



PLEASE PROVIDE US WITH THE FOLLOWING DOCUMENTS

INCOME

- ☐ W-2'S
 - ☐ 1099s: 1099-R (Retirement Distributions)
 - 1099-INT (Interest Income)
 - 1099-DIV (Dividend and Capital Gain Income)
 - 1099-B (Stock Proceeds) - Please check to see if all sales have corresponding cost info
 - 1099-MISC (Self Employment Income - ALSO FILL OUT BUSINESS INCOME/EXPENSE WORKSHEET)
 - 1099-K (If you accept credit cards or Paypal from customers your credit card company will issue)
 - ☐ SSA (Social Security Income)
 - ☐ 99G (Unemployment Received)
 - ☐ K-1 (income from a partnership, s-corporation, estate, or trust)
 - ☐ Alimony Received
 - ☐ 1099-A and 1099-C (Debt Cancellation and Property Foreclosures)
 - ☐ Rental Income – FILL OUT RENTAL WORKSHEET
- Did you have > \$10,000 in foreign assets at any time during 2018?
- ☐ Yes ☐ No

DEDUCTIONS/CREDITS

- ☐ 1098-T (Tuition Statement for College Education)
- ☐ Charitable Donations - Receipts are needed for all Charitable Donation Deductions Now
- ☐ Form 1098 Mortgage Interest Paid
- ☐ 1098-E Student Loan Interest Paid
- ☐ 1095-A, B, C Health Insurance Marketplace Statement

OTHER IMPORTANT ITEMS

- ☐ Settlement Statements for any Sale, Purchase or Refinance of properties
- ☐ Signed Engagement Letter and Filled out Worksheets
- ☐ Political Contribution Credit
- ☐ Copy of last year's taxes
- ☐ **Identification for the taxpayer and spouse, as well as Social Security cards or ITIN letters for everyone on the tax return**



Date			
Taxpayer Name		Spouse	
Address			
City		State	Zip

Preparation of Your 2020 Tax Returns

Thank you for choosing Inclusion Tax Services to assist you with your taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide. It also outlines your responsibilities. We ask that you confirm the following by signing below.

We will prepare your federal, state, and local income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit, unless required by law.

We will perform accounting services only as needed to prepare your tax returns, unless you have retained our services with a separate engagement. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover. You will be provided with a Tax Organizer prior to your appointment. The Organizer will help you to avoid overlooking important information.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the forms required or elected to file a complete and accurate tax return, plus any out-of-pocket expenses. We require a non-refundable \$150 retainer to be paid upon scheduling a tax preparation appointment. This retainer will be applied to your total tax preparation fees. We require full payment prior to the filing of your returns. Payment plans may be established at the discretion of Inclusion Tax Services.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, at after which these documents will be destroyed.

Our engagement to prepare your tax return(s) will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Please review all tax return documents carefully before signing them.

If you receive a letter from the IRS or other taxing authority regarding a return we prepared for you, please contact us immediately. We will do our best to help you resolve the issue.

To affirm that this letter correctly summaries your understanding of the arrangements for this work, please sign this letter where indicated. We appreciate your confidence in us. Please call if you have any questions.

Taxpayer_____

Date_____

Spouse_____

Date_____

Accepted By_____Date_____



ESTIMATED TAX PAYMENTS: DATE, PAYEE, AMOUNT

DATE	FEDERAL	STATE	OTHER

TAX PREPARATION WORKSHEET

PERSONAL DATA

Taxpayer Name:	Spouse's Name:
SSN:	SSN:
DOB:	DOB:
Phone:	Phone:
Email:	Email:
Occupation:	Occupation:
Address:	
City:	State: Zip:

DEPENDENTS

Name:	Name:	Name:
SSN:	SSN:	SSN:
DOB:	DOB:	DOB:
Relationship:	Relationship:	Relationship:
Daycare Expense:	Daycare Expense:	Daycare Expense:
Daycare Name:	Daycare Name:	Daycare Name:
Daycare SSN/Fed ID:	Daycare SSN/Fed ID:	Daycare SSN/Fed ID:
Daycare Address:	Daycare Address:	Daycare Address:



