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

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 55 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, 2026, we must have your data by March 31st, 2026.

***__**Any tax materials received after March 31, 2026 will be assessed a $100 surcharge and filing an extension may be necessary. Any tax materials received after April 8, 2026 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, 2026.

***__**Any tax materials received after September 27, 2026 will be assessed a $300 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!**

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I, THE UNDERSIGNED, DO SAY AND DECLARE THAT:

1. I will execute my 2025 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 2025 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 2025 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 2025 tax year according to the Internal Revenue Code regulations. **Initial ____**
6. My 2025 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 2025 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 2025 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 2025 Tax Maintenance Program:

Signature	Print Name	Date

I decline the 2025 Tax Maintenance Program and I am aware of the charges for additional services:

Signature	Print Name	Date

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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CLIENT CONSENT TO DISCLOSURE AND USE OF TAX RETURN INFORMATION

Pursuant to I.R.C. § 7216 | Treas. Reg. § 301.7216-3 | Rev. Proc. 2013-14

1. Parties to This Consent

Tax Return Preparer: Robert Hall & Associates ("RHA"), LLC
Name of Taxpayer(s): _____
Tax Year(s): 2025

2. Consent to Disclose - Internal RHA Use

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than those related to the preparation and filing of your tax return without your consent. 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. Because our ability to disclose your tax return information to a third party service provider, such as XACT Inc., or another tax return preparer affects the tax return preparation service(s) that we provide to you and its (their) cost, we may decline to provide you with tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you if you do not sign this form. 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 from the date of signature. Accordingly, you authorize RHA to use your tax return information internally for the preparation of your tax return(s), tax advisory services, and related financial services provided on your behalf.

3. Consent to Disclose - XACT Inc., Foreign Tax Preparer

Federal law requires your consent because RHA, a U.S.-based tax return preparer, will share your protected tax return information with XACT Inc., a tax return preparer located outside the United States. This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States that will receive your SSN maintain an adequate data protection safeguard as required by the regulations under 26 U.S.C. §7216 to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, federal agencies may not be able to enforce United States laws that protect the privacy of your tax return

information against a tax return preparer located outside of the United States to whom the information is disclosed.

The purpose, authorized use, specific recipient, and information to be disclosed are as follows:

1. Purpose: To enable XACT Inc., to assist in the preparation of your U.S. federal and/or state income tax return(s) and perform related ancillary tax advisory and financial services.
2. Recipient: XACT Inc., and/or its successors, a third-party tax preparation provider located outside the United States.
3. Authorized Use: Preparation of your tax return(s), data entry, quality review, and performance of services directly related to the preparation and filing of your return.
4. Information Disclosed: Your complete tax return(s) and all information contained therein, including personally identifiable information such as your name, address, and Social Security Number (SSN). You retain the right to request a more limited disclosure.

4. Disclosure of SSN to Foreign Tax Preparer

Disclosure of your SSN to a foreign preparer is generally not permitted, even with consent, unless the foreign preparer maintains an adequate data protection safeguard under Treas. Reg. § 301.7216-3T(b)(4)(ii) (the exception to the general rule requiring SSN masking) and Rev. Proc. 2013-14 (providing the controlling guidance on the requirements for an "adequate data protection safeguard"). XACT Inc., has confirmed to RHA that its security protocols conform to U.S. Treasury regulations for disclosure of SSN's.

5. Important Notices

Your consent is knowing and voluntary. 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 complaints@tigta.treas.gov.

DATE_____ TAXPAYER_____

SPOUSE_____

PLEASE READ CAREFULLY, SIGN, AND RETURN

2025
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 2026 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, 2025				
June 15, 2025				
September 16, 2025				
January 17, 2026				
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 2025, PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE ADDITIOANL INFORMATION IF NECESSARY.

YES	NO	GENERAL INFORMATION *If yes, provide details.*
☐	☐	Did your marital or filing status change during the year? Provide details _____
☐	☐	Did your address change during the year? Provide new address _____
☐	☐	Did your driver's license information change within the last twelve months? Provide copies of updated licenses.
☐	☐	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)? Provide details _____
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2025, with interest and dividend income in excess of $1,100, or total investment income in excess of $2,200? Provide details
☐	☐	Did you have health care coverage through the marketplace exchange in 2025? **(Forms 1095-A)**
☐	☐	Did your bank account information change within the last twelve months? Provide voided check for direct deposit of tax refund.

