

Attached, please find the client profile sheet for your 2024 tax preparation. Please fill it out completely, attach it to your tax documents once they are all received, and drop off at the office.

**Individual Tax Returns** include the federal return and one state filing, along with electronic filing of the tax returns. Also included are schedules A, B & D (unless the transactions are excessive, then additional fees will incur)

The processing fee will increase 5% on average per year (subject to change)

**Additional charges will consist of the following:** (Prices subject to change)

Additional state return(s) - \$85.00 per state

PTR-1 or 2 (Senior Freeze) - \$35-45.00

K1's - \$80.00 each

Schedule C - \$125.00 (which must be itemized otherwise additional fees will be incurred for accounting work)

Schedule E - \$125.00

Fee for tallying receipts - \$25.00

Copy fee - \$25.00 (hard copy or electronic copy)

Additional processing fee for any MISSED documents after tax return is processed – \$25.00 per document

Responding to IRS and/or state tax notices will incur additional fees.

There will be a 3% charge for credit/debit card processing.

Thank You

# 2024 CLIENT PROFILE CHECKLIST

How would you like to receive your tax return? PAPER Copy \_\_\_\_\_ EMAIL Copy \_\_\_\_\_

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DID YOU MOVE YES NO ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

FILING STATUS: SINGLE MARRIED FILING JOINT MARRIED FILING SEPARATE HOH

DEPENDENTS: SAME AS LAST YEAR \_\_\_\_\_ \*Please indicate if you ADDED or REMOVED a dependent

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ ADD or REMOVE

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ ADD or REMOVE

CHILDCARE EXPENSES: Provider: \_\_\_\_\_ Address: \_\_\_\_\_

EIN# \_\_\_\_\_ Total Childcare Paid \$ \_\_\_\_\_

Any dependent child attending college? YES NO \*If YES, please provide 1098T

IMPORTANT - Are any Dependent children filing their OWN tax return? Yes No If YES, who? \_\_\_\_\_

**IF ANY OF THE FOLLOWING RELATE TO YOU, PROVIDE THE APPLICABLE FORMS**

- MORTGAGE INTEREST FORM 1098
- HEALTHCARE FORM 1095A (Marketplace) or 1095B or C (Employer Provided)
- INVESTMENT ACCOUNTS FORM 1099DIV, INT, 1099B, Consolidated Brokerage Statement
- CANCELLATION OF DEBT FORM 1099C
- SOCIAL SECURITY/DISABILITY FORM 1099 SSA
- BANK INTEREST FORM 1099INT
- RETIREMENT ACCOUNTS FORM 1099R

\* AGE 59 1/2 OR YOUNGER, DID YOU WITHDRAW FROM YOUR RETIRMENT ACCOUNT? YES NO

\*AGE 70 1/2 OR OLDER, DID YOU TAKE THE REQUIRED MINIMUM DISTRIBUTION (RMD) YES NO

VIRTUAL CURRENCY: Did you receive, sell, exchange, gift or dispose of digital assets (ie Bitcoin) YES NO

Do you have any FOREIGN financial accounts? YES NO

Do you have any FOREIGN financial assets or hold interest in a FOREIGN entity? YES NO

**VETERAN EXEMPTION:**

ARE YOU A VETERAN: YES NO SPOUSE: YES NO

Have you previously filed for your Veterans Exemption in NJ? YES NO If NO provide DD214 paperwork

**DEDUCTIONS:**

TOTAL

CHARITABLE CONTRIBUTIONS \$ \_\_\_\_\_ Please DO NOT include receipts, only TOTALS

NON-CASH CONTRIBUTIONS \$ \_\_\_\_\_

MEDICAL EXPENSES\* \$ \_\_\_\_\_ \*Include all out of pocket expenses, prescriptions, dental

INSURANCE PREMIUMS \$ \_\_\_\_\_ vision. DO NOT include Employee paid premiums

HSA AMOUNTS \$ \_\_\_\_\_ or HSA amounts in the medical expenses.

\*PROPERTY TAXES PAID IN 2024: \_\_\_\_\_

TOTAL RENT PAID IN 2024 \_\_\_\_\_

\*Provide Property Tax Assessment Card from Township

Number of months in rental: \_\_\_\_\_

DID YOU PURCHASE A PROPERTY YES NO If YES, provide HUD1 Settlement Sheet

DID YOU SELL A PROPERTY? YES NO

IF YES, What type of property? PRIMARY HOME SECONDARY HOME RENTAL PROPERTY LAND

THE FOLLOWING INFORMATION IS MANDATORY FOR THE SALE OF A PROPERTY:

Original Purchase Date: \_\_\_\_\_

Original Purchase Price: \_\_\_\_\_

Capital Improvements (any work done to the property to improve the value)

TOTAL \$ \_\_\_\_\_

Date of Sale: \_\_\_\_\_

Sale Price: \_\_\_\_\_

\*Include a copy of the Settlement Sheet

BANK INFORMATION FOR DIRECT DEPOSIT

\*May provide a copy of a voided check

Bank Name \_\_\_\_\_

Type of Account \_\_\_\_\_

Routing Number \_\_\_\_\_

Is this a Joint Account? YES NO

Account Number \_\_\_\_\_

SAME ACCOUNT AS LAST YEAR? YES NO

\_\_\_\_\_ I DO NOT WANT DIRECT DEPOSIT - Send a PAPER Check

ESTIMATED TAXES Do you need estimated tax payment schedule for 2025? YES NO

Must list the following for each Estimated Tax Payments made towards your 2024 tax liability:

