

# TAX ORGANIZER

## CAPE CORAL ACCOUNTING SERVICE, INC.

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(If you are a new client, please send a copy of last year's tax return)

### FOR TAX YEAR

Your Name	S.S. # - -	Birthdate / /
Spouses Name	S.S. # - -	Birthdate / /
Mailing Address	Home Phone Number ( ) -	Work or Cell Phone Number ( ) -
E-mail Address		

### DEPENDENTS

NAME	S.S. #	D.O.B.	RELATIONSHIP

Was there anyone else you contributed support that resides in the U.S., Canada or Mexico?

NAME	S.S. #	D.O.B.	RELATIONSHIP	% SUPPORTED	INCOME OF PERSON
					\$
					\$

Are court orders or custodial agreements required in order for you to claim any dependent? \_\_\_\_\_ If "YES", please provide details.

### CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

NAME OF PROVIDER	S.S. # or EIN #	ADDRESS	AMT. PD.
			\$
			\$

If your provider is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms contact us right away.

### ESTIMATED TAXES

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 15)	SECOND QUARTER (JUNE 15)	THIRD QUARTER (SEPT. 15)	FOURTH QUARTER (JAN. 15)	TOTAL FOR YEAR
Federal \$	\$	\$	\$	\$	\$
State \$	\$	\$	\$	\$	\$

Were you or your spouse covered by a retirement plan at work? Taxpayer YES  NO  Spouse YES  NO

Did you or your spouse contribute to a Traditional IRA, Roth IRA? Circle type and list: Taxpayer\$ \_\_\_\_\_ Spouse\$ \_\_\_\_\_

Did you or your spouse convert part or all of your Traditional IRA, SEP or SIMPLE to a Roth IRA? Circle type and list:  
 Taxpayer\$ \_\_\_\_\_ Spouse\$ \_\_\_\_\_

## INCOME

Wages	\$ _____	(Attach W-2)	Social Security	\$ _____	(Attach 1099-SSA)
Wages	\$ _____	(Attach W-2)	Social Security	\$ _____	(Attach 1099-SSA)
Interest Income	\$ _____	(Attach 1099-Int)	Misc Income	\$ _____	(Attach 1099-Misc)
Interest Income	\$ _____	(Attach 1099-Int)	Capital Gain Distributions	\$ _____	(Attach 1099-B)
Dividend Income	\$ _____	(Attach 1099-Div)	Education Distributions	\$ _____	(Attach 1099-Q)
Dividend Income	\$ _____	(Attach 1099-Div)	Retirement Distributions	\$ _____	(Attach 1099-R)
	\$ _____				

## OTHER INCOME

S-Corporations	\$ _____	(Attach K-1)	State Tax Refund	\$ _____	(Attach 1099-G)
Partnerships	\$ _____	(Attach K-1)	Jury Duty	\$ _____	(Attach 1099-G)
Estates & Trusts	\$ _____	(Attach K-1)	Unreported Tips	\$ _____	
Gambling Winnings	\$ _____	(Attach W2-G)	Lump Sum Distributions	\$ _____	
Cancellation of Debt	\$ _____	(Attach 1099-C)	Prizes & Awards	\$ _____	
Unemployment Comp	\$ _____	(Attach 1099-G)	Installment Sale	\$ _____	<b>(Principal &amp; Interest)</b>

## OTHER INCOME QUESTIONS

Did you sell or turn in any U.S. Savings Bonds?    YES  NO

If yes, please list information and attach paperwork: \_\_\_\_\_

Did you have any foreign bank accounts?    YES  NO

If yes, please explain (Each Account, Number, Value, Type, Financial Institution and Address): \_\_\_\_\_

Did you have any penalties on Early Withdrawal of Savings Certificates?    YES  NO

If yes, list or attach information \_\_\_\_\_

Exclusions of Reinvested Dividends from Public Utility:    YES  NO

If yes, list or attach information \_\_\_\_\_

Did you serve in a Combat Zone designated by Executive Order?    YES  NO

If yes, list location and corresponding dates of serving: \_\_\_\_\_

Did you contribute/rollover any retirement accounts?    YES  NO

If yes, list or attach Form 5498: \_\_\_\_\_

Did you receive alimony?    YES  NO

If yes, list/attach: amount received, payer, payer SSN \_\_\_\_\_

**You must attach Divorce Decree finalized in 2018 and after.**

Did you sell your residence or investment property?    YES  NO

If yes, attach HUD for both purchase and sale of property, as well as improvements on the property (date, improvement and amount)

