimburse you for the penalty and interest assessed. However, the unpaid tax liability is your responsibility.

Your returns may be selected for review 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, I will be available upon request to represent you. Additional work required such as responding to inquiries from tax authorities, amending returns, or other tax authority representation will render additional charges for the time and expense incurred.

You acknowledge fees billed annually for your tax return preparation include; income tax return preparation only. Appointments, e-mails, and phone consultations will be billed at our standard hourly rate of \$180.00 with a minimum charge of \$45. Payments are due when services are rendered. No tax returns will be released or e-filed without payment.

Should there be a disagreement of any sort between us, you agree to mediation. If mediation is unsuccessful, you agree to binding arbitration under the rules of the American Arbitration Association. The limit of time for making a claim arising from my services is one year after the services are rendered.

If any provision herein is inoperative, the remainder of this agreement shall remain in full force and effect. This agreement is intended as the complete agreement and can only be modified in writing signed by both of us. If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated.

In the case of work product covering more than one party, the undersigned enters into this agreement on behalf of all affected parties (i.e., husband signing for both spouses).

I want to express my appreciation for this opportunity to work with you.

Sincerely,

Lorraine Darling, CPA

Agreement accepted by:

Signature _____ Print _____ Date _____