



4379 Cleveland Road
Wooster, Ohio 44691
(330) 345-8635
or (800) 852-0313

Dear Client,

Here are the forms you requested:

- Please fill out the Client Information Sheet, Page 1 and Page 2, completely. Be sure to read each question carefully.
- Also if you have dependents or are self employed, we need you to fill out the “Earned Income Due Diligence Questions for Drop Offs”- even if none of it applies to you, we still need you to sign at the bottom of the page so we can verify that you have read it.
- On the Tax Credit Questionnaire, answer Yes, No, or N/A to all questions.
- Read and sign the General Engagement Letter for Individual Tax Return Preparation
- Please complete the Notice 1444 Substitute form if you have misplaced your Economic Impact Payment Notice 1444. Just enter zeros if you didn’t receive a payment.
- I have also included information about our “Sleep-At-Night” IRS Protection Guarantee Program-please read this and determine if you want to take advantage of this program.
- Include a copy of a current ID for taxpayer and spouse (if applicable)
- Include a voided check if you are choosing to receive your refund by direct deposit

Please send these completed forms back with your tax information using any service (Fed Ex, UPS, Priority Mail) that requires that we sign for them when we get them.

Thanks,

Terry M. Sustar

Terry M. Sustar, EA

Drop Off Return-Please Print



2020 CLIENT INFORMATION FOR DROP-OFFS

Office Use Only	
Disclosures?	
YES	NO
Init: _____	

I. PRIMARY TAXPAYER INFORMATION

PRIMARY TAXPAYER NAME (Usually husband)
(record name as shown on Social Security card):

(First Name) (Middle) (Last)

Social Security #: _____ - _____ - _____

Date of Birth: MM ____ DD ____ YEAR ____

Occupation: _____

Day Ph # (____) _____ Work Home

Eve Ph # (____) _____ Work Home

Cell Phone # (____) _____ Provider _____

Email Address: _____

Your email address will never be sold or rented out. It is for our internal use only.

II. SPOUSE INFORMATION

SPOUSE NAME (Usually wife)
(record name as shown on Social Security card):

(First Name) (Middle) (Last)

Social Security #: _____ - _____ - _____

Date of Birth: MM ____ DD ____ YEAR ____

Occupation: _____

Day Ph # (____) _____ Work Home

Eve Ph # (____) _____ Work Home

Cell Phone # (____) _____ Provider _____

Email Address: _____

Your email address will never be sold or rented out. It is for our internal use only.

III. **STATUS** (circle one): Single / Head of Household / Married / Married Filing Separate / Separated / Widowed

IV. ADDRESS

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ SCHOOL DISTRICT _____ **LIVE IN CITY LIMITS? (Circle One): YES NO**

V. DEPENDENTS (Children & Others)

Please complete the following as applicable:

Name (as shown on SS card)	Social Security Number	Relationship to taxpayer	# Months lived in home during 2020	Date of Birth	Claiming for 2020? Y or N

➡ Did You, Your Spouse, & Your Dependents have Health Insurance all 12 months of 2020? YES / NO

If yes was it purchased through www.HealthCare.Gov (The Exchange) YES / NO

VI. If you are receiving a refund tell us how you would like to receive it. (check only one)

- Direct Deposit to your account (7 to 14 days – fees paid up front) (You must leave a voided check with us for the Direct Deposit of
- Check in mail (approx. 3 weeks – fees paid up front)
- All Fees out of Refund (for an extra charge) – Direct Deposit or Check (7 to 14 days-processing time)
Need Taxpayer's mother's maiden name: _____ (need Voided check for 2 Week DD)

VII. IRS Protection Guarantee Choice (extra fee): (Check Only One)

Amount

- Personal IRS Protection Guarantee
- Business IRS Protection Guarantee
- No Protection \$ _____

ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE . I HAVE INCLUDED ALL NECESSARY PAPERWORK, 1099'S, W2'S, AND ALL PERTINENT DOCUMENTS FOR YOU TO COMPLETE MY RETURN FOR THIS TAX YEAR. I ACKNOWLEDGE THAT I HAVE SIGNED CONSENT TO USE AND CONSENT TO DISCLOSE FORMS AND THEY ARE ON FILE AND IN EFFECT UNTIL I NOTIFY YOU IN WRITING OR I AM NO LONGER YOUR CLIENT.

