

- Certified Public Accountant
- Certified Financial Planner

512-858-0805 Susan@SusanCurranFinancial.com

PO Box 537

Dripping Springs, Texas 78620 www.SusanCurranFinancial.com

We look forward to helping you with your tax preparation!

Please follow these steps to begin the tax preparation process:

- 1. Gather your applicable documents according to the checklist on page two
- 2. Scan all documents and combine into one pdf file a
- 3. Upload pdf file to your client portal b
- 4. Email <u>Admin@SusanCurranFinancial.com</u> to let us know when your file is complete and you are ready for tax preparation ^c
- 5. Be sure that you receive a "Tax Submission Package Acknowledgement" email from our office confirming that we have received your notice and are submitting your documents for tax preparation.d

ALL DOCUMENTS MUST BE SUBMITTED THROUGH THE CLIENT PORTAL TO BE INCLUDED IN YOUR TAX PACKAGE

Please contact us if you need assistance!

At your service,

Susan Curran, CPA, CFP

^a If you do not have a scanner, there are a variety of smartphone applications for free or at low cost. We discourage photos of documents.

^b On the home page of our website, <u>www.SusanCurranFinancial.com</u>, click on the green "Client Portal" button.

^c You must notify our office when your file is ready for tax preparation. We will not know that your file is complete and ready until you notify us.

^d If you haven't received confirmation within three business days after your initial email, please send a follow-up email or call our office.



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SUBMISSION DEADLINES

- April 15th Filings
 - Recommended: February 10th
 - o Required: March 10th
 - o Returning Client Extensions: If you are unable to submit your complete tax submission package by this date, we will automatically apply for an extension of the filing deadline on your behalf.
 - o All taxes owed are due by the original filing deadline.
- October 15th Filings
 - o Recommended: June 10th
 - Required: September 1st
- We must have your complete tax document file by the required submission deadline in order to meet your filing deadline.

TAX SUBMISSION PACKAGE CHECKLIST

Ш	<u>completed</u> and signed engagement letter
	Copy of your prior year tax return(s)—new clients only
	All W-2s that you've received
	Form(s) 1099 that you've received (contract labor, interest, dividends, real property, etc.)
	Brokerage statements, 1099-B, 1099-INT and 1099-DIV
	Schedule(s) K-1 that you've received
	Form 1095-A for health insurance advance payment information
	Form(s) 1098 (mortgage interest) and property tax statements
	Closing statements pertaining to real estate transactions (purchases and/or sales), including 1099-S
	Any tax notices received from the IRS or other taxing authorities
	Any other information that you have that is pertinent: HSA, IRA, forgiveness of debt, charitable contributions,
	education expenses, child care expenses, etc.
	If you have a business or rental property we need income and expenses provided on:
	The attached Rusiness Income or Pental Income organizer worksheet OP

- The attached Business Income or Rental Income organizer worksheet **OR**
 - - Financial Statements: Balance Sheet and Income Statement (QBs Profit & Loss) OR
 - An Accountant's Copy of your QuickBooks file with a dividing date of 01/02 of current year OR
 - A QuickBooks Online accountant's invitation (if not already sent)
- And complete the 1099 Payments information box, and if applicable, the business vehicle and home office boxes on the attached Business Income or Rental Income organizer.

TIPS FOR EFFICIENT PROCESSING

- To ensure efficient processing of your tax information and prevent additional fees.
 - Please use our organizer and worksheets
 - > Do not provide unnecessary documents or duplicate any information
 - Please submit all documents as pdf files; we cannot process Excel, ZIP, PNG, or JPEG files
 - > Brokerage companies often revise statements, be sure to submit the Final Copy for tax preparation