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

YES	NO	BUSINESS/RENTAL/FARM INFORMATION *If yes, provide details or copies of the applicable form listed below.*
☐	☐	Do you have, did you start, or did you acquire an interest in an entity? (partnership, LLC, S corporation or trust? ***(Schedule K-1)***
☐	☐	Do you have or did you start a **sole proprietorship** business (other than flow-through entity)?***(Download Business Income Organizer)***
☐	☐	Do you have or did you purchase a **rental property** and/or **royalty income**? ***(Download Rental & Royalty Income Organizer)***
☐	☐	Do you have or did you start a **farm**? *(Download Farm Income Organizer)*
☐	☐	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 *If yes, provide details or copies of the applicable form listed below.*
☐	☐	Did you pay college education tuition and fees? ***(Forms 1098-T)*** If so, how much?_____
☐	☐	Did you pay student loan interest? ***(Forms 1098-E)*** If so, how much?_____
☐	☐	Did you pay after-tax or self-employed health insurance premiums? If so, how much?_____
☐	☐	Did you make a contribution to an individual or self-employed retirement account? If so, how much?_____
☐	☐	Did you incur major medical, vision, dental or prescription drug costs? ***Summarize expenses below***
☐	☐	Did you pay real estate taxes? ***(County tax bills)*** If so, how much?_____
☐	☐	Did you pay personal property taxes for your car registration? ***(Car tag receipts)*** If so, how much?_____
☐	☐	Did you pay sales tax on major purchases, such as autos, boats, etc.? ***(Purchase document)*** If so, how much?_____
☐	☐	Did you pay mortgage interest? ***(Forms 1098)*** If so, how much?_____
☐	☐	Did you pay interest on a home equity line of credit? ***(Forms 1098 and details of what the funds were used for)***
☐	☐	Did you refinance a mortgage? ***(Closing disclosure, formerly known as the HUD-1, and term of the loan)***
☐	☐	Did you make cash charitable contributions? ***(Copies of any giving statements)*** If so, how much?_____
☐	☐	Did you make non-cash charitable contributions? ***If the total amount donated is greater than $500, provide the date of each contribution and the fair market value.***
☐	☐	Did you pay child and dependent care costs***?*** ***(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])*** If so, how much?_____
☐	☐	Did you make solar, wind, geothermal or fuel cell energy efficiency improvements to your primary residence? ***(Copy of the receipt and a description of the improvements)***

YES	NO	MISCELLANEOUS INFORMATION *If yes, provide details.*
☐	☐	Did you trade cryptocurrency in 2025?
☐	☐	Did you earn income or pay taxes in another country?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	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?
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency? ***(Copies of the tax notice(s) received)***
☐	☐	Did you or your spouse make any gifts to an individual that total more than $19,000, or any gifts to a trust? **$**_____
☐	☐	Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency? **$**_____
☐	☐	Do you need a paper copy of your tax return? ***Additional processing & handling fees will apply to your return.***

YES	NO	ESTIMATED TAXES *If yes, provide details.*
☐	☐	Did you make any Federal 2025 estimated tax payments? ***Provide amounts and dates paid on page 2.***
☐	☐	Did you make any State 2025 estimated tax payments? ***Provide amounts and dates paid on page 2.***
☐	☐	If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax (instead of being
☐	☐	refunded)?Do you expect your 2026 taxable income and withholdings to be significantly different from 2025? ***(Provide details below)***

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	☐ Business ☐ Personal	☐ Business ☐ Personal	☐ Business ☐ Personal
Description of property *(personal residence, rental home, etc.)*			
City, State, Zip			
Date acquired			
Cost of property			
Date of loss			
Description of loss			
Was insurance claim made?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Received FEMA assistance?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Fair market value BEFORE loss			
Fair market value AFTER loss			
Total out of pocket expenses			

ADDITIONAL INFORMATION

Complete if applicable

DEDUCTIONS

Medical Expenses	Amount
Medicine, Drugs, Insulin	
Total Insurance Premiums	
Total Doctors, Dentists, etc.	
Total Hospital, Clinics & Hospice	
Glasses, Hearing Aids, Batteries	
Orthopedic Equipment, Lab Fees, X-Ray	
Stop Smoking Programs, Products	
Medical Travel Miles	
Long Term Care Premiums	
Insurance Reimbursement	

