

# TAX ORGANIZER FOR TAX YEAR 2017

Daniels Bookkeeping and Tax Service, Inc.  
8225 Alondra Blvd Suite A, Paramount, California 90723  
Phone Number: 562-408-1500

Email: [danielstaxlady@att.net](mailto:danielstaxlady@att.net) Website: [www.danielstaxlady.com](http://www.danielstaxlady.com)

**Please complete this Organizer before your appointment. Prior year clients will need to fill out this form each year.  
If you are a new client, you must provide a copy of your last year's tax return.**

<b>#1</b> Tax Payer: _____ Spouses Name: _____ *Only if filing joint or married filing separate* Mailing Address, City, State and Zip Code _____	<b>#2</b> Occupation: _____ S.S. # - - - Occupation: _____ S.S. # - - - Home Phone Number ( ) - Spouse Cell Number ( ) - Email address: _____	Birth date: / / Birth date: / / Cell Phone Number ( ) - ( ) -
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Tax Payer	Circle One	Single	Head Of House Hold	Widow(er)	Date of Spouse's Death	Will File A Joint Return
Married	Yes No	Yes No	Yes No	Yes No		Circle One
Did you live with your spouse after 7/1/2017?	Yes No					Yes No

**#4 DEPENDENTS, Children and Others "DEPENDENT on another Tax Return" Yes Name:**

First Name, Last Name	S.S. #	D.O.B.	Relationship	Disabled Yes/No	Full Time Student Yes/No	Dependent Gross Income	# of Months Lived With You

**#5 File Banking Information**

Please Verify—Double Check all Banking Information **Do you owe back taxes to IRS or FTB- Yes/No**

Bank Name: \_\_\_\_\_ **Do You Want to Pay Your Tax Preparation Fee From Your Refund-Yes/No**

Bank Routing Number: \_\_\_\_\_ **Do you want the balance of refund deposited to your bank account-Yes/No**

Bank Account Number: \_\_\_\_\_ **Provide current copy of Driver License No. \_\_\_\_\_ Exp. \_\_\_\_\_**

Checking \_\_\_ Savings \_\_\_ **Mothers Maiden Name \_\_\_\_\_**

**#6 INCOME Wages, Salaries, W-2, 1099, and 1098**

Attach All W-2s for the current tax year of 2017), Initial here, \_\_\_\_\_, that all W-2's, and all Interest Income 1099-INT, Dividend Income, 1099-D, Partnership, Trust and Estate Income – K-1, S-Corporations, and 1098-Mortgage Interest are attached.

Pension Annuity Income 1099-R, 401K, IRA's, Lump Sum Distributions \$ \_\_\_\_\_, 1099-R.

**Interest income from Seller-Financed Mortgages & Individuals Interests from Banks & Financial Institutions (Attach 1099 INT)**

**All Forms Must include your Social Security number on them.**

NAME	AMOUNT	NAME	AMOUNT
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

You must bring 2017 **final pay check stub**, \_\_\_ showing, Union Dues, Medical Deductions, Dental, Vision or United Way, etc.

How much were you reimbursed that was not included in your wages? \$ \_\_\_\_\_

Did you or your spouse contribute to a REGULAR IRA, ROTH IRA, SIMPLE, or KEOGH? \$ \_\_\_\_\_

Do you or your spouse have a retirement plan at work? \_\_\_\_\_

Did you withdrawn from Pension or IRA, if so how much \$ \_\_\_\_\_

Submit your 1099 for form #5498, Current Fair Market Value

Clients Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature, only if filing joint \_\_\_\_\_ Date \_\_\_\_\_  
 Revision Date: November 07, 2017  
 Interview By: \_\_\_\_\_ Date: \_\_\_\_\_ Page #1 of 11

#7 **ALL OTHER INCOME** Tax Year: 2017  
 Including Service Tips, i.e. Beauticians, Bartenders, Barbers. Did you receive any tips that you did not report to your employer?  
 Yes/No \_\_\_\_\_ If not, how much did you receive? \$ \_\_\_\_\_

All other forms of Income: (Bring any 1099's you receive.)