Did you receive farm income?    YES  NO

If yes, list or attach information \_\_\_\_\_

# SELF EMPLOYED BUSINESS INCOME

What is the main business activity? \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_

If you paid any individuals, LLC, Attorneys or Landlord \$600.00 or more for rent or services for business purposes, you are required to file 1099s prior to January 31<sup>st</sup>. **If you would like us to prepare these, attach Form W-9 for the entity or their name, address and SSN/FEIN.**

HOW MUCH IS YOUR GROSS BUSINESS INCOME? \$ \_\_\_\_\_ (Attach 1099 Misc)

COST VALUE INVENTORY ON HAND AT END OF YEAR? \$ \_\_\_\_\_

Merchandise	\$ _____	Real Estate Taxes	\$ _____
Costs of Goods	\$ _____	Other Taxes & Licenses	\$ _____
Materials & Supplies	\$ _____	Travel (no meals)	\$ _____
Advertising	\$ _____	Meals & Entertainment	\$ _____
Bad Debts	\$ _____	Utilities & Telephone	\$ _____
Car & Truck Expense	\$ _____	Wages & Salaries	\$ _____
Commissions	\$ _____	Bank Service Charges	\$ _____
Insurance (other than health)	\$ _____	Tools	\$ _____
Mortgage Interest	\$ _____	Uniforms	\$ _____
Other Interest Paid	\$ _____	Safety Items	\$ _____
Legal & Professional Fees	\$ _____	Freight & Shipping	\$ _____
Office Expenses	\$ _____	Dues & Publications	\$ _____
Rent on Business Property	\$ _____	Laundry & Cleaning	\$ _____
Equipment Rentals	\$ _____	(other)	\$ _____
Repairs	\$ _____	(other)	\$ _____
Supplies	\$ _____	(other)	\$ _____

## ACCOUNTABLE PLANS BUSINESS USE OF VEHICLE QUESTIONS

Description of Vehicle \_\_\_\_\_  
Date placed in service \_\_\_\_\_  
Total miles driven in \_\_\_\_\_  
Is another vehicle available for personal use? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was vehicle available during off duty hours? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was vehicle used primarily by a greater than 5% owner or related person? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have evidence to support the business use claimed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "YES" is the evidence written? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Leased Vehicle please provide lease agreement

## BUSINESS USE OF HOME

Date acquired residence \_\_\_\_\_  
Date placed residence in service for home business \_\_\_\_\_  
Cost (include land for residence only) \_\_\_\_\_ Value of Land \_\_\_\_\_  
Did you make any improvements to home? \_\_\_ If "YES" please provide Description \_\_\_\_\_ Cost \_\_\_\_\_ Date \_\_\_\_\_  
Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage: (square footage) \_\_\_\_\_  
Total area of Home (square footage) \_\_\_\_\_  
Home owners Insurance paid \$ \_\_\_\_\_  
Flood Insurance paid \$ \_\_\_\_\_  
Repairs and maintenance \$ \_\_\_\_\_  
Utilities paid \$ \_\_\_\_\_  
Other expenses \$ \_\_\_\_\_ Description \_\_\_\_\_

## RENTAL PROPERTY DESCRIPTION

What type of property is the rental? (i.e. four-bedroom house, warehouse, trailer park, etc.)

RENTAL 1 \_\_\_\_\_ RENTAL 2 \_\_\_\_\_ RENTAL 3 \_\_\_\_\_

When did you purchase your rental property? (Mm/Yy)

RENTAL 1..... / \_\_\_\_\_ RENTAL 2..... / \_\_\_\_\_ RENTAL 3 ..... / \_\_\_\_\_

How much did the rental property cost you?

RENTAL 1 \$ \_\_\_\_\_ RENTAL 2 \$ \_\_\_\_\_ RENTAL 3 \$ \_\_\_\_\_

Did you have any Farm Rental Income? \_\_\_\_\_ If yes, attach information. Did you have any Royalties? \_\_\_\_\_ If yes, attach information & 1099s.

