

Carey Associates
Accounting, Payroll & Tax Services

Introduction

Thank you very much for continuing to be a valued client of Carey Associates. We greatly appreciate your business and your referral of new clients. We have made several improvements since last year including staffing changes, simplified procedures and a new office. Relax...we didn't move far. Our new address is 855 Market Street in Lemoyne – just a couple doors toward Harrisburg from our previous office. Please call our office if you have any questions. We look forward to seeing you soon. Below is our Engagement Agreement that confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide and our Client Information Worksheet. Please complete all appropriate sections and sign at the bottom. These forms are required and help to assure that your returns are prepared accurately and your information is kept secure and confidential.

Our Engagement Agreement

We will prepare your 2010 federal, state and local income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. A Client Information Worksheet is necessary to help you collect the data required and complete questions that need to be asked to file accurate tax returns. As professional tax preparers we are mandated by law to have all information submitted by you each year. The Client Information Worksheet will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or others illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, receipts, cancelled checks, etc., as these items may later be needed to prove accuracy and completeness of your return. We will retain copies of your records and our work papers for your engagement for a minimum of three years.

Our engagement to prepare your 2010 tax returns will conclude with the signing of the Federal and State Forms 8879 for electronic filing (e-file) along with the subsequent electronic submittal by us or the pick up of your tax returns to paper-file when e-file is not permitted. If you must paper file, you will be solely responsible to file the returns with the appropriate taxing authorities. Always review all tax return documents carefully before signing them. When you sign Form 8879, you allow us to transmit your tax information to the appropriate federal and state taxing authorities and retain a copy of your Form 8879 for required retention.

We will not be increasing our tax preparation fees this year. Therefore, with limited exceptions, your fee for preparation of this year's tax returns will be approximately the same as last year's. Our goal has always been to provide excellent, personalized service at reasonable rates.

"2010" TAX YEAR - CLIENT INFORMATION WORKSHEET

If you are a **NEW Client**, please provide copies of your "prior year" tax returns for review.

(T) Taxpayer's Name _____ (T) Taxpayer's Social Security # _____
(Must be **FULL Name** on Social Security Card, submit copy of SS Card)

(S) Spouse's Name _____ (S) Spouse's Social Security # _____
(Must be **FULL Name** on Social Security Card, submit copy of SS Card)

"**Current**" Address _____

Did your **Address Change** from Last Year's Tax Return Filed? **YES / NO** Job related move? **YES / NO**

Date of move _____ # of miles from **OLD** home to **NEW** workplace _____, # of miles from **OLD** home to **OLD** workplace _____

"**OLD**" Address _____

Did you purchase or sell a home? (If you purchased or sold a home, please bring in your HUD 1 Statements.) **YES / NO**

Cell Phone (T) _____ Cell (S) _____ Home _____

E-mail Address (T) _____ (S) _____

Occupation (T) _____ (S) _____

Date of Birth (T) _____ (S) _____

(T) Blind or Disabled? **YES / NO**

(S) Blind or Disabled? **YES / NO**

Are you: ___ Single ___ Qualifying Widow(er) {spouse died on ___} ___ Head of Household (*)
___ Married Filing Joint ___ Married Filing Separately-If MFS, did your spouse itemize on their tax return? **YES/NO**

Qualified Dependents / Children

(Must be **FULL Name** please bring copy of Social Security Card(s))

If you are a **non-custodial parent** claiming an exemption(s) for your child(ren), please provide **Form 8332 signed** by the custodial parent in order to claim that child.

1. _____ (S.S #) _____ - _____ - _____ D.O.B. _____ non-custodial Parent

2. _____ (S.S #) _____ - _____ - _____ D.O.B. _____ non-custodial Parent

3. _____ (S.S #) _____ - _____ - _____ D.O.B. _____ non-custodial Parent

(ATTACH SEPARATE SHEET FOR ADDITIONAL DEPENDENTS)

Have all dependents claimed lived with you for 12 months of the year? **YES / NO**

Are any dependents filing a tax return this year? **YES / NO** Did they claim themselves on their return? **YES / NO**

Does any child have interest income, dividend income, or capital gains greater than \$950.00? **YES / NO**

Do any dependents have Child Care Expenses? (Under age 13) **(CUSTODIAL PARENT ONLY)** **YES / NO**

(If YES, provide the following information for EACH CHILD SEPARATELY FOR EACH Facility)

1. Dependent (EACH Child's Name) 2. Dollar Amount Paid per Child to Care Provider 3. Care Provider's Name, Address, and S.S# or EIN #

“2010” TAX YEAR - CLIENT INFORMATION WORKSHEET – CONT.

Does Taxpayer, Spouse or Dependent have Tuition or Books for college? (MUST attach Form 1098T) YES / NO
Has college student ever been convicted of a felony? (If yes, disqualifies for Hope and Lifetime learning) YES / NO
Do you want \$3 (Govt. Funds) to go to future Presidential Election Campaigns? (T) YES / NO (S) YES / NO
Did you contribute to a Traditional or Roth IRA? Amount _____ YES / NO
Did you refinance any loans? YES / NO (If yes, additional information will be needed for each refinance on amount borrowed)
Did you pay or receive alimony this tax year? If yes, Name _____ SS# _____ \$ _____
Do you have a HSA Health Savings Account? (Attach summary form) YES / NO
Do you have ANY SOURCES of non taxable outside income or support? (ex.VA Benefits, Support) YES / NO
Did you receive unemployment benefits in 2010? YES / NO
Do you or your spouse allow your preparer to discuss your federal return with the IRS? YES / NO

PLEASE BRING IN YOUR LAST PAYSTUBS OF THE YEAR FOR REVIEW OF TAX INFORMATION

STATE and LOCAL TAX RETURN INFORMATION

(PLEASE BRING ANY LOCAL TAX FORMS SENT TO YOU)

School District _____ County _____ Municipality (Township) _____

DIRECT DEPOSIT FOR TAX REFUND INFORMATION

Do you want Direct Deposit? YES / NO (IF NO, Check will be mailed)

Bank Name _____ Bank RTN _____

(# @ bottom left on check)

Account Number _____ **Checking** (or) **Savings** (Circle one)

(# @ bottom center on check)

PAYMENT IN FULL & E-FILE SIGNATURES ARE REQUESTED AT TIME OF PICKUP.

To affirm that the attached Engagement Agreement correctly summarizes your understanding of the arrangements for this work, please sign this letter in the space indicated. We appreciate your confidence in us. Please call if you have any questions.

Sincerely,

The Staff of Carey Associates

Taxpayers Signature _____ **Date** _____

Spouse’s Signature _____ **Date** _____

In case of work product covering more than one party, the taxpayer signing is taking responsibility for disclosing this information to spouse (when applicable).

(*Important: Please complete All pages and submit with your tax documents.)

We can’t stress enough how important it is to keep complete and accurate records with receipts to document all deductions that you are requesting when filing your tax return. The burden is on you, and you will be held responsible.