INDIVIDUAL TAX INFORMATION

SSN DOB	Name Occupation	Spouse
Name Occupation SSN DOB	Occupation	Spouse
Occupation SSN DOB	Occupation	
Occupation SSN DOB Home Phone		
	CCN	
Home Phone	SSN	DOB
	Home Phone	
Work Phone	Work Phone	
Cell Phone	Cell Phone	
Email	Email	
Address		County
City	State	Zip Code
Are you a US citizen?	Are you a US citizen?	
	Dependents	
Name	SSN	DOB
Name	SSN	DOB
Name	SSN	DOB
List the names of any of the above dependents who do not	live with you:	
List the names of any of the above dependents who are NO	T residents of the U.S.:	
Business Sole Proprietor / Schedule C, LLC / Rental LL	С	
Entity Name		
TIN	LLC Tax #	
QB Info	Webfile #	
NOTES:		



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Susan Curran Financial, LLC is pleased to provide you with the professional services described below. This letter confirms the terms of our engagement and the nature and extent of the services we will provide.

We will prepare your federal tax Form 1040 and, if applicable, state income, or franchise tax returns using information and representations you provide to us. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some information.

We provide a tax organizer and checklist to help you gather the information required for a complete and accurate return including all worldwide income. You agree that you will deliver all records requested by our staff to complete this engagement on a timely basis. We will rely on your source documents in determining the tax, character, and treatment of a given transaction. You confirm that personal expenses are segregated from business expenses and expenses such as meals, travel, vehicle use, gifts, charitable contributions, and other deductions are supported by necessary records required by the IRS.

You are responsible for the returns, so you should review them carefully before you sign them. Your original records will be returned to you at the end of this engagement. You should keep your originals in secure storage to prove accuracy and completeness of the returns to taxing authorities, if necessary.

We adhere to the strictest standards of professionalism and confidentiality in the work we do for you. The tax process is complex. The results we achieve for you cannot be pre-determined or inordinately influenced and a favorable experience cannot be guaranteed. You agree not to denigrate the company by posting, publishing or otherwise releasing any material in verbal, written or electronic format that disparages Susan Curran Financial LLC, its operations, clients, employees, products, or services. For more information, please see our Non-Disparagement policy: www.susancurranfinancial.com/non-disparagement-notice.

Our engagement does not include any procedures to discover fraud, theft, defalcation or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns. Returns are prepared solely for filing with the Internal Revenue Service and state and local tax authorities. They are not intended to benefit or influence any third party, to obtain credit or any other purpose. You agree to indemnify and hold our firm and any of its officers or employees harmless with respect to any and all claims arising from the use of the returns other than filing with the IRS, state and local tax authorities. Susan Curran Financial, LLC's errors and omissions liability will not exceed fees you have paid, regardless of the amount of damages.

We will use our judgment to resolve questions in your favor where tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In order to avoid penalties, we apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in returns. We assume no liability for, and you hereby release us, from any such additional tax, interest, and penalties or other fees and assessments.

Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions," that is, certain arrangements the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed. The law also imposes penalties when taxpayers understate their tax liability. If you have concerns

about such penalties, please call us. You, as the taxpayer, remain responsible for the payment of all taxes, penalties, and interest charges imposed by the taxing authorities. You agree that we will not be responsible for your failure to meet government and other filing deadlines, for any penalties or interest that may be assessed against you resulting from your failure to meet the deadlines, and for any other damages (including, but not limited to consequential, indirect, lost profits, or punitive damages) incurred by you as a result of the late filing or non-filing of the tax returns.

Our fee for the services outlined above is based upon the complexity of the work performed, our professional time to complete the work, and on the availability, quality, and completeness of your records. We reserve the right to charge additional fees, if records are not submitted in a timely manner, or are incomplete or unusable. A deposit may be required once the engagement has been accepted. Using the tax organizer provided will help you avoid overlooking important information and contribute to efficient preparation of your return, keeping the cost of our services as low as possible. Payment is due upon completion of your tax return. If special arrangements have been made to extend the payment due date you will be assessed interest charges of 1.75% per month on the unpaid balance.

We reserve the right to withdraw from this engagement without completing the returns if you fail to comply with the terms of this engagement letter or as we determine professional standards require. We appreciate the opportunity to be of service to you!