If you used a vehicle in your rental property activities, please list the mileage used strictly for this activity. (You must keep a mileage log or record to substantiate the mileage claimed) \_\_\_\_\_.

## INCOME FROM PROPERTY RENTAL RENTAL INCOME & EXPENSES

	RENTAL 1	RENTAL 2	RENTAL 3
<b>Rents Received (Attach all 1099s)</b>	\$ _____	\$ _____	\$ _____
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Equipment (brushes, ladders, etc.)	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
Repairs (list all major repairs separately with dates and amounts)	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____

## ITEMIZED DEDUCTIONS

### MEDICAL

Transportation (mileage) _____	Prescription Drugs \$ _____																																																
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Health Insurance: _____	\$ _____																																																
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Transportation & Lodging _____ \$ _____	Long-term Care Insurance Premiums \$ _____																																																
Prenatal Care \$ _____	Diabetic Expense \$ _____																																																
Eyeglasses \$ _____	Hearing Aids \$ _____																																																
X-Rays \$ _____	Lab Fees \$ _____																																																
Medical Lodging \$ _____	Weight Loss Expense \$ _____																																																
Therapy Equipment \$ _____	Stop smoking Expense \$ _____																																																
Medical Supplies & Appliances \$ _____	_____ \$ _____																																																
Prosthesis Expense \$ _____	_____ \$ _____																																																
Health Required Home Improvements \$ _____	_____ \$ _____																																																
Postnatal Care \$ _____	_____ \$ _____																																																

### TAXES

Did you pay State Income Taxes last year? \_\_\_\_\_ How much and what state? \$ \_\_\_\_\_

Did you pay State Income Taxes last year for prior years? \_\_\_\_\_ How much and what state? \$ \_\_\_\_\_

Did you pay Sales Tax on Major Purchases last Year? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Description? \_\_\_\_\_

Auto License Fees \$ _____	Personal Property Taxes \$ _____
Real Estate Taxes \$ _____	Property Taxes \$ _____
Irrigation Taxes \$ _____	Other Taxes \$ _____
Boat Taxes \$ _____	Other Taxes \$ _____

### INTEREST

Mortgage 1 <sup>st</sup> Home \$ _____	Attach 1098-Int	Prepaid Mortgage Ins \$ _____
Mortgage 2 <sup>nd</sup> Home \$ _____	Attach 1098-Int	Refi Points Paid \$ _____
Home Equity Loan \$ _____	Attach 1098-Int	Investment Interest \$ _____
Private Lender \$ _____	List Name: _____	Other Interest Paid \$ _____

Interest \_\_\_\_\_

Did you purchase, sell, refinance or foreclosed on your principal residence or second home, or did you take a home equity loan? \_\_\_\_\_

If "YES", please provide details of activity. If a Home equity loan, was it used to buy, build, or substantially improve the home that secures the loan? Yes \_\_\_\_\_ No \_\_\_\_\_

### CONTRIBUTIONS (Must be supported by receipts and/or cancelled checks. Must provide details in attachment)

Churches \$ _____	United Way \$ _____
Goodwill \$ _____	Other \$ _____
Salvation Army \$ _____	Other \$ _____

Did you donate any non-cash items such as food, furniture or used clothing? Items must be of "good" or better condition. Donation must be supported with receipts. Please attach all receipts listing description of item(s) donated and fair market value.

Charitable miles driven: \_\_\_\_\_

## Education Credit

### American Opportunity Tax Credit (AOTC) For the first four years of higher education only

Name of Student: \_\_\_\_\_  
Institution: \_\_\_\_\_  
If in college, was student enrolled at least half-time for a least one academic period beginning in 2018? \_\_\_\_\_  
Educational Purpose: \_\_\_\_\_  
Number of prior years attended for the AOTC: \_\_\_\_\_  
Has student ever been convicted of a federal or state felony? \_\_\_\_\_

Tuition Paid	\$ _____	(Attach 1098-T)	Student Fees Paid (req. by institution)	\$ _____
Student Loan Interest	\$ _____	(Attach 1098-E)	Course Related books, supplies & Equipment	\$ _____