1. Prizes, Bonus, and Awards \$	2. Jury Duty \$
3. Unemployment Compensation \$	4. Workman's Compensation \$
5. Gambling, Lottery Winnings \$	6. Disability Income \$
7. Alimony Received \$ Recipients Name _____ SS# _____	8. Payments from Prior Installment Sales \$
9. Scholarship, Grants - 1098T \$	10. Other Income-Description: \$
11. Did you file bankruptcy-cancellation of debt? Bring 1098-C	12. Other Income-Description: \$

#8 **SOCIAL SECURITY**  
 How much did you receive? \$ \_\_\_\_\_ How much did your spouse receive? \$ \_\_\_\_\_ (Attach SSA 1099)

#9 A - Gains & Loss from Sale of Property, Stock, etc. (Attach 1099's)

Description	Date Bought	Date Sold	Sales Price	Cost & Expense	Gain or Loss
_____	____/____/____	____/____/____	\$ _____	\$ _____	\$ _____
_____	____/____/____	____/____/____	\$ _____	\$ _____	\$ _____

**SALE OF RESIDENCE** – Please bring closing escrows of purchase & sale of new house. Also, list improvements on old house. If you paid any individuals or Partnership \$600 or more for rent or services for business purposes, you are required to file 1099's prior to January 31st, 2018. If you would like us to prepare these, please contact us right away.

#9 B – Alimony Paid: Name \_\_\_\_\_ SS# \_\_\_\_\_ Amount \$ \_\_\_\_\_ State \_\_\_\_\_

#10 **CHILD OR DEPENDENT CARE EXPENSE**

Did you pay a baby-sitter last year? Yes No

Name of Child	Name of Care Giver	SS# or EIN#	Address, City, Zip code	Telephone#	Yearly Amt Pd

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want me to prepare these forms you must advise me before I complete your return.

Please initial here if you "DO NOT" want me to prepare the W-2 Forms. (Initial here) \_\_\_\_\_

#11 **TAXES**

Did you pay State Taxes last year? \_\_\_\_\_ How much? \_\_\_\_\_

Did you receive a State refund Check Last Year? \_\_\_\_\_ If so, How Much? \$ \_\_\_\_\_

Did you pay State Taxes last year for any prior year? \_\_\_\_\_ How Much? \$ \_\_\_\_\_

Did you pay Sales Taxes on Major Purchases last year? \_\_\_\_\_ How Much? \$ \_\_\_\_\_

Did you purchase an automobile in 2017? \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Vehicle Year \_\_\_\_\_

Did you purchase an All Electric automobile in 2017? \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Vehicle Year \_\_\_\_\_

(Attach the Purchase Contract: \_\_\_\_\_)

Did you buy any boats, motorcycles, RV's, trailers, mobile homes, airplanes, etc.? \_\_\_\_\_ (Attach Purchase Contracts)

Auto License Fees \$ \_\_\_\_\_ Auto Sales Tax \$ \_\_\_\_\_

Clothing Purchase Total \$ \_\_\_\_\_ Fuel Sales Total-All Vehicles \$ \_\_\_\_\_

Meals & Entertainment Total \$ \_\_\_\_\_ Large Items w/sales tax \$ \_\_\_\_\_

#12 **DEDUCTIONS**

INTEREST PAID: (Attach all 1098's) Cost of modifications \$ \_\_\_\_\_

Did you move last year? \_\_\_\_\_ How many miles did you move? \_\_\_\_\_ Date Moved \_\_\_\_/\_\_\_\_/\_\_\_\_

Transportation Cost \$ \_\_\_\_\_ Storage Cost \$ \_\_\_\_\_ Travel & Lodging \$ \_\_\_\_\_

1 <sup>st</sup> HOME	LENDERS NAME	AMOUNT	2 <sup>nd</sup> HOME	LENDERS NAME	AMOUNT
Mortgage/Form 1098	_____	\$ _____	Mortgage/Form 1098	_____	\$ _____
2 <sup>nd</sup> Mortgage	_____	\$ _____	2 <sup>nd</sup> Mortgage	_____	\$ _____
Late Charges	_____	\$ _____	F.H.A. Charges	_____	\$ _____
Mortgage Insurance	_____	\$ _____	Real Estate Loan Fees	_____	\$ _____
Property Tax	_____	\$ _____	Points	_____	\$ _____
			Property Tax	_____	\$ _____

Did you re-finance your property in 2017, if so, you must provide a copy of your closing escrow documents. Yes No

Did you make any modifications to you home for the handicapped? Please describe: \_\_\_\_\_

