Susan Curran Financial

- 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 Admin@SusanCurranFinancial.com 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

---

[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, www.SusanCurranFinancial.com, 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.*

Please contact us if you need assistance!

At your service,

S.Curran

Susan Curran, CPA, CFP

Susan Curran Financial

- Certified Public Accountant
- Certified Financial Planner

512-858-0805
Susan@SusanCurranFinancial.com
PO Box 537
Dripping Springs, Texas 78620
www.SusanCurranFinancial.com

SUBMISSION DEADLINES

- April 15th Filings
  - Recommended: February 10th
  - **Required: March 10th**
  - 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.
  - **All taxes owed are due by the original filing deadline.**
- October 15th Filings
  - 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

- ☐ **Completed 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 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

Susan Curran Financial

INDIVIDUAL TAX INFORMATION

Date: ____________________ **Primary Contact:** ____________________

Change in Filing Status? ____________________

Taxpayer		**Spouse**	
Name		Name	
Occupation		Occupation	
SSN	DOB	SSN	DOB
Home Phone		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 NOT residents of the U.S.: ________ ________ ________

Business Sole Proprietor / Schedule C, LLC / Rental LLC

Entity Name ____________________

TIN ____________________ LLC Tax # ____________________

QB Info ____________________ Webfile # ____________________

NOTES:

Susan Curran Financial

- **Certified Public Accountant**
- **Certified Financial Planner**

512-858-0805
Susan@SusanCurranFinancial.com
PO Box 537
Dripping Springs, Texas 78620
www.SusanCurranFinancial.com

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

PLEASE COMPLETE THIS PAGE

Refund Options, if applicable: (Please select **ONE** of the three options below)

________ I decline direct deposit. The IRS will issue a paper check if a refund is due.

________ Please apply my full refund amount to next year's estimated taxes.

________ Please have any refund directly deposited to account listed below: (this information **must** be updated every year)

Type of account: Checking _____ or Savings _____

PLEASE WRITE LEGIBLY BELOW – If this information is incomplete, you will receive 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 spouse if married, had an interest in or authority over a foreign account, please check here: ______
If YES, and the amount exceeded $10,000, check here: ______ *and provide account information with your tax documents*.

Digital Assets/Virtual Currency: Check here if you received (as a reward, award, or payment for property or services), sold, exchanged, or otherwise disposed of a digital asset (or a financial interest in any digital asset): ______
If sold or exchanged, please submit pertinent information with your tax documents.

Health Insurance: Did you receive a Form 1095-A? *If YES, please submit with your tax documents.*

Tax Return Copy for Your Records: Your return will be placed in our secure portal. Paper copies will not be provided.
You may need a copy of your tax return or financial information in the future. Please be sure to download it to your own system so you will have it available when you need it. Your tax and financial information is highly confidential. For security purposes, please delete the file out of the portal once you have downloaded it to your computer system. Files should never be stored in the portal.

Accepted By:
Taxpayer Name: ________________________________ Date: ____________________
Your digital signature constitutes acceptance of this agreement.

Name:

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 Prem--see below)		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)			

Other Important Tax Deductions

Education Expenses, Child Care 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	
Self-Employed Retirement Contribution *			

***Would you like a retirement contribution calculation, if available? ________**

For multiple businesses: Please complete one worksheet for each business.

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? Yes or No

If '**Yes**,' did you or will you file all required Forms 1099? Yes or No

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	

SCFLLC

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

Vehicle Use (if applicable)	
Is this your only vehicle?	Yes or No
Written evidence for business use?	Yes or No
Year and model of vehicle	
Business miles	
Commuting miles	
Personal miles	
Total miles for the year =	
Auto loan interest	$
If not taking the mileage allowance and electing to deduct actual costs instead, please complete the following for your vehicle costs:	
Actual cost:	
Fuel costs	$
Maint & repair	
Insurance	
Other	

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

Please complete one worksheet for each rental.

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? Yes or No

If '**Yes**,' did you or will you file all required Forms 1099? Yes or No

You do not need to complete this column if you are providing us with financial statements or your QuickBooks accounting file.	
Rents Received	$
EXPENSES	
Advertising	
Association dues	
Bank charges	
Cleaning and maintenance	
Commissions paid out	
Contract labor	
Gardening	
Insurance (other than health)	
Interest on business loans	
Legal and professional costs	
Licenses and permits	
Management fees	
Miscellaneous expense	
Mortgage interest (from 1098)	
Painting and decorating	
Pest control	
Plumbing and electrical	
Repairs-Minor	
Supplies	
Taxes - property	
Telephone	
Utilities	
Other expenses:	
Total expenses	
Details and amounts of major repairs and improvements	

Number of days rented: _______ Personal use days: _______

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

Vehicle Use (if applicable)	
Is this your only vehicle?	Yes or No
Written evidence for business use?	Yes or No
Year and model of vehicle	
Business miles	
Commuting miles	
Personal miles	
Total miles for the year =	
Auto loan interest	$
If not taking the mileage allowance and electing to deduct actual costs instead, please complete the following for your vehicle costs:	
Actual cost:	
Fuel costs	$
Maint & repair	
Insurance	
Other	

Business Use of Home (if applicable)	
Must be used EXCLUSIVELY and REGULARLY as your principal place of business. Other criteria may apply.	
Business use area in sq ft	
Total area of home in sq ft	
Insurance	$
Utilities	
Other Expenses:	