### Lifetime Learning Tax Credit (LLC) After four prior years of the AOTC have been claimed

Name of Student: \_\_\_\_\_  
Institution: \_\_\_\_\_  
If in college, was student enrolled at least half-time for a least one academic period beginning in 2018? \_\_\_\_\_  
Educational Purpose: \_\_\_\_\_  
Has student ever been convicted of a federal or state felony? \_\_\_\_\_

Tuition Paid	\$ _____	(Attach 1098-T)
Student Loan Interest	\$ _____	(Attach 1098-E)

## Child Tax Credit & Additional Child Tax Credit

Did child(s), reside with you all year? \_\_\_\_\_  
Has claim been released to another? \_\_\_\_\_  
If you are claiming the child(s) on alternate years, **please attach a copy of the court ordered paperwork that states the years you are able to claim this child(s).**  
Please attach a copy of a school, bank, or medical record that shows the child's address and name. **This must be included with your information to be eligible to claim the CTC/ACTC.**

## Earned Income Credit

Did child(s), reside with you all year? \_\_\_\_\_  
Is the child a qualifying child or another person? \_\_\_\_\_  
Please attach a copy of a school, bank, or medical record that shows the child's address and name. **This must be included with your information to be eligible to claim the EIC.**

## Head of Household

Were you, the taxpayer, single or legally separated for the last half of the tax year? \_\_\_\_\_  
Did the qualifying dependent live with you for at least half of the tax year? \_\_\_\_\_  
Did you provide more than half of the costs of maintain the home where you and the dependent lived? \_\_\_\_\_  
Please submit documentation that supports the answers to your questions above. **This must be included with your tax information to be eligible to file as Head of Household.**

**THE FOLLOWING ITEMS MAY AFFECT YOUR TAX RETURN. PLEASE ANSWER CAREFULLY**

Did your marital status change during the year? Yes \_\_\_ No \_\_\_ Status \_\_\_\_\_

Could you or your spouse be claimed as a dependent on another person's return? Self \_\_\_\_\_ Spouse \_\_\_\_\_

Did any of your children under the age of 18 have investment income in excess of \$1.900? \_\_\_\_\_

Do you or your spouse wish to contribute \$3 to the presidential Election campaign (Will not affect your refund or balance due)?  
Self \_\_\_\_\_ Spouse \_\_\_\_\_

Did you incur any adoption expenses during tax year? Yes \_\_\_ No \_\_\_

Were you or your spouse permanently and totally disabled during tax year? \_\_\_\_\_ If "YES" Self or Spouse

Did you receive any disability payments during the tax year? Yes \_\_\_ No \_\_\_ How much? \_\_\_\_\_ From who? \_\_\_\_\_

Did you earn any foreign income or pay any foreign taxes in the tax year? If "YES" please provide details.

Did you incur any non-business bad debts? \_\_\_\_\_ If "YES" please provide supporting documents.

Did you use the proceeds from Series EE or I U.S. savings bonds purchases after 1989 to pay for higher education expenses? \_\_\_\_\_ If "YES" please provide supporting documents.

Were you a party to any installment sales of property or receive installment sale income? \_\_\_\_\_ If "YES", please provide details of the buyer, property sold and date of sale, principal received and interest received.

Did you add any energy efficient improvements (air conditioner, solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump) to your home? \_\_\_\_\_ If "YES", please attach receipts of purchase and manufacturer certification.

Were you or was any of your property located in a federally declared disaster area? \_\_\_\_\_ **If "YES" please provide documents and complete attachment at the end of this organizer for Casualty Loss.**

Did you purchase a new hybrid vehicle \_\_\_\_\_ If "YES" please attach supporting documents from dealer.

Did you make any modifications to your home for the handicapped? Please Describe: \_\_\_\_\_ Cost of Modifications \_\_\_\_\_

**Military Members only:** Did you move last year? \_\_\_\_\_ How many miles did you move? \_\_\_\_\_  
Date Moved \_\_\_/\_\_\_/\_\_\_ Transportation Cost \$ \_\_\_\_\_ Storage Cost \$ \_\_\_\_\_ Travel & Lodging \$ \_\_\_\_\_  
Was the move pursuant to a military order? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? \_\_\_\_\_ If "YES" please provide supporting documents.

Do you or your spouse own or have signature authority over a bank account located outside the United States? \_\_\_\_\_ If "YES", please provide details on the account.

