## **CLIENT TAX INFORMATION SHEET 2024**

#### Peterson CPA Firm P.C. ◆ 339 East Parkwood Ave ◆ Friendswood, TX 77546

Note: A fillable form is also on our website if you prefer to use that at www.cpapeterson.com.

Client Name:					
Contact email or phone number:					
If you are due a refund, would you like direct deposit?					
☐ Check Box if Direct Deposit Information is	the same as l	last year.			
If not, please provide new information below:					
Bank:	T T				
How do you want to receive your	r completed r	eturn? (Put check mark beside the option you prefe	or)		
Pick up at the office:		mailed (Password Protected):	:1 )		
·					
Electronic Dropbox (Sharefile):	M	lail (\$20 Fee for mailing):			
An addition	al fee will app	oly for multiple delivery methods.			
В	Beneficial Ow	nership Information Report			
Did you create a new LLC that needs a Beneficial Ownership Information Report? Or had change of address or ownership information on existing LLC?					N
Last yea	ar, did you (or	r your spouse):			
		d or payment for property or services); or (b) sell, exchange	ge,	γ	N
or otherwise dispose of a digital asset (or a financi	al interest in a	digital asset)? If yes please explain.		1	N
Make quarterly estimated tax payments? If so	, list all dates	and amounts:			
				Y	N
				J.	
	Additio	nal Questions:			
1. Could someone else claim you/your spouse	as a depende	ent?	,	Υ	N
2. Have you received any correspondence from	n the IRS rega	arding prior year tax returns? If yes, please provide		Υ	
<ul><li>copy.</li><li>3. Have you received an Identity Protection PIN from the IRS for 2024? If yes, please submit documentation.</li></ul>					N
3. Have you received an Identity Protection PI	N from the IR	S for 2024? If yes, please submit documentation.		Υ	N
ı	Last year, did	you (or your spouse):			
1. Purchase a motor vehicle?			Υ		N
2. Attend school as a full-time student?					N
3. Purchase supplies used as an educator? (te	acher, teache	er's aide, counselor)	Υ		N

### FILL OUT THIS PAGE ONLY IF THERE ARE CHANGES OR IF YOU ARE A NEW CLIENT

Taxpayer Nai	ne:				Spo	ouse's Name:						
Soc. Sec. Num				Soc. Sec. Number:								
Date of Birt	h:				Date of Birth:							
Occupation	າ:				Occupation:							
Email Addre	ss:				Email Address:							
Home Phon	e:	2:			Home Phone:							
Work Phon	e:				W	ork Phone:						
Cell Phone	:	:			(	Cell Phone:						
Address:												
City:				St	ate:			Z	ip:			
Filing Status												
☐ Single	□ Mar	Married Filing Jointly			/idow	/er						
Dependents:												
Changes in depe	ndents 1	from last year?										
<ul><li>Add:</li></ul>												
<ul> <li>Remove</li> </ul>	:										Υ	N
Note: Dependents must not claim themselves on their own return.												

Dependent Name (First, Middle Initial, Last)	Date of Birth	Dependent's Soc. Sec. Number	Relationship	Child Care		College Tuition	
				Υ	N	Υ	N
				Υ	N	Υ	N
				Υ	Ν	Υ	N

If you are new to our practice, who may we thank for referring you?						
Name:						
If you are a new client, you will need to provide your previous year tax return(s).						

For new Partnerships or Sub S corporations you will need to provide your previous year returns and K-1(s).

# PETERSON CPA FIRM P.C. Certified Public Accountants

339 East Parkwood Ave Friendswood, Texas 77546

Phone: (281) 482-1240 Fax: (281) 482-3070

www.cpapeterson.com

#### TAX RETURN PREPARATION AUTHORIZATION

We appreciate the opportunity to advise you regarding tax matters and preparing your 2023 tax return. To ensure a complete understanding between us, we are stating the following pertinent assumptions about our advice. Please indicate your agreement by signing at the bottom of the page.

We will prepare all tax returns in accordance with Statements on Standards for Tax Services issued by the AICPA, and will comply with the AICPA's Code of Professional Conduct, including the ethical principles of integrity, objectivity, professional competence, and due care.

You are responsible for the substantial accuracy of your financial records, and the full and accurate disclosure to us of all relevant facts affecting the return(s). You also have final responsibility for the tax return and, therefore, you should review the return carefully before signing the return or the authorization for us to electronically file it.

In accordance with federal law, in no case will we disclose your tax return information to another tax return preparer outside of our firm, or to any other third party for any purpose, without first receiving your consent.

If your return is required to be paper filed, then this signature serves as authorization for us to prepare a paper return.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in our fees for preparation of the tax return(s).

The fee for preparing and filing your tax return does not include any follow up requested by the IRS for additional documents or information, ID verifications, responding to IRS audits or changing the return at your request based on new additional information not originally provided to us.

Signature		Date	
I also represent the following	organization(s) and am signing and I	pinding them to this agreement:	
Name of Organization	Name of Organization	Name of Organization	