College Loan Interest \$ \_\_\_\_\_ College Loan Interest \$ \_\_\_\_\_

Revision Date: October 26, 2017 Taxpayer Signature: \_\_\_\_\_

Interview By: \_\_\_\_\_ Date: \_\_\_\_\_ Page #2 of 11

#13

**DEDUCTIONS – MEDICAL - 10% of Gross Income**

**Tax Year: 2017**

Amount Paid After Insurance Reimbursement

Medicine – Over the Counter \$ \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Doctors: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Dental Care: \_\_\_\_\_ \$ \_\_\_\_\_  
 False Teeth: \_\_\_\_\_ \$ \_\_\_\_\_  
 Orthodontists: \_\_\_\_\_ \$ \_\_\_\_\_  
 Practitioners: \_\_\_\_\_ \$ \_\_\_\_\_  
 Vasectomy or Tubal Ligation \_\_\_\_\_ \$ \_\_\_\_\_  
 Transportation & Lodging: \_\_\_\_\_ \$ \_\_\_\_\_  
 Eye Surgery \_\_\_\_\_ \$ \_\_\_\_\_  
 Eyeglasses \_\_\_\_\_ \$ \_\_\_\_\_  
 Contact Lenses \_\_\_\_\_ \$ \_\_\_\_\_  
 X-Rays \_\_\_\_\_ \$ \_\_\_\_\_  
 Medical Modification to Home \_\_\_\_\_ \$ \_\_\_\_\_  
 Therapy Equipment \_\_\_\_\_ \$ \_\_\_\_\_  
 Medical Supplies & Appliances \_\_\_\_\_ \$ \_\_\_\_\_  
 Prosthesis Expense \_\_\_\_\_ \$ \_\_\_\_\_  
 Required Air Conditioning Expense \_\_\_\_\_ \$ \_\_\_\_\_  
 Yearly Medical Mileage \_\_\_\_\_ \$ \_\_\_\_\_

Amount Paid After Insurance Reimbursement

Prescription Drugs \$ \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Specialists: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Chiropractors: \_\_\_\_\_ \$ \_\_\_\_\_  
 Clinics: \_\_\_\_\_ \$ \_\_\_\_\_  
 Health Care Premiums \_\_\_\_\_ \$ \_\_\_\_\_  
 Assistance Credit \_\_\_\_\_ \$ \_\_\_\_\_  
 FSA Flexible Spending Account \_\_\_\_\_ \$ \_\_\_\_\_  
 Penalty for not being Insured \_\_\_\_\_ \$ \_\_\_\_\_  
 Medicare: \_\_\_\_\_ \$ \_\_\_\_\_  
 Hospitals: \_\_\_\_\_ \$ \_\_\_\_\_  
 Prenatal Care \_\_\_\_\_ \$ \_\_\_\_\_  
 Postnatal \_\_\_\_\_ \$ \_\_\_\_\_  
 Hearing Aids \_\_\_\_\_ \$ \_\_\_\_\_  
 Lab Fees \_\_\_\_\_ \$ \_\_\_\_\_  
 Bandages \_\_\_\_\_ \$ \_\_\_\_\_  
 Crutches, Wheelchairs \_\_\_\_\_ \$ \_\_\_\_\_  
 Diabetic Expense \_\_\_\_\_ \$ \_\_\_\_\_  
 Therapy \_\_\_\_\_ \$ \_\_\_\_\_  
 Electrical Expense \_\_\_\_\_ \$ \_\_\_\_\_  
 Stop Smoking, Drug, Alcohol Exp: \$ \_\_\_\_\_

#14

**CONTRIBUTIONS**

(FOR AMOUNTS OVER \$250, YOU MUST HAVE THE DONATION DOLLAR AMOUNT ON THE ORGANIZATION LETTERHEAD AND SIGNED BY AN ORGANIZATION OFFICIAL – DONATIONS MUST HAVE A VALUE OF NEW OR LIKE NEW)