Susan Curran, CPA, CFP

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PLEASE COMPLETE THIS PAGE

Refund Options, if applicable: (Please select	t one of the three options below)		
I decline direct deposit. The IRS w	vill issue a paper check if a refund is due		
Please apply my full refund amour	nt to next year's estimated taxes.		
Please have any refund directly de	eposited to account listed below: (this in	formation must be updated every year)	
Type of account: Checking or Savings	s		
PLEASE WRITE LEGIBLY BELOW – If this info	ormation is incomplete, you will receiv	e a PAPER CHECK from the IRS.	
	, ,		
Name of Bank	Routing Number	Account Number	
Estimated Tax Payments (1040-ES):	Amount Paid	Date Paid	
Amount applied from prior year return			
1st quarter payment			
2nd quarter payment			
3rd quarter payment			
4th quarter payment			
Paid with extension			
Additional estimated tax payments:			
Foreign Bank Account: If you, or your spous If so, did the amount exceed \$10,000, please			re:
, , , , , , , , , , , , , , , , , , , ,		,	
Digital Assets/Virtual Currency: Check here	•	• • • •	nanged, or
otherwise disposed of a digital asset (or a fir If sold or exchanged, please submit pertinen			
Health Insurance: Did you receive a Form 1	.095-A? If so, please submit with your ta	ax documents.	
Tax Return Copy for Your Records: Your ret	urn will be placed in our secure portal. I	Paper copies will not be provided.	
You may need a copy of your tax return or f	inancial information in the future. Plea	se be sure to download it to vour own syste	m so vou will have it
available when you need it. Your tax and fi once you have downloaded it to your compu	inancial information is highly confidenti	al. For security purposes, please delete the	•
,	,	,	
Accepted By:			
Your printed name constitutes accepta	nce of this agreement.		
Taynayar Printed Name:		Dato	
Taxpayer Printed Name:		Date:	

Standard Deduction

S/MFS=\$13,850 MFJ = \$27,700 HoH=\$20,800 For over 65: S/HoH add \$1,850. For over 65: MFS/MFJ add \$1,500.

Or if you would prefer to itemize, please supply information requested below.

Itemized Deductions (Optional)

MEDICAL and DENTAL (paid out of	pocket)	INTEREST YOU PAID		
Health Insurance Premiums (NOT including SE Health Ins		Home Mtg Int. & Points on Form 1098	attach 1098s	
Long Term Care Premiums		Home Mortgage Int. NOT on Form 1098 (give amount & fill in the payee info below):	\$	
Medical and Dental Expenses (RX, doctor, hospital, eye, etc.)		Interest Paid to :		
Total Paid		Name:		
Number of Medical Miles (optional)		SSN/EIN:		
TAXES YOU PAID		Street:		
Real Estate Taxes	attach rcpt	City:		
Sales Tax: Vehicle and/or Major Remodel		State, ZIP:		
GIFTS TO CHARITY		Points NOT on Form 1098		
Total Gifts by Cash or Check		Investment Interest Paid		
NonCash Donations < \$500		OTHER		
If over \$500, IRS requires additional information. Please ask for additional worksheet.		Federal Disaster Loss (worksheet available)		
Number of Charitable Miles (optional)				
Othe	r Importan	t Tax Deductions		
Education Expenses, Child Ca	re Expenses, SE	Health Insurance, IRA/HSA Contributions, etc.		
Education Expenses	attach info	SE Health Insurance Premiums (NOT included above in Medical/Dental Itemized Deductions)	\$	
Student Loan Interest	attach info	HSA Contributions	attach info	
Child Care Expenses	attach info	Real Estate Closing Statements (Purchases and/or Sales)	attach info	
Educator Expenses	\$	Alimony Paid	attach info	
Taxpayer IRA contribution (due 4/15) *		Taxpayer ROTH IRA contrib. (due 4/15)*		
Date funded		Date funded		
Spouse IRA contribution (due 4/15) *		Spouse ROTH IRA contrib. (due 4/15)*		
		Date funded		
Date funded				

Business Income for

1099 Payments: The IRS requires a business to issue a Form 1099-MISC to each person the business

has paid at least \$600 for services, rents, or other income.

