

# Lorraine Darling

Certified Public Accountant

Taxpayer Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Preferred contact  Telephone  E-mail

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**Please complete the following for dependents you will be claiming on your 2017 tax return:**

Same dependents as last year  No dependents

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

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**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

Same account as last year **If not, please provide your routing and account number**

**Is this a joint account?**  Yes  No

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**Did you pay the following in 2017?**

Federal quarterly estimates?  Yes  No  Paid All  Will Bring Information

State quarterly estimates?  Yes  No  Paid All  Will Bring Information

Property tax in 2017?  Yes  No  Will Bring Information

Excise tax in 2017?  Yes  No  Will Bring Information

Rent for your residence in 2017?  Yes  No Did your rent include heat?  Yes  No

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**Did you make any solar or geothermal energy improvements to you home?**  Yes  No

**If you have a health savings account were all funds spent on medical**  Yes  No  N/A

**If you or your spouse are you self-employed, own a rental property, corporation or partnership:**

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

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**There are several tax law changes for 2018. If you pay quarterly estimates, tax planning is recommended prior to your first quarterly payment. If you do not pay quarterly estimates and would like to discuss how these changes will affect your tax situation, please contact our office after May 1, 2018. Tax planning hourly rate \$180.00 minimum fee \$90.00 Tax planning required**

*I acknowledge full payment is due when services are rendered.*

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

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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 2017

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

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**MAINE COMMUNITY HEALTH OPTIONS (aka. OBAMA CARE):**

All members of my tax family were covered by this health plan for ALL of 2017

Form 1095-A is required for filing tax returns.  Included in my documents  Missing Info

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

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**NOT COVERED BY HEALTH INSURANCE FOR ALL OF 2017 – OR EXEMPT STATUS ISSUED:**

1) Hardship exemption by Community Health Options:  Yes  NO  Included in my documents

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  Missing Info

**NO COVERAGE: FOR EACH MEMBER OF YOUR 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

Name: \_\_\_\_\_  
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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. For your convenience we can mail your completed tax return and original information to you priority mail with a minimum fee of \$15.00. Payments are due when services are rendered. Documents will not 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 \_\_\_\_\_