Churches Name: \_\_\_\_\_ \$ \_\_\_\_\_ Payroll Deduction Name: \_\_\_\_\_ \$ \_\_\_\_\_  
 Non-profit Charity: \_\_\_\_\_ \$ \_\_\_\_\_ Youth Programs Name: \_\_\_\_\_ \$ \_\_\_\_\_  
 Non-Profit Daycare: \_\_\_\_\_ \$ \_\_\_\_\_ Muscular Dystrophy \_\_\_\_\_ \$ \_\_\_\_\_  
 Public Schools: \_\_\_\_\_ \$ \_\_\_\_\_ Salvation Army \_\_\_\_\_ \$ \_\_\_\_\_  
 Non-profit Cemetery: \_\_\_\_\_ \$ \_\_\_\_\_ Boy Scouts – Girl Scouts: Circle One \_\_\_\_\_ \$ \_\_\_\_\_  
 United Way \_\_\_\_\_ \$ \_\_\_\_\_ Xmas Seals – Easter Seals: Circle One \_\_\_\_\_ \$ \_\_\_\_\_  
 Volunteer Mileage: \_\_\_\_\_ \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 Did you donate a vehicle? \_\_\_\_ Provide car Form 1098-C or Form 4684 Sale of Vehicles.  
 Did you donate any non-cash items such as food or used clothing? \_\_\_\_ Organization Name: \_\_\_\_\_  
 Please list description of each item: \_\_\_\_\_ Value (\$250 max.): \$ \_\_\_\_\_

#15

**CASUALTY/THEFT LOSS**

For property damaged by storm, water, fire, accident or stolen. Please ask for detail form #584. What kind of loss? \_\_\_\_\_  
 Location on Loss Property: \_\_\_\_\_ Description of Property: \_\_\_\_\_  
 Amount of Damage: \_\_\_\_\_ Date casualty/theft loss happen: \_\_\_\_\_  
 Date acquired each property: \_\_\_\_\_ Value before casualty/theft: \_\_\_\_\_  
 Insurance reimbursement: \_\_\_\_\_ Police Report: \_\_\_\_\_  
 Value after casualty/theft: \_\_\_\_\_

\_\_\_\_\_  
 Taxpayer's Signature: \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature, if filing joint \_\_\_\_\_ Date \_\_\_\_\_

Interview By \_\_\_\_\_  
 Revision Date: October 26, 2017

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

#16

**MISCELLANEOUS DEDUCTIONS**

Books & Publications: \$ _____	Occupational Taxes: \$ _____	Transportation Total: \$ _____
Business Cell Phone: \$ _____	Passport: \$ _____	(example: Toll Fee, Parking, Bus, Bike, Carpool)
Business Dues: \$ _____	Protective Eye Wear: \$ _____	Uniforms: \$ _____
Computer Upgrades: \$ _____	Protective Headgear: \$ _____	Union Dues: _____
Education Required: \$ _____	Record Keeping Cost: \$ _____	Union Sup Dues: \$ _____
Fire Retardant Clothing: \$ _____	Safety Boots: \$ _____	Union Hall Mileage: \$ _____
Haul Tools for Job Mileage: \$ _____	Safety Deposit Box: \$ _____	Other (list): \$ _____
Incidental Expenses: \$ _____	Safety Glasses: \$ _____	<b><u>TRAVEL</u></b>
Investment Expense: \$ _____	Safety Items: \$ _____	Air Fair, Bus, Car etc: \$ _____
Job Search Expenses: \$ _____	Sales & Promo Costume: \$ _____	Baggage Charges: \$ _____
Legal Fees Related to Job: \$ _____	Storage Room: \$ _____	Business Gifts: \$ _____
Licenses & Regulatory Fees: \$ _____	Tax Preparer Fee: \$ _____	Cleaning & Laundry: \$ _____
Malpractice Insurance Premiums: \$ _____	Telephone for Business: \$ _____	Lodging: \$ _____
Medical Examination: \$ _____	Tools & Supplies: \$ _____	Meals: \$ _____
Mosquito Spray: \$ _____		Taxi Fares: \$ _____

**#17 FIREFIGHTERS – POLICE OFFICERS**

How many 12-hour shifts are worked per year: \_\_\_\_\_

Ammunition: \$ _____	Boots & Polish: \$ _____	House Dues: \$ _____	House Food: \$ _____
T-Shirts & Socks: \$ _____	Bedding: \$ _____	Firing Range: \$ _____	

**#18 CONTINUING EDUCATION, COLLEGE STUDENT CREDIT**

Name of Student: _____	Name of Institution: _____
	<b><u>Must have a 1098-T.</u></b> Yes/No
Education Purpose: _____	Tuition Expense: _____
Dates Attended: _____	Travel Expense: _____
Supplies Expense: _____	
(Books, lab fees, computer, DSL)	

**Additional Schedules:**

If you own a business – Schedule C  
 If you have rental property – Schedule E  
 If you sold stock or other property, regardless whether you made or lost money on it – Schedule D  
 If you incurred business expenses that your employer did not reimburse you for, you will need to fill out additional forms.

