COMPASS TAX SOLUTIONS, LLC.
281-996-9149
INFO@COMPASSTAXSOLUTIONS.COM

Client Information Sheet

Name (First, Middle Initial, Last):

____

Birthdate: ______________________ **SSN:** ___________________________

****DL#**________________________ **State**______ **Issue Date**__________ **Exp. Date**_________

Address: ____

City_____________________ **State & Zip** ___________________**County:**_________________

Email____________________________ **Phone**_______________________ **(cell/home/work)**

Spouse's Name: ____

Birthdate: ______________________ SSN: _________________________

******DL#________________________ State______ Issue Date__________ Exp. Date_________

Email____________________________ Phone________________________ (cell/home/work)

Dependent: ___________________________ Relationship: ____________________

Birthdate: ______________________ SSN: _________________________

Dependent: ___________________________ Relationship: ____________________

Birthdate: ______________________ SSN: _________________________

Dependent: ___________________________ Relationship: ____________________

Birthdate: ______________________ SSN: _________________________

List additional dependents on back

List your preferred method of communication? ______________________ **(mobile, home, email)**

If you have a refund due would you:

- Like to apply it to your 2018 estimated taxes? YES / NO (circle one)
- Like to have a check mailed or direct deposited into your bank account? Check / DD (circle one)

Savings or Checking (circle one)

Bank Name: ____

Bank Routing #:____________________ Bank Account #:___________________________

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HEALTH INSURANCE VERIFICATION

Did everyone who will be listed on your 2017 tax return have healthcare / Medicare/ Medicaid coverage for all 12 months in2017? (Please check box.)

☐ **Yes** ☐ **No -** Please circle which months were NOT covered & who was not covered during that time.

Jan Feb Mar April May June July Aug Sept Oct Nov Dec

Proof of Insurance

☐ 1095 ☐ W2 ☐ SSA 1099 ☐ Insurance card

Brief reasoning for not having coverage:

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Did any of the following happen in 2017?

- ☐ Marriage / Divorce
- ☐ Paid or received alimony
- ☐ Birth / Death / Adoption
- ☐ New Job / Retired
- ☐ Sold Property
- ☐ Stocks
- ☐ IRA or Pension withdrawal /contribution
- ☐ Owned rental property
- ☐ Major medical expenses
- ☐ Paid college tuition
- ☐ Paid daycare or babysitting expenses
- ☐ Paid estimated tax payments
- ☐ Received Inheritance
- ☐ Royalties
- ☐ Started a home business
- ☐ Major Purchase
  - New House /Property / Renovations
  - New Vehicle / Boat
- ☐ Hurricane/ Flood Damage/ Casualty Loss
- ☐ Other

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Are you *missing* any tax documents/ information?

- ☐ W-2, 1099 (Income forms)
- ☐ Social Security #s
- ☐ Dividends – Bank/ Stock
- ☐ Brokerage Statements
  - ☐ Other (Explain)
- ☐ 2016 Tax Return (new Clients)
- ☐ Donation Receipts

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Memorandum of Understanding on the Tax Preparation Engagement

This Letter will confirm your understanding of the arrangements concerning our preparation of your tax return for the current tax year. The tax return will be based on the information furnished by you. We are not the IRS, and therefore do not audit the information you give us. We do however, make an effort to check the return for completeness and accuracy, but we do not independently verify the information given to us. Returns are compared to the prior year's return, if available, for consistency and missing information. If you provide additional information after the return is completed you will be charged additional fees to make the changes to the return. The fee (minimum $20) will be determined by the complexity of the changes and number of forms affected.

You are responsible for reporting all of your taxable income, including any income from trade or barter, and maintaining proper written receipts or other documentation for any deductions for "listed property" (autos, computers, etc.), local and out-of-town travel, business gifts, and entertainment and meals. You acknowledge that the preparer will rely on information compiled by a partnership's accountants or their counsel. Please provide copies of all W-2s, 1099s, K-1s from partnerships, S-Corps, and trusts, stock and mutual fund statements, and closing statements from purchase and sale of property. Other information that may be helpful is mortgage and/or real estate tax statements, income and expense information for businesses or rental properties and other information that you think might be relevant to the year involved. We do not require you to provide receipts of expenses for our examination and verification of totals, but we do remind you that you must keep adequate records for at least four years to prove the amount in case your return is chosen for an IRS audit.

Our fees for tax return preparation are based on a minimum price schedule for the various forms needed. If additional time is required to continually remind you of information needed to finish the return, or if we have to sort the information you give us, we will charge for the extra time. If multiple years of returns are to be prepared, or an extensive project is needed to finish the return, you will be required to pay a deposit up front and you may be billed periodically as the work progresses. Otherwise, we require payment at the time you pick up your tax return or we mail it. Please remember your checkbook or credit card when you come to pick up your return. If returns are not picked up and paid for within 30 days of completion, an additional fee of the greater of $20 or 2% of the balance due will be added each month or portion therof to cover our cost and inconvenience of reminder calls or mailing. **You agree to make payment per these terms.**

If you have received correspondence from the IRS concerning any prior year returns or the current return, please bring it to our attention. It is wise to check out the validity of any IRS claim before blindly paying an unexpected bill from them. In case of an audit of your return, please notify us to discuss the appropriate action to be taken. The tax return fee does not include services in connection with an audit.

We maintain a copy of all work performed which is considered property of Compass Tax Solutions, LLC.

By signing this statement, I affirm that I will review the finished tax return and that I understand and agree to the foregoing.

____________________	____________________	____________
Print Taxpayer Name	Taxpayer Signature	Date