

Davis CPA Group - NEW Client Packet

Thank you for contacting our office for your tax needs. I have attached the new client paperwork that will need to be filled out and dropped off with your tax return paperwork whenever you are ready. One should be filled out for each tax return being prepared. If you have tax questions relating to your return, please list them on the paperwork and the tax preparer will contact you prior to starting the tax return. Drop off is available during our business hours, which are currently M-F 9:00-4:00pm or after hours in our drop-box located on the side of the building in our Clarksboro location and front door mail slot at our Laurel Springs location. Our contact information and office locations are listed below.

Davis CPA Group-Clarksboro - 175 W. Cohawkin Road (Mailing address - PO Box 207)

Clarksboro, NJ 08020 **MUST USE PO BOX when mailing documents.**

(P) 856-423-0535 (F) 856-423-1708

Davis CPA Group– Laurel Springs - 1400 Chews Landing Road, Suite 5 Laurel Springs, NJ 08021

(P) 856-627-2100 (F) 856-627-7024

To give an idea of pricing, (and this is only an estimated list as all tax returns will vary) our fee starts at 350.00 for individual tax returns, which includes the Federal tax return and one state filing, along with electronic filing of the tax returns. This also includes schedules A, B & D (only if the number of transactions is not excessive)

Some additional charges will consist of the following:

Additional state return(s) - \$80.00 per state

PTR-1 or 2 (Senior Freeze) - \$35.00-\$40.00

K1's - \$75.00 each

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

Schedule E (Supplemental Income - rentals, PTR, Trust/estate, royalties, etc) - \$75.00

Fee for tallying receipts - \$25.00

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

Additional processing fee for any missing documents - \$25.00 per document

Additionally, responding to IRS and/or state tax notices will incur additional fees.

A 3% fee will be charged for Credit Card/Debit payments.

Thank You

2024 NEW CLIENT PROFILE

Name: _____ Spouse: _____
Phone: _____ Phone: _____
Email: _____ Email: _____
Social Security # _____ Social Security # _____
Date of birth: _____ Date of birth: _____
Occupation: _____ Occupation: _____
Address: _____

FILING STATUS (circle): SINGLE MARRIED FILING JOINT MARRIED FILING SEPARATE HOH

DEPENDENTS: *add additional to the back of this form (must provide copy of Social Security card)

Name: _____ Social: _____ DOB: _____ Gender: _____

Name: _____ Social: _____ DOB: _____ Gender: _____

Name: _____ Social: _____ DOB: _____ Gender: _____

Any dependent child attending college? If YES, Please provide **1098T** from their college YES NO

Any dependent child filing their own tax return for 2024? YES NO

Did you have any childcare expenses in 2024? YES NO

Name of provide: _____ Federal Tax ID#: _____ Amount Paid: _____

PLEASE PROVIDE PROOF OF INCOME: W2'S, 1099-R, NEC, INT, DIV, RETIREMENT, SSA-1099

Did you collect **UNEMPLOYMENT** in 2024? Please print **1095 G** form from online portal YES NO

***PROPERTY TAX** Paid 2024: \$ _____ **TOTAL RENT** Paid in 2024: _____

*Provide Property Assessment Card from Township Did you rent the entire year? If No, how long? _____

IF you BOUGHT OR SOLD a PROPERTY, see below**

MORTGAGE INTEREST Please provide your **1098** form from your mortgage company

HEALTHCARE 2024 Please provide your **1095 A** (Marketplace) or **1095 B or C** (Employer Provided) Form

VIRTUAL CURRENCY Did you receive, sell, exchange, gift/dispose of a digital asset? (ex: Bitcoin) YES NO

INVESTMENT ACCOUNTS If YES, please provide **1099's**, YES NO

CANCELLATION OF DEBT If YES, please provide **1099 C** YES NO

RETIREMENT ACCOUNTS *Please provide any **1099 R** forms from your retirement accounts

If you are 59 1/2 or younger: Did you take money out of your retirement account? YES NO

If you are 70 1/2 or older: Did you take your Required Minimum Distribution? YES NO

VETERAN EXEMPTION ARE YOU / SPOUSE A VETERAN? YES NO

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

CHARITABLE CONTRIBUTIONS: Total: _____ **Please DO NOT include receipts, only TOTALS**

NON CASH CONTRIBUTIONS: Total: _____

MEDICAL EXPENSES: Total: _____ Include All out of pocket expenses: prescriptions, dental, vision. DO NOT include Employee paid premiums or HSA amounts in the medical expenses)

PREMIUMS Total: _____

HSA AMOUNTS Total: _____

ESTIMATED TAXES Do you need estimated tax payments scheduled for 2023? YES NO

MUST list the following for each payment made in 2023:

	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Method of Payment</u>
Federal: Qtr 1			
Qtr 2			
Qtr 3			
Qtr 4			
NJ: Qtr 1			
Qtr 2			
Qtr 3			
Qtr 4			
Other: Qtr 1			
Qtr 2			
Qtr 3			
Qtr 4			

FOREIGN ACCOUNTS & ASSETS

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

BANK INFORMATION FOR DIRECT DEPOSIT

*May provide a copy of a VOID check

Bank Name: _____ Routing Number: _____

Type of Account: _____ Account Number: _____

____ I do **NOT** want to Direct Deposit any refund due to me. I want a paper check. Is this a JOINT account? YES NO

****DID YOU PURCHASE A PROPERTY?** YES NO IF YES, please provide the **HUD1 Settlement Sheet**

DID YOU SELL A PROPERTY? YES NO

If YES, What type of property? **PRIMARY HOME, SECONDARY HOME, RENTAL PROPERTY or LAND?** circle one)

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

Originals Purchase Date: _____

Original Purchase Price: _____

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

Date of Sale: _____

Sale Price _____ (Include a copy of the settlement sheet)

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

PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR TAX RETURN.

My/our signature confirms that the information provided is true and accurate to the best of my knowledge. 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.

Signature: _____

Date: _____

Signature: _____

Date: _____

If this is a **REFERRAL**, please provide the following information:

Customer Name: _____

Address: _____

Phone#: _____

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