Did you make any payments that would require you to file Form(s) 1099?

If 'Yes,' did you or will you file all required Forms 1099?

You do not need to complete this column if you are providing us with financial statements or your QuickBooks accounting file.		
INCOME	\$	
COST OF GOODS SOLD/	\$	
PURCHASES		
EXPENSES		
Accounting	\$	
Advertising		
Bank charges		
Commissions paid out		
Contract labor costs		
Delivery & freight		
Dues & subscriptions		
Employee benefit programs		
Insurance (other than health)		
Interest on business loans		
Janitorial		
Legal & professional costs		
Meals & entertainment (in full)		
Miscellaneous expense		
Office expense		
Outside services costs		
Postage		
Printing		
Rent-office, warehouse, storage		
Rent-equipment		
Repairs & maintenance		
Security		
Supplies		
Taxes-payroll		
Taxes-sales tax included in income		
Taxes-other (property)		
Telephone		
Tools (<\$2500- each tool)		
Travel (business)		
Uniforms		
Utilities		
Wages paid out (send W-3 please)		
Other expenses:		
Total expenses		

Equipment or Asset Purchases (>\$2500 per item) Please provide new asset purchases below. Description/ Date purchased/Cost

Vehicle Use (i	f applicable)
Is this your only vehicle?	
Written evidence for business เ	ise?
Year and model of vehicle	
Business miles	
Commuting miles	
Personal miles	
Total miles for the year =	
Auto loan interest	\$
If not taking the mileage allowa actual costs instead, please con vehicle costs:	
Actual cost:	
Fuel costs	\$
Maint & repair	
Insurance	
Other	
Personal miles Total miles for the year = Auto loan interest If not taking the mileage allowa actual costs instead, please convehicle costs: Actual cost: Fuel costs Maint & repair Insurance	nce and electing to deduct nplete the following for your

	Business Use of Ho	me (if applicable)	
	Must be used EXCLUSIVELY and REGULARLY		
	as your principal place of bu	siness. Other criteria	
	may apply.		
	Business use area in sq ft		
	Total area of home in sq ft		
	Insurance	\$	
	Utilities		
	Other expenses:		
ľ			

Rental Income (Sch E or F8825) Rental address

1099 Payments: The IRS requires a business to issue a Form 1099-MISC to each person the business has paid at least \$600 for services, rents, or other income.

Did you make any payments that would require you to file Form(s) 1099?

If 'Yes,' did you or will you file all required Forms 1099?

You do not need to complete this column with financial statements or your Quick		Number of days rented	: Personal use da	ys:
Rents Received \$			Equipment or A	
EXPENSES			(>\$2500 p Please provide new as	
Advertising			•	te purchased/Cost
Association dues			Description/ Da	te parchasea/cost
Bank charges				
Cleaning and maintenance				
Commissions paid out				
Contract labor				
Gardening				
nsurance (other than health)				
nterest on business loans				
egal and professional costs			Vehicle Use (i	f applicable)
icenses and permits			Is this your only vehicle?	і арріісаріе)
·			Written evidence for busine	
Management fees				ess use?
Miscellaneous expense			Year and model of vehicle	
Mortgage interest (from 1098)			Business miles	
Painting and decorating			Commuting miles	
Pest control			Personal miles	
Plumbing and electrical			Total miles for the year =	<u> </u>
Repairs-Minor			Auto loan interest	\$
Supplies		1	If not taking the mileage all	
axes - property			deduct actual costs instead,	-
elephone			following for your vehicle co	osts:
Jtilities			Actual cost:	
Other expenses:		1	Fuel costs	\$
			Maint & repair	
			Insurance	
			Other	
Total expenses			Business Use of Ho	me (if applicable)
Details and amounts of major repairs a	and improvements		Must be used EXCLUSIVELY	and REGULARLY
			as your principal place of bu	usiness. Other crite
			may apply.	
			Business use area in sq ft	<u> </u>
			Total area of home in sq ft	<u> </u>
			Insurance	\$
			Utilities	į
			Other Expenses:	:
				!