

Tax Preparation Procedures

Our "mail-in" process has been set up for our out of state clients and for those clients whose schedules do not permit them to come for an in-office interview.

Here's how it works:

1. Complete the tax interview questionnaire as you normally would.
2. Submit your questionnaire and documentation securely via our SmartVault document portal. To request an invitation please email roberthalltaxes@roberthalltaxes.com. (you may also mail in the completed questionnaire along with any tax documents needed to complete your return or drop it off at our office)
3. A Tax Preparation questionnaire is provided below this form. Please use the basic information page as a cover sheet when sending your packet.
4. Upon receipt of your materials and your check/credit card retainer of \$400, we will review your documentation and let you know if there is any more information needed.

Our front desk will reach out to schedule a phone appointment to discuss your return before filing.

If you already have a "pre-booked" appointment on our calendar, we will need your documentation at least four (5) business days before your appointment or we may recommend you file for a free extension.

Through this process, we can give your tax information the same thorough attention as we have done for 54 years, running!

We welcome and encourage you to submit the organizer and tax materials back to us as soon as you have the data completed. To help us assure that your return is completed by April 15, 2025, we must have your data by March 31st, 2025.

*****Any tax materials received after March 31, 2025 will be assessed a \$100 surcharge and filing an extension may be necessary. Any tax materials received after April 8, 2025 will be assessed a \$200 surcharge and filing an extension may be necessary.**

Extension filers: If you go on extension and plan to mail your information to us, we must receive your data before September 27, 2025.

*****Any tax materials received after September 27, 2025 will be assessed a \$300.00 surcharge and we cannot guarantee timely filing will be possible.**

If you have any questions or suggestions, please call us toll free at

888-808-1040. **Our Pleasure Comes from Serving You!**

RH ROBERT HALL
& ASSOCIATES
TAX CONSULTANTS

A Division of Montecito Financial Services, Inc.

300 West Glenoaks Boulevard, Suite 200, Glendale, CA 91202

Phone: 818.242.4888 | Fax: 818.242.1060

I, THE UNDERSIGNED, DO SAY AND DECLARE THAT:

1. I will execute my 2024 federal and state income tax returns, prepared by Robert Hall and/or Robert Hall and Associates, a division of Montecito Financial Services, Inc. and/or other employees of Montecito Financial Services, Inc. (collectively known as the "Firm"), only after I have received and reviewed the completed copies and find that all the information in them is true and accurate according to the information which was furnished to the preparer, and that nothing was added nor deleted by the preparer which would understate the tax liability. In addition, I confirm that I have properly reported all of my taxable income, including any "trading" of services between myself and any other person.
2. I have been instructed to retain copies of the returns for my records indefinitely, and that all records, canceled checks, and other documents utilized to prepare my 2024 Income Tax Returns should be retained for at least four years, and in some cases longer (including but not limited to depreciable assets).
3. I have been informed that I must disclose any transactions or ownership of **cryptocurrency** for the 2024 tax year. **Initial** _____
4. I have been informed that I must disclose all foreign income, foreign interests, and foreign asset ownership to the Internal Revenue Service and have done so according to the Internal Revenue Code regulations. **Initial** _____
5. I, the taxpayer, as well as all members of my household, have been covered with medical insurance for all 12 months of the 2024 tax year according to the Internal Revenue Code regulations. **Initial** _____
6. My 2024 Income Tax Returns are to be prepared on the basis of information supplied by me to the Firm, with no independent verification performed by the Firm. I am in compliance with Code Section § 274(d) which states in the part that:
 - a. I must keep a written log for auto travel (or be able to reconstruct same from written evidence if I am audited).
 - b. Receipts for meals, gifts, and promotion are also mandatory. The receipts must be properly identified in a contemporaneous manner as to the date, place, amount spent, name and business relationship of person(s) involved and business purpose written on each receipt. **Entertainment is no longer a deductible expense.** **Initial** _____
 - c. I must have and maintain a contemporaneous diary for out-of-town travel deducted anywhere on the tax return. These expenses may not be reconstructed or estimated. I understand that I must be able to document with receipts all hotel, meal, airfare, and other travel expenses. If no such documentation exists, I have not deducted them on the return.
 - d. A contemporaneous diary for use of computers not used at a principle location, and entertainment type business expenses (such as the use of any kind of audio and/or visual equipment) must be kept. Such a diary must include both business and personal use.
7. I agree to send a copy of any audit notification, as well as a copy of any other correspondence received from either the IRS or State during the year, to the Firm, prior to my contacting those authorities, in order to discuss the appropriate action to be taken. I understand that tax return and consultation fees do not include the services in connection with an audit, nor any other services the Firm may provide to me.
8. I understand that although the return represents the best of the preparer's professional opinions, the preparer cannot guarantee the result. Tax return preparation often involves the application of conflicting authorities and interpretations that present varying possibilities of successful IRS or State challenge. Opinions of IRS personnel and various courts often conflict. Judicial and legislative thought is subject to conditions change. Therefore, the preparer can only guarantee his very best efforts to help me arrive at the