**ALL CALIFORNIA RENTERS:**

If you do not own your own home and you are paying rent to a landlord, California Tax Returns are requiring the following information from you:

Landlord Name: _____	Address: _____
Phone Number: _____	School District you reside in: _____

**DECLARATION:**

**I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my income tax returns. Where education deductions are shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274 (a) and can fully substantiate such deductions.**

_____ Taxpayer's Signature:	_____ Date	_____ Spouse's Signature, <u>if filing joint</u>	_____ Date
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Interview By \_\_\_\_\_ Date: \_\_\_\_\_

Revision Date: October 26, 2017



Daniels Bookkeeping and Tax Service, Inc.  
8225 Alondra Blvd, Unit #A, Paramount, California 90723  
Phone Number: 562-408-1500  
Email: danielstaxlady@att.net Website: www.danielstaxlady.com

Client's Printed Name:

Spouse's Printed Name, only if filing joint:

\_\_\_\_\_

\_\_\_\_\_

The enclosed Tax Organizer, tax year 2017, and all accompanying schedules and statements, has been supplied to enable Daniels Bookkeeping and Tax Service, Inc. to prepare our income tax returns for the year 2017. We have supplied all pertinent information, including all items of income, deductions, and other data necessary for completion of our returns, and confirm that it is true and correct to the best of our knowledge and belief. We are responsible for the content and accuracy of our income tax returns and have kept the necessary records of our deductions, business expenses (if applicable), and business and personal use of property.

We understand that Daniels Bookkeeping and Tax Service, Inc. is not in any way undertaking to audit or verify the facts as we have submitted them to you. We understand also that, upon request of taxing authorities, the burden of proof of such items rests solely with us, the client, and that we will furnish any necessary substantiation.

We are aware that the professional fee charged is due upon presentation of the completed 2017 Tax Organizer, and supporting documents, and that it is not an all-inclusive fee. Thus, any additional services will result in additional charges to us, the client. Examples of such services may include, but are not limited to, determination of basis of assets sold, review and respond to notices, services related to audits, examination letters, and calculation of revised estimated tax vouchers.

\_\_\_\_\_  
Clients Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature, only if filing joint

\_\_\_\_\_  
Date

Daniels Bookkeeping and Tax Service, Inc.  
Revision Date: October 26, 2017

Interview By: \_\_\_\_\_ Date: \_\_\_\_\_

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

Daniels Bookkeeping and Tax Service, Inc.  
8225 Alondra Blvd., Unit A, Paramount, California 90723  
Phone Number: 562-408-1500

January 1, 2018

Dear Client:

We have enclosed your 2017 Tax Organizer to assist you in gathering the information necessary to prepare your individual income tax return. We will prepare your 2017 federal and requested state income tax return from information that you will furnish us. The tax organizer allows you to conveniently use your home to collect the required documents to complete your return.

**You have the final responsibility for your income tax return and therefore, you should review the tax organizer before you sign and carefully review all the questions.**

The Internal Revenue Service matches information returns with amounts reported on tax returns. A negligence penalty may be assessed where dividends, interest, and security sales are under reported or when mortgage interest is overstated. Accordingly, all forms W-2, 1098 and 1099 Social Security Benefits, schedules K-1 and other informational returns reflecting amounts reported to the Internal Revenue Service should be included with the Tax Organizer on the day of your appointment.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions for at least 5 years. These may be necessary to prove the accuracy and completeness of the returns to the taxing authorities. **You have the final responsibility for the income tax return and therefore, you should review them carefully before you submit your tax organizer.**

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authority, interpretations of the law, and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor wherever possible.

The law provides various penalties that may be imposed where taxpayers understated their tax liability. If you would like information on the amount or circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you.

We urge you to collect your information and provide it to us as soon as possible so we may continue to provide you with quality services on a timely basis. If information from "pass through" entities such as partnerships, trusts, and S-corporations is the only data you are missing, please send the data you have assembled and forward the missing information when it is available.

The filing deadline for your 2017 Income tax return is April 15, 2018. In order to meet this filing deadline, your completed tax organizer needs to be received as soon as practical. Any information received after this date requires an extension that we can file for you.