SIGNATURE: _____ Date _____

Turn Form Over For More Information

PLEASE READ AND ANSWER EVERY QUESTION

If you or your spouse at any time during 2020 had any of the following, please circle Yes or No - and inform your preparer:



	Circle:	If yes, please provide:
Can you be claimed as a dependent on someone else's tax return?	YES NO	
Did you make any ROTH IRA (other than at work) contributions in 2020?	YES NO	
Do you or your spouse have any <u>FOREIGN BANK</u> ACCOUNTS?	YES NO	
Do you use or own Bitcoin or Crypto currency?.....	YES NO	
Did you receive a 1095-A from the Healthcare Market Place?	YES NO	

Did you purchase anything on the internet and not pay sales tax on the purchase?	YES NO	Amount \$_____
Pay college tuition expenses?	YES NO	All 1098-T's
Sell stock, mutual fund, or other securities?	YES NO	All 1099-B forms
Own your own business or were you self-employed?	YES NO	Income Statemnt & All 1099-Misc
Use a portion of your home exclusively for business?	YES NO	Total Sq ft of house and Sq ft of exclusive office space
Do you own rental property?	YES NO	
Receive royalties?	YES NO	All 1099 forms
Sell your home?	YES NO	All 1099-S forms
Sell any other property (equipment, land, etc.)?	YES NO	
Did you make estimated tax payments?	YES NO	
Have an interest in a partnership, S-corporation, estate or trust?	YES NO	All K-1 forms
Operate a farm?	YES NO	
Receive installment payments on property sold?	YES NO	
Have income as a minister?	YES NO	

Did you move into or out of any other city in 2020? **YES/ NO**

Date Moved: ____/____/_____

Did you move into or out of any other states in 2020? **YES/ NO**

Date Moved: ____/____/_____



Questions for possible Tax Credits:

	Yes	No	N/A
1. Are you providing us with all the income and expense information that you have?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was your and your spouse's main home in the US for more than half the year?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Were you or your spouse a non-resident alien for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Could you or your spouse be a qualifying child of another person for the year?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you or your spouse eligible to be claimed as a dependent on anyone else?	<input type="checkbox"/>	<input type="checkbox"/>	
6. If you qualify for Head of Household, or any of the following credits: Earned Income Credit, Child Tax Credit, Additional Child Tax Credit, or American Opportunity Tax Credit, can you provide documentation (Child's Birth Certificates, 1098-T's, proof of address, etc.), if needed by IRS, to verify that you are entitled to Head of Household status and/or to claim the dependents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you understand that you may not claim the EIC if you haven't lived with the child for over half the year, even if you supported the child? (child support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were any credits disallowed or reduced in a prior year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a Form 8332 Release of Exemption by Custodial Parent?	<input type="checkbox"/>	<input type="checkbox"/>	
9a. If yes, has the Form 8332 release been canceled? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tie Breaker Rules: Ignore this rule if you file a joint return.

Only one person can use the same qualifying child. If a child is the qualifying child of more than one person, only one person can claim the child as a qualifying child for any of the following tax benefits:

- EITC
- Dependency Exemption for the Child,
- Child tax credit,
- Head of household filing status,
- Credit for child and dependent care expenses, and
- Exclusion for dependent care benefits.

We have reviewed and understand the tie breaker rules.

Taxpayer Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____



Earned Income Due Diligence Questions for Drop Offs

PLEASE PRINT and check the appropriate boxes

The following questions pertain to your Self Employment status, Head of Household status, and ***qualifying children only*** (children who live with you and qualify you for EIC) - documentation will need to be shown to the IRS in event of an audit. **YOU MUST SIGN THE LAST PAGE.**

Part I – Self Employment Income:

CAUTION: (If you are not self-employed, check this box , skip this section, and go to Part IV)

1. How long have you owned your business? _____
2. Can you provide any documentation to substantiate your business?

<input type="checkbox"/> Business Card	<input type="checkbox"/> Business/Occupational license (if required)
<input type="checkbox"/> Business Stationary	<input type="checkbox"/> Other tax returns (Sales tax, employment, etc)
<input type="checkbox"/> Receipts or receipt book (with Co. header)	<input type="checkbox"/> Advertisements (newspaper, flyer, yellow pages, etc)

List any other documentation you can provide to substantiate your business.

3. Who maintains the business records? _____
4. Do you maintain separate banking accounts for personal and business transactions? Yes No

If “Yes”, in what form were the records provided? _____

If “No”, how do you differentiate between personal and business transactions and monetary assets?

5. Were satisfactory records of income and expense provided?----- Yes No

a. If “yes”, in what form were these records provided?