lowest legal tax liability. Such efforts may include the treatment of “gray area” items (items not in the opinion of the Firm fully clarified by the IRS and/or courts), which the IRS may, upon audit, deem to have been improperly reported. In light of the above, and in acceptance thereof, I, not the preparer, will be responsible for additional tax, penalties and interest which the IRS and/or State may impose upon me.

9. Written notice must be provided to the Firm to disengage services. Should disengagement occur, you may request your source data to be returned to you.
10. I will pay fees for preparation of returns upon initial preparation interview. Fees for tax or financial counsel, audit, or other hourly or “by-the-form” work is due and payable upon performance of such work. Accounts over thirty days late will be charged an additional monthly late fee of \$10 per \$250 balance due and the minimum fee shall be \$10 per month. Accounts past 90 days will be subject to collection, charged reasonable legal fees and collection costs incurred, and reported to credit bureaus.
11. In the event of a dispute between the Firm and the Taxpayer, the parties hereto agree that any disputes, controversies, or claims between them concerning, relating to, or arising out of the Firm’s representation of the undersigned, shall be determined by binding arbitration as set forth in this Section 9. The arbitration shall occur in Los Angeles, California, and be held before an arbitrator appointed in accordance with the rules of the American Arbitration Association “(AAA)” of Los Angeles County, pursuant to the commercial arbitration rules of the AAA. The party initiating the arbitration must pay one-half of all fees required to commence and continue the proceeding, and the responding party must pay the other one-half of all fees required to commence and continue the proceeding. The arbitrator shall have the discretion to re-apportion the fees paid at the conclusion of the arbitration. A judgment on the arbitration award may be entered in any court located in Los Angeles County, California and shall be deemed binding. The parties hereby waive their rights to a jury trial and a judge trial and limit their rights to appeal to the fullest extent allowable under the law. The arbitrator shall be selected pursuant to the commercial arbitration rules of the American Arbitration Association.
12. Taxpayer agrees to hold harmless the Firm and each of its respective officers, directors, employees, agents, counsel and representatives from any and all liability associated with utilization of third-party electronic tax filing entities.
13. Please be aware there are specific new reporting requirements involving certain types of companies regarding compliance with the Corporate Transparency Act (CTA), including Beneficial Ownership Information (BOI) reporting. Aiding with this compliance is not within the scope of this engagement letter. **Initial** ____
14. Our firm will **not** assist with any BOI reporting. Furthermore, our firm will assume no liability stemming from your neglect of not filing this BOI report. **Initial** ____

Date: _____

Taxpayer: _____

Print Name: _____

Spouse: _____

PLEASE READ CAREFULLY, SIGN AND RETURN

The terms and conditions of this agreement shall not be modified without written consent from Robert Hall & Associates and client.