DEDUCTIONS

Student Loan Interest:	IRA Contributions:	College Tuition:
Mortgage Interest:	Property Tax:	Mortgage Insurance:
Medical Expense:	Health Insurance:	Political Contributions:
Charity by Cash/ Check:	Non-Cash Charity:	Tax Prep Fees:
Alimony Paid:	H.S.A. Contributions:	Other:



SELF-EMPLOYMENT INFORMATION SHEET

Name:

SSN/EIN:

Business Name:

Business Address:

Business Start Date:

INCOME

Form(s) 1099-MISC

\$

Form(s) 1099-K (Merchant Sales)

\$

Cash/Check Not Reported on Form 1099-MISC or 1099-K

\$

Total Income Before Expenses

\$

Grants/Loans

Did you receive a PPP grant/loan?

Did you receive an EIDL grant/loan?

Did you receive any additional grants?

COST OF GOODS SOLD

Inventory on January 1st:

Total Purchase:

Other Costs Directly Related to Inventory:

Inventory on December 31st:



OPERATING EXPENSES

Advertising (i.e. business cards, website, print ads, gifts):

Commissions and Fees (i.e. paypal fees, bank fees, etc):

Contract Labor (i.e. paying someone to help you):

Insurance (Non-health i.e. liability, worker's comp, bonds):

Dues and Subscriptions:

Business Interest (i.e. business credit card, business loan):

Legal and Professional Services (i.e. tax prep, lawyer fees, etc):

Office Expense (i.e. paper, pens, printing, etc.):

Rent or Lease (equipment, machinery, vehicles, etc.):

Rent (office outside home):

Repairs and Maintenance (i.e. computer, plumbing, etc.):

Supplies (items that have less than 1 year life):

Taxes and Licenses (i.e. real estate, employer paid payroll taxes, permits, etc.):

Wages (paid to employees, gross wages less payroll taxes)

Business Meals:

Utilities (i.e. gas, electric, trash): Office outside home

Internet: %

Research and Development:

Other: cell phone %



TRAVEL EXPENSES						
Dates	Location	Meals	Airfare	Lodging	Bus/Cab	Other Expenses

EQUIPMENT			
(Items over \$300 that will last more than a year)			
Item	Date of Purchase	Cost	Business Use %

BUSINESS USE OF HOME	
Date Home Office Was Placed in Service:	
Total Square Footage of Home:	Total Square Footage Used Solely For Business:
Expenses	Total Amount For Household
Insurance:	
Rent:	
Repairs and Maintenance:	
Utilities (Gas, Electric, Water, Trash):	
Other Expenses:	



AUTO EXPENSE INFORMATION SHEET- Vehicle 1

Type of Vehicle:

Date Placed in Service:

Do you have another vehicle available for personal use?

Was your vehicle available for use during off-duty hours?

Do you have evidence to support your deduction?

If yes, is it written?

Commuting Miles:

Business Miles:

Other Miles:

Parking:

Tolls:

Interest:

Garage Rent:

Gas:

Insurance:

Oil:

Lease Payments:

Property or Excise Tax:

Tires:

Repairs:

Other:

AUTO EXPENSE INFORMATION SHEET- Vehicle 2

Type of Vehicle:

Date Placed in Service:

Do you have another vehicle available for personal use?

Was your vehicle available for use during off-duty hours?

Do you have evidence to support your deduction?

If yes, is it written?

Commuting Miles:

Business Miles:

Other Miles:

Parking:

Tolls:

Interest:

Garage Rent:

Gas:

Insurance:

Oil:

Lease Payments:

Property or Excise Tax:

Tires:

Repairs:

Other:



RENTAL INFORMATION

Name:

Property Address:

Do you live in this house?

If yes, what percentage of the house did you rent?

EXPENSES

Item	Direct Expense- The entire house is rented	Indirect Expense- You also live in the house
Advertising:		
Auto (miles):		
Travel:		
Cleaning and Maintenance:		
Commissions:		
Insurance:		
Legal and Professional Fees:		
Management Fees:		
Interest- Mortgage:		
Interest- Other:		
Repairs:		
Supplies:		
Taxes:		
Utilities:		
Other Expense (i.e. Homeowners Dues:		



MAJOR HOME IMPROVEMENTS- APPLIANCES, FURNISHING, IMPROVEMENTS, ETC...		
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Date	Description	Cost
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