If an extension of time is required, any tax that may be due with the returns must be paid with the extension. Any taxes not paid by the filing deadline are subject to late payment penalties and interest when those taxes are actually paid. Please remember, it is your responsibility to make sure the tax returns are timely filed.

We look forward to providing services to every client. I sincerely appreciate all of your continued support.

Sincerely,

Allie Daniels  
Registered, Licensed Tax Preparer  
CTEC ID A136904

Angelica Gamboa  
Registered, Licensed Tax Preparer  
CTEC ID A282734

Clients Signature: \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature: \_\_\_\_\_ Date \_\_\_\_\_  
- only if filing joint.

Daniels Bookkeeping and Tax Service, Inc.  
Revision Date: November 07, 2017

Interview By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Page #7 of 11

# Letter of Agreement

Daniels Bookkeeping and Tax Service, Inc.  
8225 Alondra Blvd, Unit #A, Paramount, California 90723  
Phone Number: 562-408-1500  
Email: [danielstaxlady@att.net](mailto:danielstaxlady@att.net) Website: [danielstaxlady.com](http://danielstaxlady.com)

January 1, 2018

Dear Client:

This is a letter of agreement regarding the services to be provided. The objective of this letter is to communicate terms and conditions of the provided services.

The specific services to be provided are listed in the invoice accompanying this letter.

In order to complete the services, you will be asked to provide information. It is your responsibility to make sure the provided information is complete and accurate. The service does not include any verification of the information you provide. It is also your responsibility to maintain records of this information since you may need to satisfy tax authority inquiries.

The fees for these services are posted in our office, if you have any questions, please ask. Please note that additional fees beyond those indicated may be necessary. You will be contacted for approval prior to the incurrence of additional fees.

If you agree to the terms and conditions, please sign, date this letter, and return it with your payment. A separate copy of this letter is provided for your records.

Sincerely,

Allie Daniels  
Registered, Licensed Tax Preparer  
CTEC ID A136904

Angelica Gamboa  
Registered, Licensed Tax Preparer  
CTEC ID A282734

## DECLARATION:

**I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions are shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.**

**I agree to the terms and conditions set forth in this letter.**

Client Signature:

Spouse signature, only if filing joint:

\_\_\_\_\_ Date \_\_\_\_\_

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

Daniels Bookkeeping and Tax Service, Inc.  
Revision Date: October 26, 2017

Interview By: \_\_\_\_\_ Date: \_\_\_\_\_





## Consent to Disclosure of Tax Return Information

Allie Daniels or Angelica Gamboa ("we", "us", and "our")  
Printed name of tax preparers

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

You have indicated that you are interested in having the proceeds of your bank product disbursed on an E1 Visa Prepaid card ("E1 Card"). In order to have your application evaluated and processed, we must disclose all of your 2017 tax return information necessary for evaluating the request to The Bancorp Bank ("Bancorp"), the E1 Card issuing bank, and Galileo Processing, Inc. ("Galileo"), the E1 Card processor. You may request a more limited disclosure of tax return information, but you will not be eligible to submit an application for the E1 Card.

If you would like us to disclose your 2017 tax return information, please sign and date your consent to the disclosure of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to EPS all of your 2017 tax return information necessary so that they can evaluate and process your application for the E1 Card. You understand that if you are not willing to authorize us to share your tax return information, you will not be able to obtain an E1 Card, but you can still choose to have your tax return prepared and filed by us for a fee. For more information on the E1 Card, please refer to the card application and to the terms and conditions.

Printed name of taxpayer: \_\_\_\_\_

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of joint taxpayer: \_\_\_\_\_

Joint taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

Interview by: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Use of Tax Return Information**

Allie Daniels or Angelica Gamboa (“we”, “us”, and “our”)  
Printed name of tax preparers

Federal law requires this consent form be provided to you (“you” refers to each tax payer, if more than one). Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

If you do not consent, then you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into arrangements with third parties to provide qualifying taxpayers with the opportunity to have the proceeds of a bank product that you may apply for disbursed onto an E1 Visa Prepaid card. To determine if this product may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether this product may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2017 tax return to determine whether to present you with the opportunity to have your bank product proceeds disbursed on an E1 Visa Prepaid card. For more information regarding the E1 Visa Prepaid card, please refer to the card application and to the terms and conditions.

Printed name of taxpayer: \_\_\_\_\_

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of joint taxpayer: \_\_\_\_\_

Joint taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).