

CLIENT INFORMATION SHEET

ROSSMAN TAX SERVICE

TAX YEAR 2020

- Please complete **ALL PAGES** of this form
- Tax returns **WILL NOT** be prepared without a completed Client Info Sheet

Personal Information: Your last name must be the name shown on your social security card. Your tax return will be delayed due to incorrect last names being submitted to the IRS.

Did Rossman Tax Service Prepare your Tax Return Last Year? Yes No

Taxpayer _____
First Name _____ Middle Initial _____ Last Name as appears on Soc. Sec. Card _____
Taxpayer SS# _____ *Birthdate _____ Occupation _____

Spouse _____
First Name _____ Middle Initial _____ Last Name as appears on Soc. Sec. Card _____
Spouse SS# _____ *Birthdate _____ Occupation _____

Did you move in 2020? Yes No If yes, what date did you move? _____

Did you purchase a home in 2020 Yes No If yes, you must provide us a copy of your Mortgage Closing Disclosure

Street Address: _____
City, State & Zip Code: _____
County _____ School District _____ Tax Payer's E-mail: _____
Home Phone: _____ Cell Phone _____ Spouse E-mail: _____

Did you have access to a residence in New York City in 2020? Yes No

Dependent information: List any dependents. If you can no longer claim someone as a Dependent, write "can't claim" as the relationship. All last names must be written as they appear on the dependent's social security card. PLEASE LET US KNOW IF YOU HAVE DEPENDENTS WHO LIVE WITH YOU THAT YOU ARE NOT CLAIMING ON YOUR TAX RETURN BUT HAVE INCURRED DAY CARE EXPENSES DURING THE TAX YEAR. ENTER THEIR NAME(S) AND DAY CARE INFORMATION IN THE COMMENTS SECTION AT THE END OF THE CLIENT INFORMATION SHEET

Name _____ Relationship _____

Did You Claim this dependent last year? Yes No Can you claim this dependent this year Yes No

Date of Birth: _____ Social Security Number: _____

Name _____ Relationship _____

Did You Claim this dependent last year? Yes No Can you claim this dependent this year Yes No

Date of Birth: _____ Social Security Number: _____

Name _____ Relationship _____

Did You Claim this dependent last year? Yes No Can you claim this dependent this year Yes No

Date of Birth: _____ Social Security Number: _____

Child Care Information: A credit may be available for expenses paid to a daycare, preschool or camp. All of the following information must be supplied to determine eligibility.

DID YOU PARTICIPATE IN A DAYCARE BENEFIT PLAN WITH YOUR EMPLOYER? Yes No

DID YOU INCURE DAY CARE EXPENSE IN 2020? Yes No

Child care provider name: _____ Fed ID or SS# _____

Address: _____

Amount paid for the year: _____ Dependent Name: _____

Child care provider name: _____ Fed ID or SS# _____

Address: _____

Amount paid for the year: _____ Dependent Name: _____

Higher Education Information: A credit may be available for qualified expenses paid to an institution of higher education.

The Expense must have been incurred and paid in 2020 to qualify. You must supply a 2020 form 1098-T from the institution.

DID YOU OR ANYONE IN YOUR HOUSEHOLD INCURE EXPENSES FOR HIGHER EDUCATION IN 2020? Yes No

Student Name: _____ Tuition Paid in 2020: _____

Cost incurred for books and required fees: _____ Undergrad Grad

School Name: _____ Fed ID: _____

Student Name: _____ Tuition Paid in 2020: _____

Cost incurred for books and required fees: _____ Undergrad Grad

School Name: _____ Fed ID: _____

Energy Credits: List the amount you paid on qualifying windows, doors, insulation, roof, water heater, furnace (Gas, Propane, Oil), central air conditioner, biomass stoves and solar panels – **Please note, the maximum life time credit is no greater than \$500.00.**

Therefore, if you previously received a credit of \$500.00, you are no longer eligible for this credit.

Item(s) Purchased: _____ Amount paid in 2020: _____

Did you pay for a Long-Term Care Insurance Policy in 2020? Yes No (If yes, please enter dollar amount paid below)

Long Term Care Policy Premium Paid (Taxpayer) _____ Long Term Care Policy Premium Paid (Spouse) _____

Did you contribute to a Qualified Tuition Program (529 Plan) in 2020? Yes No

Name of the state you made QTP contribution to: _____

Taxpayer's account contribution amount: _____ Spouse's account contribution amount: _____

Did you take a distribution from a QTP Account in 2020? Yes No If yes, distribution amount? _____

Please Note: Along with supplying us with the dollar amount of distribution(s) from QTP account, you must also supply us with the Form 1099Q that was sent to you by financial institution.

Direct Deposit: If you would like to receive your tax refund electronically deposited from the IRS and State Tax Authority check the "YES" box and supply us with your complete Banking information. If you do not wish to have your tax refund electronically deposited check the "NO" box. PLEASE BE ADVISED, INCORRECT OR INCOMPLETE BANKING INFORMATION MAY CAUSE A DELAY OF YOUR TAX REFUND. IF NO INFORMATION OR INCOMPLETE INFORMATION IS SUPPLIED, YOU WILL RECEIVE YOUR TAX REFUND CHECK(S) IN THE MAIL.

