Telephone: 949-272-6709 Fax: 949-480-1654 Address: 17880 Skypark Circle, Suite 125 Irvine, CA 92614 Website: www.startaxsolutions.com
Email: harshita@startaxsolutions.com

Dear Client:

Thank you for selecting me to assist you with your tax returns. This letter confirms the terms of my engagement with you and the nature and extent of services I will provide.

I will prepare your ITIN application and 2017 Federal and all state income tax returns you request using information you provide to me. I may ask for clarification of some items, but I will not audit or otherwise verify the data you submit. I've enclosed an "Organizer" to help you gather the information required for a complete return. It will help you avoid overlooking important information and contribute to efficient preparation of your returns. That helps keep the cost of my services as low as possible.

In the interest of facilitating my services to you, I may communicate by facsimile transmission or send electronic mail over the internet. Such communications may include information that is confidential to you. While I will use my best efforts to keep such communications secure in accordance with my obligations under applicable laws and professional standards, you recognize and accept that I have no control over the unauthorized interception of these communications once they have been sent and consent to my use of these electronic devices during this engagement.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks, and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them.

My work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work I will do is that which is necessary for preparation of your income tax returns.

I must use my judgment in resolving questions where the 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, I will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor my decisions regarding the need to make protective disclosures in your returns.

The law also imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please call me. Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, I can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

My fee for preparation of your tax returns will be \$_____. My fee is based on the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

I will retain copies of records you supplied to me along with my work papers for your engagement for a period of seven years. After seven years, my work papers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign on the last page of the tax organizer in the space indicated and send it to me via email or you may even fax it to me.

I appreciate your confidence in me. Please call if you have questions.

Sincerely,

Harshita Pujara

Telephone: 949-272-6709 Fax: 949-480-1654 Address: 17880 Skypark Circle, Suite 125 Website: <u>www.startaxsolutions.com</u> Email: <u>harshita@startaxsolutions.com</u>

Irvine, CA 92614

- Please complete this questionnaire and mail, fax or email it to us.
- If you answer "yes" to any questions on Page 3, please include documentation to properly support and explain (e.g., W-2, K-1, 1098, 1099, list of educational expenses, home closing statement, etc.)
- Please enclose a copy of your prior year federal and state return.
- Please attach any additional documentation needed to fully prepare your federal and state tax returns

	Personal Information								
Your Last Name	First I	Name	MI	Date o	f Birth	Social S	ecurity Number		
Occupation	Email A		nail Address		Co	Contact Phone Number			
Street Address City State		Ziį	Are you a U. S. Citizen Are you legally blind p Are you totally and permanently disabled Can anyone claim you or your spouse on their tax return			ind? \square Yes \square No led? \square Yes \square No			
		Spo		ation (if Application)		e on their tax reti	urn?∐ Yes∐ No		
our Last Name	First I	Name	MI	Date o	f Birth	Social S	ecurity Number		
ccupation		En	nail Address			ontact Phone Nu	mber		
treet Address	State	Ziį			Asou totally and pe	re you legally bli	zen?		
ity i				i anyone ciaim yo			um: L res L No		
ALY X		Far	nily and Dep	endent Informa	tion		um: L Tes L No		



Spouse signature

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of joint returns.

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	Life Events					
□Yes□No	If you are due a refund, would you like a direct deposit?					
	Routing Number	Account Number				
□Yes □ No	If you have a balance due, would you like direct debit? Routing Number	Account Number				
During 2017, did	you (or your spouse, if filing a joint return):	Account Number				
Yes No	Buy a brand new vehicle? If yes, date of purchase:					
☐ Yes ☐ No	Buy a home? If yes, closing date:					
☐ Yes ☐ No	Have a foreclosure, or did the bank cancel any part of your mortgage loan?					
☐ Yes ☐ No	Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?					
☐ Yes ☐ No	Pay college tuition for yourself, your spouse, or any of your dependents?					
\square Yes \square No	Have any student loans?					
☐ Yes ☐ No	Have health insurance for you, your spouse, and all dependents for the entire year?					
☐ Yes ☐ No	Have any bank accounts in foreign countries?					
☐ Yes ☐ No	Have balance/(s) greater than \$10,000 in any foreign bank account/(s)?					
☐ Yes ☐ No	Make estimated tax payments or apply last year's refund to your 2017 tax? If yes, amo	unt:				
	Income					
During 2017 did	you (or your spouse, if filing a joint return) receive:					
	Wages or salary					
☐ Yes ☐ No	Tip income					
☐ Yes ☐ No	Interest/dividends (from checking or savings accounts, CDs, bonds, brokerage account	s etc)				
☐ Yes ☐ No	State tax refund. If yes, did you itemize deductions last year? \square Yes \square No	s, c.c.,				
☐ Yes ☐ No	Self employment income (such as small business, contract labor, hobby, etc.)					
☐ Yes ☐ No	Alimony income					
☐ Yes ☐ No	Proceeds (or loss) from the sale of stocks, bonds, or real estate (including your home)					
☐ Yes ☐ No	Proceeds (or loss) from the sale of stocks, bonds, or real estate (including your nome) Disability income					
☐ Yes ☐ No	Pensions, annuities, and/or IRA distributions					
☐ Yes ☐ No	Pensions, annuities, and/or IRA distributions Social security or railroad retirement benefits					
□Yes□No	Income from rental property					
□Yes□No	Other income: (gambling, jury duty, lottery, prizes, awards, etc.). Identify:					
	Expenses					
During 2017 did	you (or your spouse, if filing a joint return) pay:					
☐ Yes ☐ No	Alimony: If yes, what is the recipient's SSN?					
☐ Yes ☐ No	Contributions to IRA, 401(k), or other retirement accounts, including employer retirem	ent account				
☐ Yes ☐ No	Rent for your personal residence?					
☐ Yes ☐ No	Medical expenses					
☐ Yes ☐ No	Home mortgage interest					
☐ Yes ☐ No	Real estate taxes for your home					
☐ Yes ☐ No	Car/Motorcycle License registration fees? If yes, amount?					
☐ Yes ☐ No	Charitable contributions					
☐ Yes ☐ No	Child/dependent care expenses that allowed you and your spouse to work or to look for	work				
	xamined this tax organizer and accompanying documentation, and to the best of my knowledge and be documentation necessary to prepare a true and complete federal, state and local tax return. I agree to					
Your	signature Date	Both husband and wife must sign for preparatio				

Date