TAX YEAR **2024** TAX MAINTENANCE PROGRAM

Our clients routinely need us beyond just tax-filing, so we decided to create the Tax Maintenance Program (TMP), which provides clients access to a wide array of tax planning benefits at a fixed-cost.

Our Tax Maintenance Program (TMP) includes the following benefits:

- 1) 3 Phone consultations: (30 minutes each) during the tax year* (\$695 value per consultation)
2) W-4 review: ensures your paycheck withholding values are correct. (\$395 value)
3) Correspondence/letters for mortgage lenders: we will work with your lender to assist in any tax-related mortgage qualification needs.** (\$195 value)
4) Free financial planning: we'll get you connected with Iron Hill Wealth Management, who will go over your financial planning needs. Iron Hill is a firm that RHA has a strategic alliance with. (\$695 value)
5) Audit protection: protection, in the event you are subject to an audit. This representation is provided at no additional cost to you for the current tax year.*** (\$2,500 minimum value)
6) IRS notices and correspondence: no longer deal with those pesky notices (\$395 minimum value)
7) State, local, or city tax notices: send it over and we'll determine the issue (\$395 minimum value)
8) Collections representation**** (\$1,500 value)
9) Notary services: four notarizations during the tax year (\$25 value per notarization)
10) Additional copies of your tax returns (\$25 value)

Cost for the 2024 TMP: \$125 (valued at over \$8,000)

Speak to your tax consultant to enroll you in this program, or to learn more.

I accept the 2024 Tax Maintenance Program:

Signature, Print Name, Date input fields

I decline the 2024 Tax Maintenance Program and I am aware of the charges for additional services:

Signature, Print Name, Date input fields

Additional details:

- TMP only applies to services that RHA has provided, per tax year
- Blackout dates: 1/15 to 4/15 and 9/1 to 10/15
* Regarding the 3 phone consultations, calls will be with a Tax Associate for the following consultants: Robert Hall, Stephen Hall, Mike Watson, Phil Duncan, Tony Watson, Daniel Passon. TMP does not apply for year-end planning consultations.
** Correspondence/letters for mortgage lenders does not include the preparation of any financial statements
*** Audit protection does not include audit appeals, reconsideration, tax court petitions, or any returns not prepared by RHA
**** Representation does not include liabilities greater than \$25,000, business liabilities, bank levies or liens, payroll tax, sales/use tax, or city tax



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Consent to Disclosure of Tax Return Information

I, THE UNDERSIGNED, DO SAY AND DECLARE THAT:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

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

DATE _____

TAXPAYER _____

SPOUSE _____

PLEASE READ CAREFULLY, SIGN AND RETURN

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I, THE UNDERSIGNED, DO SAY AND DECLARE THAT:

Federal law requires this consent form to 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 complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

DATE _____

TAXPAYER _____

SPOUSE _____

PLEASE READ CAREFULLY, SIGN AND RETURN

2024
INDIVIDUAL
QUESTIONNAIRE



REQUIRED -
Please complete and
return or upload.



INDIVIDUAL TAX QUESTIONNAIRE

AT A MINIMUM, WE ASK THAT YOU COMPLETE
THIS BRIEF TAXQUESTIONNAIRE AND RETURN IT
TO US NO LATER THAN MARCH 15TH 2024 OR BE
SUBJECT TO SURCHARGE.

[SmartVault Document Portal Link](#)

BASIC INFORMATION



Client Information	TAXPAYER	SPOUSE
First Name & Middle Initial:		
Last Name:		
Social Security Number:		
Date of Birth:		
Phone Number:		
Email Address:		
Occupation:		
Street Address:		
Apartment number:		
City:		
State:		
Zip Code:		

Dependents

Full Name	Date of Birth	Social Security #	Relationship	Mos. In Home

Estimated Tax Payments	IRS Amount Paid	Date Paid	State Amount Paid	Date Paid
April 15, 2024				
June 15, 2024				
September 16, 2024				
January 17, 2025				
Total:				

Income - 1099	Taxpayer	Spouse	Miscellaneous Income	Amount
Social Security			Unemployment Income	
Pension Distributions			Alimony Received	
IRA Distributions			Gambling Winnings	
			Gambling Losses	

CUSTOMER NAME:

IF ANY OF THE FOLLOWING ITEMS PERTAIN TO YOU or YOUR SPOUSE IN 2024, PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE ADDITIOANL INFORMATION IF NECESSARY.

