# **TAX CLIENT AGREEMENT – 2021**

**$119.00** **Complete Individual Tax Preparation** for individuals 50+ years of age which includes e-filed personal, single or joint, federal, and one state returns for one tax year. (**$99.00 first year tax clients only)**

 **Additional charges may apply.**

|  |  |  |
| --- | --- | --- |
|  | **# included** | **Additional**  |
| Schedule C (Business) | 0 | $50 |
| Schedule D Entries (Stocks) | 10 | $10 |
| Schedule E (Rental) | 1 | $25 |
| State Return | 1 | $50 |
| K-1’s (Partnerships) | 0 | $10 |

|  |  |
| --- | --- |
| Filing after 4-15-21 | $50 |
| City Return | $25 |
| Under Age 50 | $179 |
| EARNED INCOMECREDIT  | $50 |

Copy of previous tax returns or documents-$50.00

Trust & Business-Negotiable with tax preparer *Starting at $200.00*

*Additional cost may apply for delivery method*

**\*\*\* IMPORTANT NOTE \*\*\***

**\***If I bring in new or revised information (e.g. 1099’s, W-2’s, additional deductions, etc.) after my taxes have been delivered or printed, I agree to pay The Chamberlin Group, Inc., an **additional $50.00** to update and re-print my return(s). We will not e-file your return without your signed consent. \_\_\_\_\_\_\_ **Initials**

**\*\*\*HOUSEHOLD HEALTH COVERAGE\*\*\***

**Did you (and your spouse, if applicable) have Health Insurance all 12 months during 2020?**

**Yes\_\_\_ OR No\_\_\_** if NO how many months were you covered? \_\_\_\_\_\_\_\_\_\_

Did you purchase insurance through the marketplace (Obamacare) at all during 2020?

Yes\_\_\_ OR No\_\_\_ if YES, you must provide a 1095-A

Did you take your **RMD in 2020? Yes\_\_\_\_ OR No\_\_\_\_\_\_\_**

Did you receive the **FIRST** **STIMULUS payment in 2020? Yes\_\_\_\_ OR No\_\_\_\_ if YES, and you know the amount received enter it here $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My email address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My current phone number is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:** For Joint Returns, **both spouses must be present to pick up** the tax return. \_\_\_\_\_\_\_\_ **Initials**

In order to complete these services, the client will be asked to provide certain information. It is the client’s responsibility to make sure the provided information is complete and accurate. The services do not include any verification of the information provided by the client. It is also the client’s responsibility to maintain records of this information in order to satisfy tax authority inquiries. Tax returns will be electronically filed after **5 PM** the business day following the tax delivery. It is the client’s responsibility to review it for accuracy. If client finds changes are needed, the client will contact the preparer by e-mail or call the office by 5 PM the next business day after signing Form 8879. I understand and agree to these terms as outlined above.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Spouse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_



CONSENT FOR USE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. You are not required to sign this form but if you do it will assist us in providing various services to you.

I hereby consent to the use of any and all tax return information contained in federal income tax returns (Form 1049 series and supporting schedules) by The Chamberlin Group for the purpose of reviewing for **accuracy** and to potentially assist with retirement planning services including SEP, Roth, Simple IRA/401K/403b and Thrift Savings Plan contributions and rollovers; estate, financial, insurance and tax planning; life, long term care, medical insurance, annuities and investments by the way of example and not limitation.

Taxpayer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Preparer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at compliants@treas.gov.