

Welcome to Charles Coker, CPA, LLC. To speed up the Income Tax Preparation Process, we'd like to collect some preliminary information as it will appear on the tax forms. This will only help us prepare your income taxes more accurately, and will be kept strictly confidential. Thank you for helping us make your life less taxing. PLEASE PRINT.

### Primary Taxpayer Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

Married or  Single Filing Status:  Single  Married filing jointly  Married filing separately  Head of Household  Qualifying Widower

Home Market Value: \$ \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

### Referral Information

How did you hear about us?

Craigslist.com  Post Card  Skyline Elevator Flyer  Fairlington Bulletin  Yellow Pages  Other \_\_\_\_\_  Referred by: \_\_\_\_\_

### Secondary / Spouse Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer Name, Address: \_\_\_\_\_

### Dependent Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Electronic Filing Information

If you are getting a refund, that amount will quickly (approximately 15 business days) be deposited in the bank account you've identified here:

Name of Bank: \_\_\_\_\_ Routing Transit Number (RTN): \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Savings \_\_\_\_\_ Checking

### Any additional informational, comments or services needed?

Are you interested in our other Services?	Yes /No	Any Additional comments or information?
Retirement Savings or Residence Planning	<input type="checkbox"/> <input type="checkbox"/>	
Investment Planning	<input type="checkbox"/> <input type="checkbox"/>	
Accounting / Bookkeeping Services	<input type="checkbox"/> <input type="checkbox"/>	
Business Consulting / Govt. Contract Support	<input type="checkbox"/> <input type="checkbox"/>	

### Completed Return (pick-up or send)

We will contact you when your tax return is ready to be picked-up. For your convenience, we can send your completed tax return to you for an additional fee to cover shipping and handling. Would you like your return sent to you?

Yes. Please send me my completed tax return.  No. I will schedule a pick-up when my return is ready.

### Credit Card Authorization

To facilitate your tax pick up process, we can bill your credit card for the cost of the tax preparation. We can also email you your signature pages. Complete this authorization section and sign it. We will include the credit card receipt with your return.

Name of Cardholder: \_\_\_\_\_ Type of card (circle one): Visa MasterCard American Express

Card#: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_

Email address where we will send your signature pages: \_\_\_\_\_

### Signature / Authorization

It is your responsibility to provide all the information required for us to prepare your federal & state income taxes completely and accurately. You represent that the information you're supplying us is accurate and complete to the best of your knowledge. You have the final responsibility for the income tax returns and you should review them carefully before you sign and file them. You do not authorize the release of your name, personal or tax information to any third party, other than taxing authorities, without your permission. We will use our best judgment (and perform reasonable research) to resolve questions when the tax law is unclear. It is your responsibility to retain all original documents, canceled checks and other data. Our fees are based on a per form rate. Excessive research or consulting time will be charged at an hourly rate. You agree to pay our regular hourly rate for time spent with the accountant. All invoices are payable upon presentation. Tax returns will only be electronically filed when completely paid for. You agree to pay any and all collection costs including the cost of attorney fees and court costs plus expenses incurred for court preparation. If your returns are audited, we will be available to represent you at our regular hourly rate. If your return requires adjustments or corrections, we will assist you with the amended returns (at no cost to you if it is our responsibility). There will be no refunds of our tax preparation service fee. This engagement letter is for tax preparation and accountant consultation only, no other services are implied or assumed. Additional services will be covered under a separate agreement. We appreciate this opportunity to work with you. Sincerely, Charles Coker, CPA, LLC

Ø I give permission for my spouse to sign our tax returns for me:  Yes or  No

Your Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_