Telephone: 949-208-4546 Fax: 949-480-1654 Address: 17880 Skypark Circle, Suite 125 Irvine, CA 92614 Website: www.startaxsolutions.com
Email: startaxsolutions@gmail.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 2023 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. This helps keep the cost of my services as low as possible. I do not file tax return extensions automatically for clients; as such, please notify in writing if you'd like me to file an extension for you.

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 the information required for the 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 the terms we agree upon for that engagement.

Prior to commencing our services, we require that you provide us with a retainer in the amount of \$200.00. The retainer will be applied against our final invoice, and any unused portion will be returned to you upon our collection of all outstanding fees and costs related to this 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, periodically raised to adjust for inflation, plus out-of-pocket expenses. All invoices are due and payable upon completion of the tax return before it is filed. 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 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 upload it to the secure portal.

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

Sincerely,



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• Please complete this questionnaire and upload it to the portal.

- 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.

| | | | Perso | onal Information | | | | |
|--|-------------------------|--------------------------------|----------------------|---|--|--|-------------------------------------|-------------------------|
| Last Name | | First Name | ; | MI | Date of Birth | <u>-</u> | Social Security | Number |
| Occupation Email A | | | Email Address | | Contact Phone Number | | | |
| Street Address | | | | | | - | | 1? |
| City | State | Zip | | Are you legally blind? ☐ Yes ☐ N Are you totally and permanently disabled? ☐ Yes ☐ N Can anyone claim you or your spouse on their tax return? ☐ Yes ☐ N | | | | |
| | | | Spouse's In | formation (if Ap | plicable) | | | |
| Last Name | First Name | | | — <u>—</u> | Date of Birth | | Number | |
| Occupation | n Email Add | | | S Contact Phone Number | | | | |
| Street Address City | State | Zip | | Can anyo | | | ou legally blind nently disabled | |
| | | | Family and | Dependent Infor | | y can of case on | | |
| of December 31, 2023, Single Married: Did you live w Divorced or legally sepa Widow/er: Date of spou t the name of everyone | vith your sparated: Dat | pouse during te of final de | any part of the last | intenance agreement | :: | ng the year. | | |
| Full Name (do not include your or your spouse's name) | Social or Ind Tax | Security ividual fication | Date of Birth | Relationship (e.g., son, mother, sister) | Number of months lived in your home | U.S. citizen or Resident of U.S., Canada, or Mexico? (Yes/No) | Full-time student? (Yes/No) | Dependent gross income? |
| | | | | 1 | I | 1 | 1 | 1 |



Spouse signature

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| Life Events | | | | | | | | | | |
|--------------------------|--|-----------------------|--|--|--|--|--|--|--|--|
| □Yes □ No □Yes □ No | If you are due a refund, would you like a direct deposit? If you have a balance due, would you like direct debit? | | | | | | | | | |
| | ou (and/or your spouse, if filing a joint return) have any of the follow | owing? | | | | | | | | |
| ☐ Yes ☐ No | Buy a home? If yes, closing date: Purchase and install energy efficient home items (such as solar panels, windows, furnace, insulation, etc.). | | | | | | | | | |
| ☐ Yes ☐ No | Pay college tuition for yourself, your spouse, or any of your dependents. | | | | | | | | | |
| ☐ Yes ☐ 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 2 | 2023 tax? If yes, amo | ount: | | | | | | | |
| Income | | | | | | | | | | |
| | ou (and/or your spouse, if filing a joint return) receive: | | | | | | | | | |
| ☐ Yes ☐ No ☐ Yes ☐ No | Wages or salary. Interest/dividends (from checking or savings accounts, CDs, bond | s brokorogo oggount | es ata) | | | | | | | |
| Yes No | State income tax refund. | s, brokerage account | s, etc.). | | | | | | | |
| ☐ Yes ☐ No | Self-employment income (such as small business, contract labor, | nobby, etc.). | | | | | | | | |
| ☐ Yes ☐ No | Alimony income. | 3, | | | | | | | | |
| ☐ Yes ☐ No | Proceeds (or loss) from the sale of stocks, bonds, or real estate (in | cluding your home). | | | | | | | | |
| Yes No | Sell, send, exchange, or otherwise acquire financial interest in any | virtual currency. | | | | | | | | |
| ☐ Yes ☐ No | Unemployment income. | | | | | | | | | |
| ☐ Yes ☐ No | Pensions, annuities, and/or IRA distributions. | | | | | | | | | |
| Yes No | 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 | | | | | | | | | |
| | ou (and/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, include | ing employer retiren | nent account. | | | | | | | |
| ☐ Yes ☐ No ☐ Yes ☐ No | Rent for your personal residence. | | | | | | | | | |
| Yes No | Medical expenses. Home mortgage interest. | | | | | | | | | |
| Yes No | Real estate taxes for your home. | | | | | | | | | |
| ☐ Yes ☐ No | Car/Motorcycle License registration fees? If yes, amount: | | | | | | | | | |
| ☐ Yes ☐ No | | | | | | | | | | |
| Yes No | Charitable contributions. Child/dependent care expenses. | | | | | | | | | |
| les li No | Cinid/dependent care expenses. | | | | | | | | | |
| complete. I have in | is tax organizer and accompanying documentation, and to the best cluded all the documentation necessary to prepare a true and compncluded with this organizer. | · · | • | | | | | | | |
| | Your signature Date | | Both spouses must sign for preparation of joint tax returns. | | | | | | | |
| | | | taa ietuiiis. | | | | | | | |

Date



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Direct Deposit/Direct Debit Approval Form

| First Name: |
|--|
| Last Name: |
| Bank Name: |
| Savings Account Checking Account |
| Routing Number (9 Digits): |
| Account Number: |
| Date of direct debit transaction for balance due: |
| ☐ I would like to opt out of direct deposit/direct debit. |
| $\hfill \square$ I have verified this information and assume full responsibility for its accuracy. |
| |
| Signature: Date: |