May the IRS discuss your tax return with your preparer? \_\_\_\_\_

Do you want your return electronically filed? \_\_\_\_\_

**AFFORDABLE CARE ACT QUESTIONNAIRE**

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**Primary Tax Payer**

Did you have qualifying health insurance coverage ALL 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, how many months did you have coverage? \_\_\_\_\_

**You Must Include Form 1095-B, 1095-C or other proof of insurance.**

**SPOUSE**

Did your spouse have qualifying health insurance coverage ALL 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, how many months did you have coverage? \_\_\_\_\_

**You Must Include Form 1095-B, 1095-C or other proof of insurance.**

**DEPENDENTS**

Did your dependents have qualifying health insurance coverage ALL 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, how many months did you have coverage? \_\_\_\_\_

**You Must Include Form 1095-B, 1095-C or other proof of insurance.**

Did any dependent in your tax household have income? Yes \_\_\_\_\_ No \_\_\_\_\_ if Yes, attach income documents

In the event you do not have qualified health insurance for the entire year for your entire household, please provide us with the following information regarding insurance coverage for all members of your household. In the absence of the completion of the above items, and the absence of you providing us with information regarding an exemption from the requirement to provide health insurance we will calculate the penalty and include it with your return.

Name	Period of Coverage	Insurer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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



## Mandatory E-file Information

If you are due a **refund** on your taxes, would you like the refund to be direct deposited into your bank account? \_\_\_\_\_  
If yes, please complete the information below:

Financial Institution Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type: Checking \_\_\_\_\_ Savings) \_\_\_\_\_  
Is this a joint account? \_\_\_\_\_

If you have a tax **liability** on your taxes, would you like the liability to be debited from your bank account? \_\_\_\_\_  
If yes, please complete the information below:

Financial Institution Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type: Checking \_\_\_\_\_ Savings) \_\_\_\_\_  
Is this a joint account? \_\_\_\_\_

**ALL RETRUNS WILL BE E-FILED UNLESS STATED OTHERWISE**

**I do not wish to have my return e-filed**

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

# Tax Return Engagement Letter

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This letter is to confirm our understanding for the preparation of your tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

We will prepare your individual federal and, if necessary, state income tax returns. Your returns will be prepared from information you provide to us in accordance with the appropriate income tax laws and regulations. We will not audit but otherwise may verify the data you submit to us, although it may be necessary to ask you for clarification of some of the data.

We will contact you in writing or by email should we require additional information or clarification to complete your returns. We will not continue to prepare your tax return until all additional information has been received and/or questions answered by you.

It is your responsibility to provide all information required for the preparation of complete and accurate income tax returns. You should retain all supporting documents, canceled checks and any other data that forms the basis of income and deductions reported on the tax returns. Note that some items such as auto expenses, travel expenses, and certain charitable contributions require contemporaneous written records to allow a deduction. If you should submit tax documents, complete or in part, with insufficient time for the firm to prepare a complete and accurate return timely or if the you do not provide the firm with adequate time to respond to a request by the Internal Revenue Service, you will not hold Cape Coral Accounting Service Inc., responsible for late submission or delay of your tax return.

We will use professional judgment in resolving questions where the tax law is unclear or there is conflicting authority for the tax position, utilizing the "more likely than not" sustainable position approach to resolving the question.

You have the final responsibility for the accuracy and completeness of your income tax returns and therefore, you should review them carefully before you sign and file them with the tax authorities.

After all information has been delivered to our office, please allow two to three weeks' time for completion of your returns. We will contact you when your return is completed. Tax return information received in our office after March 21, may cause your returns to be placed on a filing extension. Please note that an extension of time for filing the tax return does not extend the time for paying any tax due.

If your returns are selected for audit or if you receive notices from any taxing authority, we are available to assist you in those matters. Fees for any additional services will be billed separately from the preparation of your returns.

Our fees for the preparation of your income tax returns are due and payable upon presentation of your returns. Payment may be made by cash, check or credit card. A service charge of 1-1/2 percent per month will be charged on all open balances over 30 days old.

Our company Privacy Policy is posted online at our website, for your review.

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## DECLARATION:

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

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TAXPAYER SIGNATURE (must be signed)

---

DATE

---

SPOUSE SIGNATURE (must be signed)

---

DATE

**Disclosure: We are informing you that any U.S. federal tax advice contained in this document is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code.**