

NEW CLIENT INTAKE FORM

PLEASE CHECK ALL THAT APPLY:

- Single Head of Household (unmarried with dependent(s) in the house)
 Married filing Joint Married but filing Separate Widowed during the tax year. Date: _____
 Lived separate from spouse for the last 6 months of the year or more. I have one or more children to claim as dependent(s) on my tax return that have to file as dependent of another return.
 Divorced during the tax year. Date: _____

NAME: _____ Soc. Sec. Number / ITIN: _____

Full Time Student Blind Active Military Unemployed Occupation: _____

Date of Birth: ____ / ____ / ____ Did you get health insurance from the Marketplace? Y ____ N ____

SPOUSE'S NAME: _____ Soc. Sec. Number / ITIN: _____

Full Time Student Blind Active Military Unemployed Occupation: _____

Date of Birth: _____, _____. Did you get health insurance from the Marketplace? Y ____ N ____

ADDRESS: _____ Apt./Floor: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone #: _____ Other Phone #: _____

QUESTIONS:

Did you have a new dependent (a baby born) in your household during 2024? Y ____ N ____

How did you hear about us? _____.

Do you intend on filing an extension? Y ____ N ____ *If yes, there is a \$75.00 dlrs. fee to file an extension, you will have until 10/15/2025 to file your individual tax return.*

Have you been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government (NYS Penal Law Article 200, 496, or section 195.20)? Y ____ N ____

I am paying for the time and expertise of a tax professional. I understand that I will be charged for the preparation of this return. I understand that my return will be prepared based on the information I provide it. I am solely responsible for the accuracy of the information above and for maintaining the records to support it. *There are no free estimates – Consultations are \$95.00 dollars*

Signature: _____

Date: _____, 20 ____.

DUE DILIGENCE FORM

Name: _____

Last 4 of Soc. Sec. #: _____ Tax Year: _____

Are you married? Y _____ N _____

Did you have gambling winnings last year?
Y _____ (W2-G) N _____

If married, have you lived apart from your spouse for the last 6 mo. of the year? Y _____ N _____

Will you be claiming Dependents? Y _____ N _____

Did you maintain more than half of the cost of your home?
Y _____ (HOH) N _____

Did you purchase a home last year?
Y _____ (Form 1098 / Closing Documents) N _____

Did you or anyone in your household attend an accredited College/University? Y _____ (Form 1098-T) N _____

Did you sell any property last year?
Y _____ (Form 1099-S) N _____

Did you work as an independent contractor? (Ex. Uber, Lyft)
Y _____ (Provide form 1099-NEC) N _____

Did you make energy saving improvements for your principal residence last year? Y _____ N _____

Did you receive any interest, dividend, or investment income (sold stock)?
Y _____ (Forms: 1099-B / 1099-INT / 1099-DIV) N _____

Did you collect unemployment?
Y _____ (Form 1099-G) N _____

Did you receive rents / royalty income? Y _____ N _____

Did you repay any unemployment? Y _____ N _____

Do you have a foreign bank account?
Y _____ (FBAR) N _____

Did you pay or receive an alimony? Y _____ N _____

Have you received any letters from the IRS or State Tax Departments? Y _____ N _____

Did you or have you ever applied for health insurance through the Market Place? Y _____ (Form 1095-A) N _____

Did you receive, sell, exchange, or dispose of any virtual currency? Y _____ (Form 1099-B) N _____

Were you or have you ever been a victim of identity theft with IRS? Y _____ (If yes, provide your annual IRS PIN Letter)
N _____

Did you make estimated tax payments? Y _____ N _____

Did you receive Social Security Income?
Y _____ (Form 1099-SSA) N _____

Did you withdraw money from a pension, 401K, or 403B plan last year? Y _____ (Form 1099-R) N _____

Did you make gifts of more than \$18,000 to any one person?
Y _____ N _____

Did you contribute to a retirement account?
Y _____ N _____

Did you purchase a clean fuel or electric vehicle?
Y _____ N _____

Do you currently own any gov't agency? Y _____ N _____

Did you make any contributions to a Health Savings Account?
Y _____ N _____

Did you start or operate a business? Y _____ N _____

Did you contribute to the NYS 529 Plan? Y _____ N _____

Did you move in the last year? Y _____ N _____

Did you receive any payments through a third party processor that exceeds \$5,000? Y _____ N _____

Have you lived in multiple cities within the last year?
Y _____ N _____

I acknowledge that I have provided J. Squared Services the above summary for the preparation of my individual tax return(s). I did not receive any influence to sign this statement against my will. I certify that the above is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Staff Initials: _____

Expires:12/31/2025

ENGAGEMENT AGREEMENT

Taxpayer's Name: _____ **Last 4 of SSN / ITIN:** _____.