Would you like your tax refund(s) electronically direct deposited? Yes No

Name on the account _____

(Must be taxpayer or Spouse)

Your Banks Name _____ Checking Account Savings Account

Routing Number _____ Account Number _____

Did you make quarterly estimated tax payments to the government in 2020?

Yes No

List any quarterly estimated tax payment you made to the government.

Federal: _____
April June September January

State: _____
April June September December

Volunteer Firefighter or EMT: You are entitled to a \$200 (\$400 if tax payer and spouse volunteer) credit on your NYS Return.

Did either tax payer or spouse volunteer as a Firefighter or EMT in 2020? Yes No

Tax payer Company/Department _____ Spouse Company/Department _____

Foreign Bank Account: It is required to report ownership or signature of foreign bank accounts.

Do you have a foreign bank account? Yes No If yes, please answer the following questions:

Did you have more than \$10,000 in a foreign bank account(s) in 2020? Yes No

The highest balance you had in the account(s) in 2020 _____ Country of foreign bank account _____

Virtual Currency: At any time during 2020, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? Yes No

Purchases without sales tax: Did you make any purchase(s) greater than \$1,000.00 without paying sales tax during the tax year? Yes No If yes, what was the amount of purchase? _____

Health Care Exchange: Did you obtain health insurance through a federal or state Health Insurance Exchange? Yes No If Yes, please be sure to bring form 1095-A that was mailed to you from your insurance company.

Stimulus Payment: Did you receive a Stimulus Check in 2020? Yes No

If Yes, how much did you receive? _____

ROSSMAN TAX SERVICE
2020 ENGAGEMENT LETTER

Dear Client,

Due to IRS and our Insurance Company's regulations we are requesting that you read the following, sign and date. If you are filing a joint tax return or married filing separate return, the client who is signing this Engagement Letter attests that they have reviewed this engagement letter with their spouse and both agree to the Terms of the Engagement for Preparation of the 2020 Tax Return.

I (We) hereby attest to the following:

1. All information provided in this client information sheet is correct.
2. I (We) have provided current Banking Information for Electronic Direct Deposit of our tax refund(s).
3. I (We) have provided all documents that are required to prepare the 2020 tax return.
4. I (We) have adequate documentation to support income & deductions listed on the tax return.
5. I (We) acknowledge that all income (including cash) has been reported on the return.
6. I (We) understand that Rossman Tax Service will not be held responsible for any errors on the tax return due to client omissions or incorrect information on the client information sheet and that an additional fee will be incurred in order to make corrections.
7. I (We) understand that both the taxpayer and spouse are responsible for any tax liability on a joint tax return
8. I (We) am (are) responsible for the tax return and payment of my (our) balance due to the IRS or state taxing authority by April 15th.
9. In the event I(We) file for an Extension, I (We) understand that I (We) am (are) responsible to send any amount owed to either IRS or your state taxing authority with my extension no later than April 15th. I (We) further understand that an Extension is solely an extension to file not an extension to pay any amounts owed to the government.
10. In the event of a potential divorce of a married couple, Rossman Tax Service is the representative of both the taxpayer and the spouse. If there is potential information that may be harmful to one party or the other, Rossman Tax Service will be obliged to divulge such information to the other party. Rossman Tax Service reserves the right, where there is a conflict of interest between the two parties and Rossman Tax Service, to request that one or both of the parties seeks accounting advice elsewhere.
11. I (We) understand that it is my (our) responsibility to have reviewed the Tax Return, Transmittals and bank account information prior to signing the e-filing forms with the preparer and are aware of the content of the tax return and whether I (we) are receiving a refund or if I (we) have a balance due.
12. I (We) am (are) also aware that my mistakes will delay my refund.
13. All services must be paid in full before E-Filing or receipt of a taxpayer copy. NO POST-DATED CHECKS WILL BE PERMITTED. Any returned checks from the bank will be assessed a \$50 Bounced Check Fee.
14. One taxpayer copy will be given each year upon payment. Any additional copies of Tax Returns will require a \$25 fee.
15. All work papers and prepared tax returns are the property of Rossman Tax Service. If the return is not prepared by Rossman Tax Services we will return to the client all of their documents. No work papers or tax returns prepared by Rossman Tax Services will be returned.
16. I (We) understand that if requested by IRS or your state taxing authority, I (we) will produce receipts and documentation to substantiate income and deduction. I (we) further understand that I (we) should keep records of income and receipts for a minimum of 7 years.

THIS ENGAGEMENT IS LIMITED TO THE PREPARATION OF INCOME TAX RETURNS. ADDITIONAL SERVICES SUCH AS PROJECTIONS OR GOVERNMENT EXAMINATIONS WILL INCUR AN ADDITIONAL CHARGE. WE (I) ALSO ACKNOWLEDGE THAT PAYMENT IS DUE UPON COMPLETION OF THE TAX RETURN AND THAT ONCE PAYMENT IS MADE, THE FEE FOR SERVICES RENDERED IS NON-REFUNDABLE.

Client Printed Name

Date

Signature