

CLIENT INFORMATION SHEET

ROSSMAN TAX SERVICE

THE TAX YEAR 2023

- 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

Can you be claimed as a dependent on another's tax return? Yes No

Did you have access to a residence in New York City in 2023? 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 contribute to a Qualified Tuition Program (529 Plan) in 2023? Yes No

Name of the state you made QTP contribution to: _____

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

Foreign Bank Account: It is required to report ownership, interest in, or signature authority 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) at any time in 2023? Yes No

The highest balance you had in the account(s) at any time in 2023 \$ _____ Country of foreign bank account _____

Virtual Currency: At any time during 2023, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? Yes No

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 IN 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 in the name of taxpayer and/or Spouse)

Your Banks Name _____ Checking Account Savings Account

Routing Number _____ Account Number _____

Current Mailing Address: _____

City, State & Zip Code: _____

County _____ School District _____ Tax Payer's E-mail: _____

Home Phone: _____ Cell Phone _____ Spouse E-mail: _____

Did you move in 2023? Yes No If yes, what date did you move? _____

Did you sell a home in 2023? Yes No If yes, you must provide us a copy of your Mortgage Closing Disclosure

Did you purchase a home in 2023? Yes No If yes, you must provide us a copy of your Mortgage Closing Disclosure

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, AND IF YOU HAVE INCURRED DAYCARE EXPENSES DURING THE TAX YEAR FOR ANY DEPENDENTS YOU ARE NOT CLAIMING. ENTER THEIR NAME(S) AND DAYCARE INFORMATION IN THE COMMENTS SECTION AT THE END OF THE CLIENT INFORMATION SHEET.

I acknowledge by claiming dependents on my tax return certain documents may be required to satisfy relationship and residency test. Upon request, I will supply:

- Birth certificate or adoption papers confirming dependents are your children Letter from dependents doctor
 School records of dependent(s) Other All of the above

Name _____ Relationship _____

Did you claim this dependent last year? Yes No Did the dependent live with you for the majority of the year? Yes No

Date of Birth: _____ Social Security Number: _____

Name _____ Relationship _____

Did you claim this dependent last year? Yes No Did the dependent live with you for the majority of the year? Yes No

Date of Birth: _____ Social Security Number: _____

Name _____ Relationship _____

Did you claim this dependent last year? Yes No Did the dependent live with you for the majority of the year? Yes No

Date of Birth: _____ Social Security Number: _____

Child Care Information: A credit for expenses paid to daycare, preschool, or camp may be available. 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 INCUR DAYCARE EXPENSES IN 2023? 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 2023 to qualify. You must supply a 2023 form 1098-T from the institution.

DID YOU OR ANYONE IN YOUR HOUSEHOLD INCUR EXPENSES FOR HIGHER EDUCATION IN 2023? Yes No

Student Name: _____ Tuition Paid in 2023: _____
The cost incurred for books and required fees: _____ Undergrad Grad
School Name: _____ Fed ID: _____

Student Name: _____ Tuition Paid in 2023: _____
The 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, water heater, furnace (Gas, Propane, Oil), central air conditioner, biomass stoves, Electric Cars and Charging Stations

Item(s) Purchased: _____ Amount paid in 2023: _____

PLEASE NOTE: If you purchased or leased solar panels in 2023, please submit your invoice for the solar panels.

Did you pay for a Long-Term Care Insurance Policy in 2023? Yes No (If yes, please enter the dollar amount paid below)

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

List any **QUARTERLY ESTIMATED** tax payment you made to the government **FOR** the tax year 2023

Federal: _____
1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

State: _____
1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

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

Did either taxpayer or spouse volunteer as a Firefighter or EMT in 2023? Yes No

Taxpayer Company/Department _____ Spouse Company/Department _____

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 the exchange? Yes No
If yes, please be sure to bring form 1095-A which was mailed to you from your insurance company.

Medical Expenses: Did you have major medical expenses in 2023 (including the cost of insurance) Yes No

Major Medical Expenses incurred in 2023(including cost for insurance): \$ _____

2023 ENGAGEMENT LETTER

Dear Client,

Due to IRS and our insurance company regulations, we request that you read the following, sign, and date. If you are filing a joint tax return or married filing a 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 2023 Tax Return.

I (We) hereby attest to the following:

1. All information provided in this client information sheet is correct.
2. If there is a change in marital status (i.e., Marriage, Divorce or Legal Separation) I will notify Rossman Tax Service.
3. I (We) have provided current Banking Information for the Electronic Direct Deposit of our tax refund(s).
4. I (We) have provided all documents that are required to prepare the 2023 tax return.
5. I (We) have adequate documentation to support income & deductions listed on the tax return.
6. I (We) acknowledge that all income (including cash) has been reported on the return.
7. 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 to make corrections.
8. I (We) understand that both the taxpayer and spouse are responsible for any tax liability on a joint tax return
9. 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.
10. 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.
11. 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.
12. I (We) understand that it is my (our) responsibility to have reviewed the Tax Return, Transmittals, and bank account information before 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.
13. I (We) am (are) also aware that my mistakes will delay my refund.
14. 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.**
15. One taxpayer copy will be given each year upon payment. Any additional copies of Tax Returns will require a \$25 fee.
16. 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.
17. 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.
18. By signing this engagement letter, I attest to the following: If married, my spouse and I give full authorization for either party to receive, sign and transact any communication with Rossman Tax Service in connection of my income tax return.
19. **I (We) agree and understand that by signing this engagement letter, if mailing our tax information, I will submit all the required information no later than March 25th, 2024. If I am not able to submit all the required tax information by this date, I understand that I must complete an Extension Request Form no later than April 1, 2024 and pay the \$50.00 Non-Refundable Extension Request Fee. I also acknowledge and understand that the extension only gives me additional time to file my tax return, if I owe money to the government, it is due and payable no later than April 15, 2024. 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.**

Check the box if you require a hard copy of your tax return (Additional Fees May Apply). Please note that soft copies are always available on your client portal.

NAME

Date

Signature