YES	NO	GENERAL INFORMATION <i>If yes, provide details.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital or filing status change during the year? <i>Provide details</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year? <i>Provide new address</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did your driver's license information change within the last twelve months? <i>Provide copies of updated licenses.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any changes in dependents (i.e., a new child, a child turn 19 who is not a full-time student or have a child turn 24)? <i>Provide details</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? <i>Provide details</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health care coverage through the marketplace exchange in 2024? (Forms 1095-A)
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months? Provide voided check for direct deposit of tax refund.

YES	NO	INCOME INFORMATION <i>If yes, provide details or copies of the applicable form listed below.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive wages? (Forms W-2)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive interest or dividend income? (Forms 1099-INT or 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	Did you rollover retirement funds or receive a retirement distribution? (Forms 1099)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive social security benefits? (Forms SSA-1099)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unemployment benefits? (Forms 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell stocks, bonds or other investment property? (Forms 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell real estate? (Closing disclosure, formerly known as the HUD-1, and/or Forms 1099-S)
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts canceled or forgiven? (Forms 1099-C)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? (Forms 1099-Q)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution or contribute to a Health Savings Account (HSA)? (Forms 1099-SA)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income? <i>Provide details</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes? <i>Provide details</i> _____

YES	NO	BUSINESS/RENTAL/FARM INFORMATION <i>If yes, provide details or copies of the applicable form listed below.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have, did you start, or did you acquire an interest in an entity? (partnership, LLC, S corporation or trust)? (Schedule K-1)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have or did you start a sole proprietorship business (other than flow-through entity)? (Download Business Income Organizer)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have or did you purchase a rental property and/or royalty income ? (Download Rental & Royalty Income Organizer)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have or did you start a farm ? (Download Farm Income Organizer)
<input type="checkbox"/>	<input type="checkbox"/>	Was an area of your home used regularly and exclusively for business? (Download Business Use of Home Organizer)

*If you answered **YES** to any of the 5 questions immediately above please see corresponding organizer below and complete.*

CUSTOMER NAME:

YES	NO	DEDUCTION INFORMATION <i>If yes, provide details or copies of the applicable form listed below.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay college education tuition and fees? <i>(Forms 1098-T)</i> If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay student loan interest? <i>(Forms 1098-E)</i> If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay after-tax or self-employed health insurance premiums? If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to an individual or self-employed retirement account? If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur major medical, vision, dental or prescription drug costs? <i>Summarize expenses below</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay real estate taxes? <i>(County tax bills)</i> If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay personal property taxes for your car registration? <i>(Car tag receipts)</i> If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay sales tax on major purchases, such as autos, boats, etc.? <i>(Purchase document)</i> If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay mortgage interest? <i>(Forms 1098)</i> If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on a home equity line of credit? <i>(Forms 1098 and details of what the funds were used for)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance a mortgage? <i>(Closing disclosure, formerly known as the HUD-1, and term of the loan)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make cash charitable contributions? <i>(Copies of any giving statements)</i> If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make non-cash charitable contributions? <i>If the total amount donated is greater than \$500, provide the date of each contribution and the fair market value.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay child and dependent care costs? <i>(Copy of the year-end statement from the provider [including the name, address and the social security number or the employer identification number of the provider])</i> If so, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make solar, wind, geothermal or fuel cell energy efficiency improvements to your primary residence? <i>(Copy of the receipt and a description of the improvements)</i>