	Date Paid	Amount Paid	Method of Payment (check.EFT)
<b>Federal:</b>	Qtr 1		
	Qtr 2		
	Qtr 3		
	Qtr 4		
<b>NJ/Other:</b>	Qtr 1		
	Qtr 2		
	Qtr 3		
	Qtr 4		

DRIVERS LICENSE OR VALID STATE ID: Please provide a copy or bring in Taxpayer AND Spouse Valid ID

My/our signature confirms that the information provided is true and accurate to the best of my knowledge. I/we did not have any major changes last year and did not need to complete the detailed client profile packet. I/we understand that failure to provide ALL necessary information will delay the processing of my tax return and I will incur additional processing fees if any of my documents are missing. The fee is \$25.00 per document.

Taxpayer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Davis CPA Group, PC**  
**Our Work Agreement T Y 2024**

Client Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_ Individual Tax preparation: ( ) Federal ( ) NJ ( ) PA ( ) Philadelphia ( ) Other: \_\_\_\_\_

\_\_\_ Business Tax preparations: 1065 1120S 1120C 990 \_\_\_\_\_ Accounting Services

Here are the terms of our professional relationship:

1. \_\_\_\_\_ Davis CPA Group, PC will prepare our work product based only on information both written and oral, which you give us. You represent that you will provide us information, which is complete, true and correct, disclosing all relevant facts. We will restrict our services to those which are shown above with no continuing obligation to update or provide other services. You understand we will not audit or verify your information
2. \_\_\_\_\_ Davis CPA Group, PC does not keep any original client records. We routinely scan and keep copies of some supporting documents, but we are not the custodian of your records, and you cannot rely upon us to maintain support for your tax return that is your responsibility. By accepting the return, you acknowledge the return of all original source documents.
3. \_\_\_\_\_ You're aware of IRS record keeping and documentation requirements and you represent that you have the documentation necessary to support all your tax deductions. You understand that taxing authorities may examine the returns, that documentation should be retained to support the information you provided to us, especially business travel and entertainment deductions, business use % of autos and other assets, barter activities and the required documents to support all charitable contributions, and that interest and/or penalties may be imposed on returns that are late, unpaid or incorrect. You will retain for seven years all the documents, receipts, cancelled checks and other records to substantiate the items of income and expenses claimed on your return.
4. \_\_\_\_\_ Penalties or underpayment, late filing or failure to file on time or interest on unpaid tax are your responsibility. If you receive a penalty imposed as the result of our error, we will reimburse you for the penalty or credit your account at our option. We don't file extensions unless asked to do so.
5. \_\_\_\_\_ You will inform our office of any FOREIGN ACCOUNTS you own or have signature of authority over.
6. \_\_\_\_\_ TAX NOTICES: It is possible you may receive a notice of additional tax, or for clarification of items on your returns. Our fee to prepare your return does not include responding to inquiries or examination by taxing authorities.
7. \_\_\_\_\_ There may be elections and decisions in your return which could be challenged by tax authorities. If we believe we see a grey area, we will discuss it with you. We are required by law to disclose any position on a return for which there is a reasonable probability of challenge. Tax law is ever changing. It is possible that you may be assessed additional tax, interest or penalties. While we try our best, we are human and occasionally make mistakes. It's an imperfect world.
8. \_\_\_\_\_ ADDITIONAL WORK: Tax planning, amended returns or audit work will be billed at our regular hourly rates.
9. \_\_\_\_\_ E-FILE: We will, if possible, e-file your returns upon receipt of a signed Form 8879. It is possible your e-filing may be rejected; in which case we will prepare returns for paper filing or try to correct the item which caused the e-file to be rejected.
10. \_\_\_\_\_ You understand what was involved in the preparation of your tax return and acknowledge that the return was prepared with your informed consent. You agree to the reasonableness of how we bill, and you agree to pay our bill upon presentation.
11. \_\_\_\_\_ Should there be any 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 our services is one year after the services are rendered.
12. \_\_\_\_\_ Advice, suggestions and opinions which are given informally, orally or via e-mail do not have the same force and effect of a formal written opinion and should not be relied upon to the same degree. The IRS says that any advice which you receive from us, either in writing or orally cannot be used as a defense against the assessment of a penalty. You agree to immediately inform our office upon signing this agreement if you are a member of any law enforcement agency including but not limited to federal, state or local government entity.
13. \_\_\_\_\_ 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 or wife signing for both spouses or minor children).
14. \_\_\_\_\_ If I am asked to disclose and privileged communications, unless I am required to disclose the communications by law, I will not provide such disclosure until you have had an opportunity to sign a form approving the information release.
15. \_\_\_\_\_ Any rights which insure to the benefit of Davis CPA Group, PC pursuant to this engagement letter shall also insure to its permitted successors in interest by way of merger, acquisition or otherwise and their permitted assigns.
16. \_\_\_\_\_ 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.

**Read, understood and agreed to on:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Davis CPA Group, PC