

# New Client Information

## for Tax Year 2021

### C Stanley, CPA & Associates

**Mail to:** 5132 N Palm Ave, PMB 117  
Fresno, CA 93704  
**Or email to:** claudia@stanleycpa.com  
**Office:** 100 W Bullard, Fresno  
**(559) 439-0197**

Verified photo ID – type \_\_\_\_\_

**Name:**  
Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate \_\_\_\_\_

**Are you a**  U.S. Citizen  U.S. Resident Alien  Hold a valid Green Hard  in U.S. on \_\_\_\_\_ Visa [check all that apply]

Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate \_\_\_\_\_

**Are you a**  U.S. Citizen  U.S. Resident Alien  Hold a valid Green Hard  in U.S. on \_\_\_\_\_ Visa [check all that apply]

**Address:** \_\_\_\_\_ Telephone (Home) (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Telephone (Work) (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Email Address:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Check One:**  Single  Married Filing Joint  Surviving Widow/Widower  
 Married Filing Separately (enter spouse's name/SS# Above)  Unmarried Head of Household

Dependents				
Name	Birthdate	Social Security Number*	Relationship	No. of Months lived in your home in 2018

\*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.

**Taxpayer:**  Blind/Disabled **Spouse:**  Blind/Disabled

If you have a refund coming, how would you like to receive it?

- Refund check by mail?
- Apply refund to next year's taxes?
- Direct deposit refund to your bank account? Routing# \_\_\_\_\_ Account# \_\_\_\_\_

If you owe money on your return, how would you like to pay it?

- Mail in a check?
- Direct withdrawal from your bank account?
- Pay by credit card (if yes, we will give you instructions for making payment by this method)

Referred by: \_\_\_\_\_

# Questionnaire – help us identify any issue that may need special attention

Amount of 3<sup>rd</sup> stimulus payment (issued after 3/12/21) \$ \_\_\_\_\_

Amount of CA stimulus payment \$ \_\_\_\_\_

**In 2021 did you (or your spouse):**

YES NO

	YES	NO
Install solar? <i>(Attach purchase documents)</i>		
Did you buy/lease a car? <i>[Attach purchase doc's]</i>		
Donate a vehicle or boat to charity? <i>[Form 1098-C required to claim this deduction]</i>		
At any time during 2021, did you receive, sell, send, exchange, or otherwise dispose of in any virtual currency?		
Have any <u>loan</u> or <u>credit card</u> debts modified, reduced, or forgiven? <i>[Form 1099-C]</i>		
Any of your dependents have investment income greater than \$1,100?		
Incur any adoption expense?		
Withdraw any IRA or retirement funds or rollover any funds to an IRA or other plan? <i>[Form 1099-R]</i>		
Receive tip income <b>not</b> reported to your employer?		
Buy, sell, refinance, foreclose or abandon any real property? <i>[Attach escrow Closing Disclosure]</i>		
Incur any casualty or theft losses?		
Does anyone owe you money that's become uncollectible?		
Pay any individual <i>(not operating as a <u>business</u>)</i> to perform work for you at your home?		
Incur daycare costs? <i>[Attach name, address, Soc. Sec. No., phone, &amp; amount paid to each provider]</i>		
Buy or sell any stocks, bonds, or other investments? <i>[Attach forms and details of sales]</i>		
Move for business or work? <i>[Moves over 50 miles only]</i>		
Pay any alimony? Alimony paid _____ Date of original decree _____ Enter recipient's SSN _____ Recipient name _____		
Receive any alimony? Date of original decree _____		
Have an HSA (health savings account)? <i>[Not an FSA/125 plan]</i>		
If you paid tuition, how many years did the student complete at the end of 2021? <i>[Form 1098-T]</i>		
If you paid college tuition, was the student ever convicted of a Felony?		
Make any traditional or Roth IRA contributions? <i>[Not your 401k, 403b, or 457 plan at work]</i>		
Did you finance any home improvements through your property tax? (ex: HERO or PACE programs)		
Begin any new business entities – LLC, Partnership, Corporation, or non-profit organization?		
Do any online gambling?		
Did <b>every</b> member of your family have health insurance <b>all</b> year? Please provide all 1095 & 3895 forms.		
Have any <b>FOREIGN</b> :		
Foreign Bank accounts, Retirement plans, or Business ownership interest?		
Beneficiary (directly or indirectly) of a foreign trust?		
Receive any foreign gifts or inheritance?		

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

# Tax Preparation Engagement Letter

Professional standards require us to confirm our arrangements for services with all our clients. We ask you to read the information that follows and indicate your agreement by signing at the end of this letter. We appreciate the opportunity to work with you and will do everything possible to give you the best service you'll find anywhere. The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to exercise due care in reporting tax information. In order to ensure an understanding of our mutual responsibilities, we ask all clients to confirm the following arrangements:

We will prepare your income tax returns from information you provide us. Please provide your information timely. If you need help with your information, we can provide guidance on what to bring. You are ultimately responsible for the documentation. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge. We will not verify the information you give us; however, we may ask for additional clarification. We will use our judgment in resolving questions of fact and application of pertinent tax rules. You should retain all the documents and other data supporting income and deductions. Documentation is necessary to prove the accuracy of the returns to a taxing authority if you are audited. If an examination occurs, we will represent you if you so desire, but you will be billed separately at \$175 an hour. In order to protect your rights it is important that you contact us immediately if you receive any letter from the IRS or the state.

Provisions of the Internal Revenue Code require you to have the necessary records to support your charitable contributions, travel (including auto) and related expenses. If you do not have the required records, including receipts or mileage log, do not record the expenditure as a deductible item. If you have any questions regarding the records required, please ask us.

Fees for our services vary depending upon the complexity of the return and organization of your data. Fees are due upon presentation of our invoice to you and no tax return may leave our office without payment. NO exceptions. For your convenience, we accept cash, checks, and credit card. You understand that you will pay a \$30 fee for any returned checks. A minimum fee of \$100 will be charged for any taxpayer changes requested after returns have been completed, unless the change was due to our error.

You have the final responsibility for the income tax returns and, therefore, review them carefully before you sign and file them. The law provides for a penalty to be imposed where a taxpayer makes a substantial understatement of their tax liability.

**Once your return is complete, your signed e-File Authorizations (Form 8879) must be returned to our office by April 8<sup>th</sup>. If not received by this date, you agree that we may file an extension and additional charges apply.**

We communicate through email. We cannot guarantee the security of these communications, as emails can be intercepted and read, disclosed, or otherwise used by an unintended third party. Use email to send confidential information at your own risk. We have secure portals available, if you contact us.

If the above fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office. We appreciate the opportunity to provide you the kind of service you need in these complex and rapidly changing times.



Claudia Stanley, CPA, EA

I have read and understand the foregoing and agree to these terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_