YES	NO	MISCELLANEOUS INFORMATION <i>If yes, provide details.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you trade cryptocurrency in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn income or pay taxes in another country?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency? <i>(Copies of the tax notice(s) received)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you need a paper copy of your tax return? <i>Additional processing & handling fees will apply to your return.</i>

YES	NO	ESTIMATED TAXES <i>If yes, provide details.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any Federal 2024 estimated tax payments? <i>Provide amounts and dates paid on page 2.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any State 2024 estimated tax payments? <i>Provide amounts and dates paid on page 2.</i>
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of being refunded)? Do you expect your 2025 taxable income and withholdings to be significantly different from 2024 <i>(Provide details below)</i>

Natural Disaster – Personal Loss

Did you incur an unreimbursed loss (***a loss in excess of insurance or FEMA reimbursement***) in a federally declared disaster area?

If yes above, Please complete this table and provide supporting records.

	Property A	Property B	Property C
Indicate type of property	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal
Description of property <i>(personal residence, rental home, etc.)</i>			
City, State, Zip			
Date acquired			
Cost of property			
Date of loss			
Description of loss			
Was insurance claim made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received FEMA assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fair market value <u>BEFORE</u> loss			
Fair market value <u>AFTER</u> loss			
Total out of pocket expenses			

ADDITIONAL INFORMATION

Complete if applicable



DEDUCTIONS

Medical Expenses	Amount	Tax Expenses	Amount
Medicine, Drugs, Insulin		State Tax for Prior Year	
Total Insurance Premiums		Real Estate Taxes, Home	
Total Doctors, Dentists, etc.		Real Estate Taxes, Investments	
Total Hospital, Clinics & Hospice		DMV Fees	
Glasses, Hearing Aids, Batteries		Personal Property Tax paid	
Orthopedic Equipment, Lab Fees, X-Ray		Sales Tax Paid (Small items)	
Stop Smoking Programs, Products		Sales Tax Paid (Large items)	
Medical Travel Miles		Interest Expense	Amount
Long Term Care Premiums		Home Mortgage Interest to Bank(s)	
Insurance Reimbursement		Loan Points Paid in 2024	

Expenses Incurred as an Employee (state only)	Amount		Amount
Bond of Employment		Professional Supplies	
Business Gifts (\$25 /person per year)		Promotion	
Business Telephone		Research expense	
Cellular Charges (Business Only)		Safe Deposit Box	
Clerical Services		Rental	
Computer (Upgrades, Software, etc.)		Safety Equipment	
Credential Renewal		Tax Preparation Fees	
Income Protection Expense (Legal,etc.)		Technical References	
Investment Income Expense		Trade Journals	
Job Search Mileage		Typing Services	
Laundry & Uniform Expense		Union Dues	
Meals & Entertainment (Business only)		Work Tools	
Online Fees/ Internet Fees		Notes:	
Pager Fees			
Postage/deliver			
Printing			
Professional Dues & Publications			

Charitable Contributions	Amount	Child Care Expenses
House of Worship		Care Provider's name:
Payroll Deductions		Address:
Cancer/Heart Fund		City, State, Zip:
United Way Fund		Phone #:
Other (please list)		Identifying Number (95# or SS#):
Non-Cash (please provide receipts)		Amount incurred in 2024 & paid in 2025:
Goodwill/Salvation Army/ Other		Amount incurred in 2023 & paid in 2024:

RENTAL INCOME & EXPENSES

Location & Description of Property	Date Aquired	No. Days Personal Use	Ownership Percentage	% Owner Occupied
Prop #1				
Prop #2				
Prop #3				
Prop #4				
Prop #5				
Prop #6				