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting Records | <input type="checkbox"/> Car/truck expenses | <input type="checkbox"/> Paid invoices/receipts |
| <input type="checkbox"/> Ledgers | <input type="checkbox"/> Log books | <input type="checkbox"/> Business bank accounts |
| <input type="checkbox"/> Computer Records | | |

Other: _____

b. If “No” how did you determine:

The amount of income: _____

The amount of expense: _____

Part I – Self Employment Income (Cont)

6. Form 1099-MISC:

a. Do you have any Forms 1099-MISC to support the income:

yes no

b. If not, is it reasonable that the business type would not receive Form 1099-MISC

Yes No

7. List any other information you can provide related to your business:

Part II – Filing Status – Head of Household

CAUTION: (If you are married filing joint check this box , skip this section, and go to Part V)

The IRS could require additional information/documentation if you are divorced, legally separated, or married and did not reside with your spouse the last 6 months of the year to determine if you qualify for the head of household filing status.

1. Marital status:

- Never Married
- Divorced, separated
- Spouse deceased
- Married but lived apart from spouse during the last 6 months of the year
- Separation agreement

2. If you are divorced or legally separated, can you provide the IRS with any of the following documents?

- Divorce decree
- Separate maintenance agreement or separation agreement

3. If you are married but did not reside with your spouse for the last 6 months of the tax year, can you provide the IRS with any of the supporting documents verifying that your spouse did not live with you?

- Not applicable
- Lease agreement
- Utility Bills
- Letter from a clergy member
- Letter from social services
- Other supporting documentation

If so, what type of documentation? _____

4. Can you provide the IRS with receipts and bills home? Documentation that the IRS requires to ³ initiate the cost of maintaining more than half of the cost of the home includes:

- | | |
|---|--|
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Rent receipts or mortgage interest statements |
| <input type="checkbox"/> Property tax bills | <input type="checkbox"/> Maintenance and repair bills |
| <input type="checkbox"/> Grocery receipts | <input type="checkbox"/> Other household bills |

5. Did you receive any non-taxable support income?

- | | |
|---|---|
| <input type="checkbox"/> Family support | <input type="checkbox"/> Childcare assistance |
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Housing assistance | |

Part III – Relationship

CAUTION: (If two or more of qualifying children are your son or daughter check this box, skip this section, and go to Part II.)

For relationships with children other than son or daughter, the following additional information and documentation should be available:

1.	If the biological parent is NOT living with the child where is the parent:	Mother: Father:	Child 1	Child 2	Child 3
			_____	_____	_____
			_____	_____	_____
2.	Adopted Children:		Child 1	Child 2	Child3
	a.	Is the adoption final or pending----->	_____	_____	_____
	b.	If the adoption is pending, do you have a letter from an authorized adoption agency?----->	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Foster children:				
	a.	Do you have a letter from the authorized placement agency or applicable court document?->	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Brother , sister, niece, nephew,, grandchild, great-grandchild:				
	a.	Can you provide a birth certificate & marriage certificate verifying the relationship to child:----->	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Stepchildren or descendent of them, step-grandchildren, great-grandchildren - Can you provide a birth certificate & marriage certificate verifying your relationship to the child?:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV - Age Qualifying Child

CAUTION: (If two or more of your qualifying children are under age 18, check this box , skip this section, and go to Part III)

For children over 18 who are students or permanently and totally disabled, the following additional information and documentation should be available:

- | | | | |
|---|--|--|--|
| | Child 1 | Child 2 | Child 3 |
| 1. Children who are students -----> | <input type="checkbox"/> Not a Student | <input type="checkbox"/> Not a Student | <input type="checkbox"/> Not a Student |
| a. What school does the child attend? ----- | Child 1: _____ | | |
| | Child 2: _____ | | |
| | Child 3: _____ | | |
| Can you provide documentation showing that the child was a full-time student for at least 5 months? The school records need to show the dates of attendance. The months don't have to be consecutive -----> | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Children with permanent and total disability-----> | <input type="checkbox"/> Not Disabled | <input type="checkbox"/> Not Disabled | <input type="checkbox"/> Not Disabled |
| a. What type of disability does the child have? Child 1: _____ | Child 2: _____ | | |
| | Child 3: _____ | | |
| b. Does the child receive SSI or other | | | |
| c. disability payments?-----> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you have a letter from the child's doctor, other healthcare provider, or any social service program or agency verifying that the child is permanently and totally disabled? -----> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part V - Residency

Put a check in the box of any of the following documentation to prove that your child lived with you for more than half of the year. More than one type of documentation may be required by the IRS:

