

Taxpayer Name _____ Date of Birth _____ Occupation _____

Spouse Name _____ Date of Birth _____ Occupation _____

Mailing Address: _____

E-mail Address: _____

Telephone Number: _____ Preferred contact Telephone E-mail

Please complete the following for dependents you will be claiming on your 2020 tax return:

Same as last year (if you check this box, you do not need to provide info below) No dependents

Name: _____ Date of Birth _____ Relationship _____ SSN _____

Name: _____ Date of Birth _____ Relationship _____ SSN _____

Amount you received from stimulus Payment 1 \$ _____ Payment 2 \$ _____

Did you receive unemployment in 2020? Included in my documents Missing Information

Did you make \$300 in cash donations for which you have receipts in 2020? Yes No

Did you purchase health insurance from Maine Community Health Yes No

If yes, Form 1095 A is required Included in my documents Missing Information

If you have a refund, would you like it direct deposited? Yes No Same account as last year

Is this a joint account? Yes No Checking Savings

Did you pay the following in 2020? If yes, please include documentation.

Federal quarterly estimates? Yes No Paid All Missing Information

State quarterly estimates? Yes No Paid All Missing Information

Property tax in 2020? Yes No Missing Information

Rent for your residence in 2020? Yes No Did your rent include heat? Yes No

Did you make energy saving improvements in 2020 Yes No Item(s) Purchased _____

Have you invested in virtual, digital or cryptocurrency? Yes No

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

If you are 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

All tax returns will be prepared for electronic filing unless otherwise noted.

I acknowledge full payment is due when services are rendered.

Signature _____ **Print** _____ **Date** _____

Office use only TAXPAYER ID SPOUSE ID ENGAGEMENT

You have requested Lorraine Darling, CPA P.C. to prepare your 2020 tax return. This form is to confirm and specify the terms of my engagement.

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. There are circumstances when information from a prior tax return is relied upon to complete the current year's tax return. Examples of this include, but are not limited to, depreciation schedules, carry forward losses, and carry forward excess charitable contributions. If your prior tax returns were prepared by another provider, and you are aware of any inaccuracies in the prior return(s), it is your responsibility to inform me of the inaccuracies so they can be corrected. Otherwise, I will use applicable information from your prior year's return(s) to complete this year's return.

In the event your prior year(s) tax returns are not accurate for any reason, whether due to incorrect information relayed to your former tax preparer or mistakes of the preparer, by signing this form, you agree to release Lorraine Darling, CPA P.C., its accountants, owner and employees, and Lorraine Libby Darling, individually, from any and all claims and liability of any sort, including but not limited to, interest, penalties, back taxes, tax preparation or attorney's fees related to mistakes in the prior year's returns or resulting from the use of the faulty information from prior year(s) in preparation of your 2020 return. In this form, you are not being asked to release our office from liability for your 2020 return for any reason other than inaccuracies resulting from faulty information being carried forward from a prior year's return that we did not prepare.

By law, I am required to disclose any position on a return for which there is a reasonable probability of challenge. 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. Additional work required such as responding to inquiries, amending returns, or other tax authority representation will render additional charges.

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.

I will retain a copy of your tax return for 3 years. You should retain all documents and maintain all original source documentation.

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

You have the final responsibility for documents prepared by my office. I recommend you review them carefully before you sign them.

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 hourly rate of \$200.00 with a minimum charge of \$50. Payments are due when services are rendered. Documents will not be released or e-filed without payment. If mailing is requested, all tax documents are sent priority with tracking for a minimum fee of \$15.00.

By signing this form, I _____ (client name) acknowledge that I have read and understand it, have had the opportunity to have any questions addressed and agree to the liability waiver included herein.

Dated: _____

Client Signature

Witness