You have chosen the professionals at **J. Squared Services** to prepare and file your tax return on ____/____/____. In doing so, you are telling us that you have received all your tax information (W-2s, 1099s, etc.) and that your tax return (s) is ready to be filed. We will prepare your federal and state income tax returns based on the provided information needed to complete and accurately prepare your return (s). We may ask you to clarify some of the information provided but will not audit or otherwise verify the data you submit.

IF you receive additional information after we file your return, this document is your official notification that should you request our services in filing the required amended return; we will be charging you an additional **FEE** for services rendered. **INITIAL HERE** _____.

ALL clients will be given one copy of their tax return. Should you need additional copies now or on a later date, we will provide them to you; however, there will be a **fifty (\$50.00)** dollar charge per extra printed copy. **INITIAL HERE** _____.

We will perform accounting services only as needed to prepare your tax returns. 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 inform you of any material errors, fraud, or other illegal acts we discover.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

Your preparation fee only includes the cost of preparing and filing your tax return. If you are **AUDITED**, additional services may be rendered to you for a fee. Audits are conducted by the IRS and the State Taxation departments at random to prevent fraud. If you are selected for Audit and wish to be represented by our firm, we will require you to sign a Power of Attorney form and a Tax Resolution Hiring Agreement. Additional fees will be explained to you. **INITIAL HERE** _____.

This firm does not offer free quotes or free estimates. If you decide to not move forward with the preparation of the tax return a consultation fee of **Ninety-five (\$95.00)** dollars will be charged. **INITIAL HERE** _____.

STATEMENT OF UNDERSTANDING

I am paying for the time and expertise of a tax professional. I understand that I will be charged for the preparation of this tax return. I understand that my return will be prepared based on the information I provide. I am solely responsible for the accuracy of that information and for maintaining the records to support it.

Taxpayer's Signature: _____ **Date:** ____/____/____.

Spouse's Signature: _____ **Date:** ____/____/____.

For Office Use Only:

Triage: _____ **QC:** _____ **QC Date:** ____/____/____.

Expires: 12/31/2025

**CONSENT and AUTHORIZATION FORM
RELEASE/EXCHANGE OF CLIENT INFORMATION**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your Tax Return information or Refund check information or any other financial information to third parties for purposes other than the preparation and filing of your return. If you give consent to the discloser of your information, Federal law may not protect your tax return and other financial information from further use or distribution. This consent is only valid for one (1) year.

Fill out the following information:

I, authorize the release of my information to *(must be completed with the name of the person you are giving consent to):* _____.

The above person lives with me: YES _____ NO _____

Relationship: _____ **Telephone:** _____

I, *(print your name)* _____, authorize the offices of **J. Squared Services** to disclose and release my Tax information, refund check and any other Tax related information to the party mentioned above.

Taxpayer's Signature: _____ Date: _____.

Print Name: _____

Spouse's Signature: _____ Date: _____.

Print Name: _____

Staff Initials: _____ Date: _____.

Direct Deposit / ACH Payment Form

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information or you have closed the bank account, you are responsible.

Taxpayer's Name: _____ **SSN / ITIN:** _____

Spouse's Name: _____ **SSN / ITIN:** _____

Complete the form below in order to enroll your refund to be direct deposited or your tax payment be withdrawn from your bank account. Please print:

Name of Financial Institution (Bank): _____

Routing #: _____

Account # _____

Type of Account: Checking Savings **Verification:** Attach supporting Documentation for the account mentioned above. (VOID Check, Screenshot of Account, Bank Statement, Letter from Bank).

For Prior Year Clients Only:

Initial here **X** _____ if you are consenting a J. Squared employee to retrieve your banking information from a prior year return. If you are consenting to use the same account information as last year you still must enter the last four of the account number above for verification purposes.

Authorization for Direct Deposit:

I authorize, J. Squared Services to deposit my federal / state tax refunds into the bankaccount specified above and, if necessary, to electronically debit my account to correct erroneous credits. I certify my account will allow these transactions. I agree that direct deposits transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize J. Squared to make direct deposits into the named account.

Authorization for Payment ACH

Federal Debt Amount: \$ _____ Date of Transaction: _____

State Debt Amount: \$ _____ Date of Transaction: _____

I have reviewed the above information and certify that this information is correct and authorize J. SQUARED to use my account.

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

For Office Use Only: Reviewer's Initial's: _____

Expires: 12/31/2025