Tax Expenses	Amount
State Tax for Prior Year	
Real Estate Taxes, Home	
Real Estate Taxes, Investments	
DMV Fees	
Personal Property Tax paid	
Sales Tax Paid (Small items)	
Sales Tax Paid (Large items)	

Interest Expense	Amount
Home Mortgage Interest to Bank(s)	
Loan Points Paid in 2025	

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
House of Worship	
Payroll Deductions	
Cancer/Heart Fund	
United Way Fund	
Other (please list)	
Non-Cash (please provide receipts)	
Goodwill/Salvation Army/ Other	

Child Care Expenses
Care Provider's name:
Address:
City, State, Zip:
Phone #:
Identifying Number (95# or SS#):
Amount incurred in 2025 & paid in 2026:
Amount incurred in 2024 & paid in 2025:

RENTAL INCOME & EXPENSES

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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)

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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

Inventory Method ☐ Cost ☐ LowerC/M ☐ Other

Who Operates this Business ☐ Taxpayer ☐ Spouse

INCOME- BRING ALL 1099's	
Gross Receipts/ Total Income	
Returns & Allowances	
Other Income	
COST OF GOOD SOLD	
Purchases	
Cost of Items for Personal Use	
Beginning Inventory	
Cost of Labor	
Materials & Supplies	
Other Costs	
Ending Inventory	
EXPENSES	
Accounting	
Advertising	
Amortization (Bring Schedule)	
Bad Debts	
Bank Service Charges	
Car & Truck Expense	
Cellular Phone Charges	
Collection Expenses	
Commissions	
Computer Upgrade	
Computer Software	
Online Charges	
Depreciation (Bring Schedules)	
Dues & Publications	
Taxes - Business	
- Payroll	
- Property	
- Other	

Travel -Airfare	
- Lodging	
- Meals	
- Other	
Education Expenses	
Employee Benefit Programs	
Freight & Delivery	
Gifts	
Insurance	
Interest Expense - Mortgage	
Interest Expense - Other	
Janitorial Service	
Laundry & Cleaning	
Legal & Professional Fees	
Licenses & Permits	
Meals	
Office Expense	
Outside/ Contract Services	
Parking	
Pension & Profit Sharing Plans	
Postage	
Printing	
Rent or Lease of Machinery/Equipment	
Rent or Lease of Other Business Property	
Repairs	
Research Expense	
Security & Safety	
Storage	
Supplies	
Telephone	
Tools	
Wages (Payroll Records-Required)	
Office in Home- Sqft. of Office	
Office in Home- Total Sqft. of Home	
Office in Home- Rent	
Office in Home- Insurance	
Office in Home- Utilities	
Office in Home- Supplies	

BUSINESS USE OF HOME (8829)

ROBERT HALL & ASSOCIATES
TAX CONSULTANTS

PLEASE ENTER INDIRECT EXPENSES IN FULL. NONBUSINESS PORTION WILL CARRY TO SCHEDULE A. BUSINESS PERCENTAGE WILL BE APPLIED TO INDIRECT EXPENSES ONLY.

Business Use Area (square footage)	
Total Area of Home (square footage)	
% (.xx) or Amount of Gross Income from Home if not 100%	
% (.xx) or amount of expenses from home if not 100%	

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest	
Real estate taxes	
Casualty losses	
Insurance	
Rent	
Repairs and Maintenance	
Utilities	
Excess mortgage interest	
Excess real estate taxes	
Other indirect expenses:	

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest	
Real estate taxes	
Casualty losses	
Insurance	
Rent	
Repairs and Maintenance	
Utilities	
Excess mortgage interest	
Excess real estate taxes	
Other direct expenses:	

EMPLOYEE/VEHICLE BUS. EXP (2106)

General Information	
Occupation, if different from Form 1040	
Taxpayer or Spouse	
Employee Business Expenses	
Meal and Entertainment expense	
Reimbursement for meals and entertainment not on W-2, box 1	
Local transportation (bus, taxi, train, etc.)	
Travel expenses while away from home overnight	
Reimbursements not included on Form W-2, box 1	
Other business expenses:	

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

CUSTOMER NAME:

Additional Details *(optional)*:

Thank you for completing the Individual Questionnaire for Tax Year 2025
Please upload this completed questionnaire as well as any supporting documentation to your secure SmartVault account as soon as possible to ensure timely delivery of your tax return.

Questions? Email roberthalltaxes@roberthalltaxes.com or call 818-242-4888