



972-658-8926
sstanfordcpa@cparockwall.com
www.cparockwall.com

DATE: _____

CLIENT INFORMATION FORM

TAXPAYER LEGAL NAME : _____ SSN : _____
OCCUPATION : _____ DOB : _____

SPOUSE LEGAL NAME : _____ SSN : _____
OCCUPATION : _____ DOB : _____

TAXPAYER'S ADDRESS : _____
(Street)
(City, State ZIP)

CONTACT INFO : (PLEASE CIRCLE PREFERRED CONTACT PERSON AND METHOD)

TAXPAYER

SPOUSE

CELL : _____
HOME : _____
OFFICE : _____
FAX : _____
EMAIL : _____

Is it okay for us to e-mail you tax information?

DEPENDENT #1 : _____
SSN : _____

RELATIONSHIP : _____
DOB : _____

DEPENDENT #2 : _____
SSN : _____

RELATIONSHIP : _____
DOB : _____

DEPENDENT #3 : _____
SSN : _____

RELATIONSHIP : _____
DOB : _____

DEPENDENT #4 : _____
SSN : _____

RELATIONSHIP : _____
DOB : _____

WHO MAY WE THANK FOR YOUR REFERRAL?

REFERRED BY : _____



Dear Client:

Thank you for choosing Steven R. Stanford, CPA 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.

We will review your current federal and state income tax returns. We will depend on you to provide the information we need to complete an accurate assessment and provide recommendations. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. Review or revision of prior year(s) returns is also available at an additional charge.

We will perform services only as needed to review, revise or prepare your tax returns. Our work will not include procedures to find misappropriated funds 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.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

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 time required at the standard hourly billing rate plus any out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

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, after which these documents will be destroyed.

Our engagement to prepare your tax returns will conclude with the delivery of our analysis of your return along with any recommended clarifications or corrections. 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. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated.

Please Print Name

Signature

Date

214 E. Rusk Street Rockwall, Texas 75087
www.cparockwall.com sstanfordcpa@cparockwall.com
972-658-8926





Pro-Connect Questionnaire

| | |
|--|--|
| What is your current address | |
| Did your marital status change before December 31st of the tax year | |
| Were there any changes in dependents | |
| If this is the first year to work with me, please provide dates of birth for all parties to the tax return (include dependents you are claiming) | |
| Did you have any child or dependent care expenses | |
| Please include child care provider's name, address, SSN, and amount. | |
| Did you buy or sell stocks, bonds, mutual funds or other investment properties | |
| Did you buy, sell or refinance your home | |
| Did you donate money, household goods, cars or stock | |
| Did you incur any tuition or continuing education expenses | |
| Did you and your dependents have health care coverage for | |

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Steven R. Stanford

Certified Public Accountant

| | |
|---|--|
| the full-year. Provide details of coverag | |
| Did you receive any of the following IRS documents - Form 1095-A, 1095-B, or Form 1095-C. If so, please send. | |
| Do you own or have a controlling interest in foreign financial institutions, businesses or investment funds | |
| Do you want to file your tax return electronically | |
| For direct deposit, please provide your bank name, routing number, and account number | |
| Please list any questions or other concerns you might have | |
| Did you move during the year - If so, what was the reason for the move | |
| Did you live, work or reside in another State for any part of the tax year | |

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ProConnect Document Checklist

| ✓ | TAX DOCUMENTS OR INFORMATION |
|---|---|
| | Please upload W2 from your employer(s). (W-2) |
| | Please upload 1099-INT from your financial institution(s). (1099-INT Interest Income) |
| | Please upload 1099-DIV from your financial institution(s). (1099-DIV Dividends and Distributions) |
| | Please upload 1099-R from your pension or retirement provider(s). (1099-R Retirement, Pensions, and more) |
| | Please upload W2G from your gambling winnings. |
| | Please upload SSA-1099 from Social Security Administration. (SSA-1099 Social Security Benefits) |
| | Please upload RRB-1099 from US Railroad Retirement Board. |
| | Please upload 1099-MISC from your other income sources. (1099-Misc Miscellaneous Income) |
| | Please upload unemployment compensation 1099-G from the government. (1099-G Certain Government Payments) |
| | Please upload state refund 1099-G from the government. (1099-G Certain Government Payments) |
| | Please upload 1099-Q from qualified education program(s). |
| | Please provide income and expenses for your business(es). (Schedule C Business Income) |
| | Please provide consolidated 1099 or 1099-B from your broker or barter transaction(s). (1099-B Broker and Barter Exchange Transactions) |
| | Please provide your rental income and expenses. |
| | Please provide your farm income and expenses. |



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|--|--|
| | Please upload K1 from your pass-through entities. |
| | Please upload student loan interest form 1098-E from your student loan servicer(s). (1098-E Student Loan Interest) |
| | Please provide mortgage interest statement from your bank or mortgage lender. (1098 Mortgage Interest) |
| | Please upload all charitable contribution statement(s) from your charity organization(s). |
| | Please upload health/medical savings distribution form, from your bank or financial institution. |
| | Please upload tuition statement from your college or post-secondary education institution(s). (1098-T Tuition Statement) |
| | Please upload 1095-A from Health Insurance Marketplace. |
| | Need to share something else not listed? Upload all other documents here. |
| | If you bought or sold a new primary residence, include the closing statement for the transaction. |

