



INFORMATION FOR TAX RETURNS

Date: _____ Time: _____ New Client: Y or N

Taxpayer: _____ Social Security # _____

Address: _____ City: _____ St: _____ Zip: _____

Job Title: _____ Date of Birth: _____

Home Phone # _____ Work # _____ Cell # _____

Fax # _____ Email: _____

Filing Status: S, HOH, MFJ, MFS Claimed by Parent(s): _____

Any Foreign Assets OR Income: Y or N

FAFSA: Y or N

Rendition Form from County Appraisal District Enclosed: Y or N

**MUST HAVE: PROOF OF MEDICAL INSURANCE [Form 1095 (A), (B), or (C)]
 AND PROOF OF RESIDENCY ON ALL HOUSEHOLD MEMBERS
 TO PREPARE YOUR TAX RETURN!**

Spouse: _____ Social Security # _____ Date of Birth: _____

Job Title: _____ Email: _____ Cell # _____

Number of dependents: _____

Name: _____ Relationship: _____ D.O.B. _____

Social Security Number: _____

Name: _____ Relationship: _____ D.O.B. _____

Social Security Number: _____

Name: _____ Relationship: _____ D.O.B. _____

Social Security Number: _____

Additional dependents w/info listed on the back: Y or N

REFUND or PAYMENT OPTIONS

Check in the Mail **OR** Direct Deposit/Draft: Checking **OR** Savings (Circle One)

Name of Bank _____

Routing # _____ Account # _____

(Office Use Only) Prepayment: Type & Amount _____



VINNY LEWIS' BUSINESSS SOLUTIONS
 1301 Holliday St, Wichita Falls, TX 76301
 Ph. (940) 767-5234 Fax (940) 767-7791



Client's Name(s): _____

Full Address: _____

Dear Taxpayer,

Thank you for choosing our firm to prepare your income tax returns for tax year _____. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year _____ based on information you provide. We will exercise the utmost care in utilizing the tax code available to prepare a true and accurate tax return based on the information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information.

It is your responsibility to provide all necessary information related to income and deductions for tax year _____, and to respond to our inquiries in a timely manner so that we can accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts, cancelled checks and any other substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your tax returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. It is also your responsibility to return all signed and dated documents in a timely manner as to ensure your returns are submitted by the due dates.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review. Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation of the tax return. There will be an additional fee of \$25 for any returned checks.

If something were to happen to make you (and your spouse, if applicable) to become physically or mentally unable to complete your duties as described above, who may we contact to aide in the completion of this return? (Please print)

Emergency Contact Person: (NOT Taxpayer or Spouse) _____

Phone number: (_____) _____ Relationship to Taxpayer _____

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign, date and return it to us. Thank you again for choosing our firm to prepare your _____ tax return. We appreciate your business.

Sincerely,

 Vinny Lewis' Business Solutions

Accepted by:

 (Taxpayer's printed name)

 (Taxpayer's signature)

 Date

 (Spouse's printed name)

 (Spouse's signature)

 Date



REPRESENTATION REASSURANCE OPTION

Please review and indicate which option you prefer:

YES, I do elect to have the optional charge added to my tax preparation fee total for representation services for _____ tax year(s). This one time annual charge of \$25.00 **per year** will cover any representation services (excluding audits) I may require with the IRS for my _____ taxes prepared by Vinny Lewis' Business Solutions.

Print Name Taxpayer's Signature Date

Print Name Spouse's Signature Date

Preparer's Initials Date

NO, I choose to decline the annual representation fee. I understand that any representation services needed for my _____ tax return will incur Vinny Lewis' Business Solutions standard hourly rate of \$90.00/hr which I will be responsible for.

Print Name Taxpayer's Signature Date

Print Name Spouse's Signature Date

Preparer's Initials Date