TAX & ACCOUNTING SERVICES

Tax Year: _______

GENERAL INFORMATION:

Client Name ________________________________ DOB ____/____/____ SSN ____-____-____

Spouse Name ________________________________ DOB ____/____/____ SSN ____-____-____

Dependent ________________________________ DOB ____/____/____ SSN ____-____-____

Dependent ________________________________ DOB ____/____/____ SSN ____-____-____

Dependent ________________________________ DOB ____/____/____ SSN ____-____-____

Dependent ________________________________ DOB ____/____/____ SSN ____-____-____

Address ____

Best Phone Number (____) ____ - ______ Alternate Phone Number (____) ____ - ______

Email Address ____

Direct Deposit Bank Name ____________________ Routing # ______________ Account # ____________ CHK ☐ **SAV** ☐

Did you buy or sell a house or other property during the tax year? If so,

First date at new address: ___/___/_______

New address: ____

Prior Address: ____

Sales price of prior residence: $______________

How much did you originally pay for the property? $______________

Was this your **primary residence** for at least **2 of the last 5 years**? ☐ Yes ☐ No

If no:

Please provide list of costs for all major improvements to the property since you bought it.

Costs and fees of selling your property: $________________

INCOME

Please check all items you had in the tax year and provide us with supporting documentation

- [ ] Wages and salaries (W-2)
- [ ] Interest income (1099-int)
- [ ] Dividend income (1099-div)
- [ ] Income from sale of stocks and securities (1099-B)
- [ ] Pension and annuity income (1099-R)
- [ ] IRA Distributions received (1099-R)
- [ ] Qualified Charitable IRA Distributions (QCD) information and 1099-R forms
- [ ] Social Security income (SSA-1099)
- [ ] Unemployment compensation received (1099-G)
- [ ] Third-party Network/Payment Card transactions (1099-K)
- [ ] Income from LLCs, partnerships, S-corps, estates, or trusts (K-1)
- [ ] Business income
    - Sales and receipts of cash (including 1099-MISC and 1099-NEC)
    - Expenses
    - Equipment or property purchases
- [ ] Rental income
    - Property description/locations
    - Rents received
    - Property-related expenses

DEDUCTIONS

Please check all items you had in the tax year and provide us with supporting documentation

- [ ] Charitable contributions
- [ ] Non-cash contributions
- [ ] Real estate tax paid
- [ ] Medical expenses (including health insurance, prescriptions, medical miles driven, hearing aids, glasses, dental work, etc.)
    - Note: Over-the-counter drugs or medical purchases are *not* deductible without prescription
- [ ] Mortgage interest (1098)
- [ ] Contributions to any college-savings plan
- [ ] Student loan interest paid
- [ ] Sales tax paid on vehicles
- [ ] Home office and vehicle use (if a business owner) – provide details

CREDITS

☐ Child Care Credit

Childcare expenses

Provider ____

Address ____

SSN/EIN ________________ Phone Number (____) ____-________ Amount Paid $______________

☐ Child tax credit – Provide information on your children age 17 or younger (as of December 31 of prior year)

☐ Dependent care credits – Provide information including any costs you incurred for day care or similar care provided for the dependent

☐ Education credits – For any money spent on spent on tuition, books, equipment and school fees — but not living expenses or transportation – Be sure to include receipts and any 1098-T statements

☐ Adoption credit – for any child legally adopted during tax year

☐ Savers credit – For saving in retirement accounts, dependent upon marital status and income

☐ Residential Clean Energy credit – aka "Solar Tax Credit"

☐ Clean Vehicle credit – purchase of an electric vehicle under a specified dollar amount

☐ Energy Efficient Home credit – energy-efficient window, door, furnace, etc. installation

ESTIMATED TAXES PAID

If you paid estimated quarterly taxes for the ***current*** tax year, please provide details below.

	Date Paid	Federal	State	Local
Q1		$	$	$
Q2		$	$	$
Q3		$	$	$
Q4		$	$	$

OTHER NOTES FOR US

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If you would like a detailed organizer, please let us know.

8500 Brooktree Road, Suite 220 | Wexford, PA 15090 | Tel: (412) 487-6471

TAS TAX & ACCOUNTING SERVICES – TAX ENGAGEMENT LETTER: TAX YEAR 2025

This Household Engagement Letter applies to all tax services provided by TAS Tax & Accounting Services to you and any related business entities for the applicable tax year(s).

This document constitutes the full engagement agreement between you and TAS Tax & Accounting Services. By returning your completed organizer, this engagement letter, tax documents, or other requested information to our office, you acknowledge that you have read, understand, and agree to all terms outlined below.

By submitting your engagement letter, organizer, or tax documents, you acknowledge and agree that you have received, read, and understand this engagement letter in its entirety; you accept all terms, limitations, responsibilities, and exclusions described below; and you authorize TAS Tax & Accounting Services to prepare and file your personal and/or business tax returns in accordance with these terms.

If you do not agree with any portion of this engagement, you must notify us in writing BEFORE returning your materials. If no objection is received, we will proceed under the assumption that you consent to this engagement.

Our services may include preparation of federal individual or business income tax returns (e.g., Forms 1040, 1120-S, 1065, 1120); preparation of applicable state and local business tax returns; electronic filing where permitted; and follow-up questions related to the prepared return.

Services NOT included unless separately engaged in writing include tax planning or projections; payroll services or payroll tax filings; sales and use tax filings; audit of documents we receive; notice representation; or legal or investment advice. We rely entirely on the information you provide and do not audit or verify data. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or illegal acts, though it may be necessary to clarify some of the information you submit. We will inform you of any material errors, fraud, or similar elements we discover.

You are responsible for providing complete, accurate, and timely information; maintaining adequate records for all income, expenses, and deductions; and reviewing all returns for accuracy prior to filing.

Fees are based on the complexity of the work performed and the quality and completeness of information provided. Pricing will be communicated separately and may change if scope changes.

Our responsibility is limited to the services described in this engagement. We are not responsible for penalties, interest, or additional tax resulting from incomplete, inaccurate, or late information provided by you. The law may impose penalties or interest. Call us if you have any questions or concerns with regards to these.

Electronic communication may be used. We will retain records in accordance with firm policy and professional standards.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents and produced documents in a secure manner. We retain copies of your records and our work for seven years, after which these documents may be destroyed.

No signature is required. Returning your organizer, engagement letter, or tax documents constitutes acceptance of this engagement.

Thank you as always for the opportunity to be of service. If you have any questions, please contact our office.

TAS Tax & Accounting Services
(412) 487–6471
LandmarkTAS.com