Enter Income & Expenses Amount at 100%	Prop #1	Prop #2	Prop #3	Prop #4	Prop #5	Prop #6
Total Gross Income Received						
Association Dues						
Advertising						
Auto & Travel						
Cleaning & Maintenance						
Commissions						
Gardening & Landscaping						
Insurance						
Interest- Mortgage Paid to Banks						
Interest- Other						
Legal & Professional Fees						
Licenses & Permits						
Management Fees						
Office Expenses						
Pest Control						
Repairs- Carpenter & Screens						
Painting & Decorating						
Plumbing & Electrical						
Roofing						
Supplies						
Taxes- Property/Real Estate						
Other						
Security & Safety						
Trash Removal						
Telephone						
Utilities						
Replacements						
Salaries & Wages (Bring Payroll Records Required)						
Other -						
Depreciation (Bring Schedules)						
Totals						
Type of Property						

- 1 = Single Family Residence
- 2 = Multi-Family Residence
- 3 = Vacation/Short-Term Rental
- 4 = Commercial
- 5 = Land
- 6 = Royalties
- 7 = Self-Rental

NOTES:

Be sure to bring your escrow papers, county tax bill or other proof of cost and receipts or purchase contracts for any large purchase.

BUSINESS INCOME (SCHEDULE C)

**THE FOLLOWING IS A GUIDELINE, BRING YOUR PROFIT & LOSS OR INCOME STATEMENTS.
BUSINESS INCOME & EXPENSE-SCHEDULE C**

Business Name					
Business Profession					
Business Activity Including Product or Service					
Employer Identification Number (EIN)					
Business Address if different from personal					
City, State, Zipcode					
Accounting Method	Cash	Accrual	Other	Travel -Airfare	
Inventory Method	Cost	LowerC/M	Other	- Lodging	
Who Operates this Business	Taxpayer	Spouse		- Meals	
				- Other	
INCOME- BRING ALL 1099 's				Education Expenses	
Gross Receipts/ Total Income				Employee Benefit Programs	
Returns & Allowances				Freight & Delivery	
Other Income				Gifts	
COST OF GOOD SOLD				Insurance	
Purchases				Interest Expense - Mortgage	
Cost of Items for Personal Use				Interest Expense - Other	
Beginning Inventory				Janitorial Service	
Cost of Labor				Laundry & Cleaning	
Materials & Supplies				Legal & Professional Fees	
Other Costs				Licenses & Permits	
Ending Inventory				Meals	
EXPENSES				Office Expense	
Accounting				Outside/ Contract Services	
Advertising				Parking	
Amortization (Bring Schedule)				Pension & Profit Sharing Plans	
Bad Debts				Postage	
Bank Service Charges				Printing	
Car & Truck Expense				Rent or Lease of Machinery/Equipment	
Cellular Phone Charges				Rent or Lease of Other Business Property	
Collection Expenses				Repairs	
Commissions				Research Expense	
Computer Upgrade				Security & Safety	
Computer Software				Storage	
Online Charges				Supplies	
Depreciation (Bring Schedules)				Telephone	
Dues & Publications				Tools	
Taxes - Business				Wages (Payroll Records-Required)	
- Payroll				Office in Home- Sqft. of Office	
- Property				Office in Home- Total Sqft. of Home	
- Other				Office in Home- Rent	
				Office in Home- Insurance	
				Office in Home- Utilities	
				Office in Home- Supplies	

Please include any of the following documentation that pertains to you in your upload.

• **Last year's tax return (new client)**

- Full Name, Spouse, dependents
- Birthdays – Month/Day/Year
- Social security numbers for all dependents
- W-2 forms for wages
- 1099 forms for interest, dividends, retirement, social security, unemployment, & other income
- Year-end statements from mutual funds
- K-1 forms from partnerships, corporations, & estates
- Rental or self-employment income and expense
- Purchase and sale information for anything sold during the year
- All other statements of income
- IRA year end statements
- Medical expenses
- Records of estimated taxes paid
- Property tax statements
- 1098 forms for mortgage or student loan interest
- Donations of money to charity
- Donations of property to charity
- Volunteer expenses and mileage
- Amounts paid for higher education
- Job related expenses
- Investment related expenses
- Childcare provider's name, address, social security or EIN number, and amount paid