- | | | |
|---|---|---|
| Child 1 | Child 2 | Child 3 |
| <input type="checkbox"/> School records | <input type="checkbox"/> School records | <input type="checkbox"/> School records |
| <input type="checkbox"/> Medical records | <input type="checkbox"/> Medical records | <input type="checkbox"/> Medical records |
| <input type="checkbox"/> Daycare records | <input type="checkbox"/> Daycare records | <input type="checkbox"/> Daycare records |
| Daycare Provider _____ | Daycare Provider _____ | Daycare Provider _____ |
| <input type="checkbox"/> Social service records | <input type="checkbox"/> Social service records | <input type="checkbox"/> Social Service records |
| <input type="checkbox"/> Letter* | <input type="checkbox"/> Letter* | <input type="checkbox"/> Letter* |

*The letter must be on official letterhead from one of the following: school, medical provider, social service agency, place of worship, or other acceptable entity. The letter must include the name of the child, name of the child's parent or guardian, child's address, and dates during the year child lived with taxpayer.

Part VI - Adjusted Gross Income – Qualifying Child

For tax years beginning after December 31, 2008 a taxpayer other than the parents of a qualifying child can claim the child, but only if the adjusted gross income (AGI) of the taxpayer is higher than the AGI of any parent of the child. If you are not a parent of the qualifying child, is your AGI higher than any parent of the child?

Child 1 Yes No

Child 2 Yes No

Child 3 Yes No

Not applicable

Not applicable

Not applicable

Part VII - Signatures

Your Signature	Date	Spouses Signature. If joint return, BOTH must sign.	Date
Paid Preparer's Signature	Date		



Now can include corrected returns!!

What if the IRS makes a mistake? Or your Bank, City or Employer does? What if you just simply forget a 1099 or w2?

Even if you or someone else makes a mistake that causes you to get a letter or notice from the IRS, State, or City - you're covered with our IRS Protection Guarantee!!*

Sleep At Night Protection!!

Any written response needed by you for the tax year is covered -- even if you're not audited. We'll respond for you to the IRS, the State, and/or the City for the covered tax year that we prepared your return. We will write the necessary letters and prepare them for your signature - ready to mail - including addressed envelopes. Any corrected return preparation can be covered now too! You don't have to deal with the IRS!

Also, if your return has already been completed for the year, but you receive or forget about another tax statement (1099, w2, etc), any amended return that needs done can be covered too!

Our clients call this our "Sleep at Night" guarantee program. And, best of all, you can get the IRS Protection Guarantee Program for as little as 7 cents a day!!!**

The IRS Protection Guarantee Program Costs:

Table with 3 columns: Type of Client, Description, and IRS Protection** costs. Rows include Personal, Small Bus. Or Rentals, and Others.

*Of course, if anything we do causes a letter or needs a response, you're always covered.

**The cost of the IRS Protection Guarantee Program is paid one-time annually and covers tax work done for the current tax year. These charges are in addition to your regular tax preparation fees & charges and are paid at the time of your tax preparation.

Ask your tax preparer to include the IRS Protection Guarantee Program on your return this year so you can "Sleep at Night" too!!



General Engagement Letter for Individual Tax Return Preparation

This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

Tax Return Preparation

- We will prepare your federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- The tax return preparation fee does not include bookkeeping.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance and consultation during the year.
- The engagement to prepare your tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- We can withdraw as your preparer, without penalty or cost, if you are deemed to be non-compliant to the above.

Signatures

By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. You acknowledge that you have read and signed both the Consent to Use and the Consent to Disclose forms and they are in effect until you notify us in writing or you are no longer our client. For a joint return, both taxpayers must sign.

- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Taxpayer

Spouse

Date

Privacy Policy. The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions regarding our privacy policy.

Notice 1444 Substitute Information Form

I/We have lost or misplaced our Notice 1444 from my Economic Impact Payment(s) for 2020.

The amounts of our Economic Impact Payment checks are:

	Joint	OR	Taxpayer	Spouse
1st - Stimulus Check	\$_____		\$_____	\$_____
2nd - Stimulus Check	\$_____		\$_____	\$_____

(2nd check could have come Jan of 2021.)

These checks are not taxable but we need to have the amounts. Check your bank accounts for the correct amounts you received.

Taxpayer Printed Name

_____ Date ____/____/_____
Taxpayer Signature

Spouses Printed Name

_____ Date ____/____/_____
Spouses Signature