Welcome to STADLER & Company

***CLIENT INFORMATION SHEET*** ______________________________ ***Tax Year:*** ________

Are you a ☐ NEW or ☐ RETURNING client?

New Clients Select One:

☐ REFERRAL ☐ PHONEBOOK ☐ RADIO STATION ☐ TV STATION ☐ SIGNS ☐ MAILIING

☐ WEBSITE ☐ OTHER ____________________

| 1) PERSONAL INFORMATION AS SHOWN ON SSA CARD | | IF FILING JOINT | |
|---|---|---|---|
| TAXPAYER | SSN or ITIN \| __ __ __-__ __-__ __ __ __ | SPOUSE | SSN or ITIN \| __ __ __-__ __-__ __ __ __ |
| NAME | | NAME | |
| DATE OF BIRTH | | DATE OF BIRTH | |
| OCCUPATION | | OCCUPATION | |
| HOME PHONE | | HOME PHONE | |
| CELL | | CELL | |
| EMAIL | | EMAIL | |
| BEST METHOD OF CONTACT | | BEST METHOD OF CONTACT | |
| MAILING ADDRESS | | | |
| STREET | | APT OR LOT NO. | |
| CITY | ST | ZIP | COUNTY |

| **2) YOUR FILING STATUS AND HOUSEHOLD INFORMATION** ON DECEMBER 31 of the tax year: (Check appropriate box below) | |
|---|---|
| ☐ Single (Unmarried or divorced) | ☐ Qualifying Widow/Widower (with qualifying dependent(s)) |
| ☐ Married Filing Joint (Married and filing together) | ☐ Married Filing Separately (Married, but not filing together) |
| ☐ Head of Household (Single – with dependent(s)) | ☐ Unsure |

| Additional Household Demographic Questions |
|---|
| ☐ YES ☐ NO Did you and/or your spouse live and work in multiple states at any time during the tax year? States: |
| ☐ YES ☐ NO Are you or your spouse legally blind? |
| ☐ YES ☐ NO During the tax year, did you have any digital/virtual currency(ie: Bitcoin, etc) transactions? |
| ☐ YES ☐ NO Do you have a foreign bank account? |
| ☐ YES ☐ NO Did you report only 1/3 of any retirement income in 2020/21 due to disaster relief (COVID)? |
| ☐ YES ☐ NO If you are the non-custodial parent claiming a dependent, do you have Form 8332 signed by custodial parent? |
| ☐ YES ☐ NO Do you have a healthcare subsidy (Marketplace, healthcare.gov)? ☐ YES ☐ NO Do you have Form 1095-A? |

**3) YOUR DEPENDENT INFORMATION** *(IT IS VERY IMPORTANT THAT THIS INFORMATION BE ACCURATE TO AVOID DELAYING YOUR REFUND.)*

| NAME OF DEPENDENT (EXACTLY as it appears on Social Security card) | SOCIAL SECURITY NO. | DATE OF BIRTH | RELATIONSHIP (son, daughter, grandchild, etc.) | MONTHS IN YOUR HOME FOR THE TAX YEAR |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| **4)** DID YOU HAVE INCOME FROM THE FOLLOWING SOURCES? | | |
|---|---|---|
| **Yes** | **No** | |
| □ | □ **Wage Income (Form W-2)?** | □ Military Income? |
| □ | □ **Interest / dividends / sale of stocks & bonds? (Form 1099)** | |
| □ | □ **Pension and/or withdrawal / distribution from your retirement account (Form 1099-R) or 2020 deferral?** | |
| □ | □ **Unemployment compensation (Form 1099-G)?** | |
| □ | □ **Social security benefits, SSI, VA benefits or RR retirement (Forms SSA-1099, RRB-1099)?** | |
| □ | □ **Gambling winnings, awards, prizes, etc. (W-2G or 1099-MISC)?** | |
| □ | □ **Small business (1099-NEC)?** | |
| □ | □ **Farm/Farm Rental?** | |
| □ | □ **Rental property (1099-MISC)?** | |
| □ | □ **Income from any other source? If so, specify: ________________________** | |

| **5) ADDITIONAL TAX INFORMATION** | | |
|---|---|---|
| □ **Own your home** | □ **Form 1098-Mortgage Interest** | □ **Pay Property Taxes** |
| □ **Rent in Indiana** | **Amount paid per month $** | **How many months paid during tax year?** |
| **Landlord Name & Address (*required):** | | |
| | | |
| □ **Yes** □ **No Do you have receipts for charitable contributions during the tax year?** | | |
| □ **Yes** □ **No Do you owe back taxes, child support or delinquent student loans or have DFAS or AAFES debt?** | | |
| | | |

| **7) Payment for Services** | |
|---|---|
| □ | **CASH, CHECK, OR CREDIT/DEBIT CARD – YOU PAY TODAY** |
| □ | **PREPARATION FEE DEDUCTED FROM REFUND (EXTRA FEES APPLY)** |
| □ | **ADVANCE REFUND (36 – 72 HOURS) (EXTRA FEES APPLY) **Not available after February** |

| **8) TAX REFUND DISBURSEMENT** | | |
|---|---|---|
| | □ **DIRECT DEPOSIT:** □ **Checking** □ **Savings** | **Bank Name :** |
| | **Routing #** | **Acct #** |
| ***or*** | □ **CHECK IN MAIL** | |

**TAXPAYER'S STATEMENT**

I certify that all the above information is true and correct and should be used in completing my tax return. Also, I state that I am qualified to file this return using the filing status selected above. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government. I am aware Stadler & Company may do tax work for ex-spouses, children who are the age of majority, live-ins, and other family members. I give informed consent to transparency should any matter of conflict of interest develop. I understand that without a court subpoena Stadler & Company will not disclose to any other parties any of the information contained on my tax return. Disclosure is necessary for e-file processing, refund loans, collections, or loan check pickup at any Stadler & Company location.

**TAXPAYER SIGNATURE**________________________________________________ **DATE** _______________

**SPOUSE SIGNATURE**__________________________________________________ **DATE** _______________

**NEW CLIENTS**: I am attesting that I was asked by Stadler & Company to furnish a prior year return to assist in the preparation of my current year taxes. By signing, I agree that I **did not** provide a prior year return.

_________________________________ _________________________________

Taxpayer Signature Date Spouse's Signature Date

# AGREEMENT FOR TAX PREPARATION SERVICES

Stadler & Company and Taxpayer agree to the following:

1. Thank you for choosing the professionals of Stadler & Company to prepare and file your tax return. In doing so, you are telling us that you have received all your tax information (W-2s, 1099s, K-1s, etc.) and that your tax return is ready to be filed. If you receive additional information after we file your return, this document is your official notification that should you request our services in filing the required amended return; we will be charging you an additional minimum $75.00 fee for services rendered. All returns eligible for electronic filing will be filed electronically.
2. Tax returns are subject to review by taxing authorities**. Tax preparation service does NOT include: taxing authority representation/resolution, bookkeeping services, adding receipts, preparing financial statements, etc.** For these services, Stadler & Company is available to represent you or consult with you for an additional charge under a separate service agreement.
3. Stadler & Company's fees are not based upon your income or your tax refund. Fees are based on a per-form charge with a minimum per-form charge. Taxpayer agrees to pay for the services rendered before the release of the completed returns. No tax return will be released without payment in full. Stadler & Company accepts cash, checks, and credit card. Any check returned for any reason by your bank is subject to a charge of $30.00.
4. If you terminate this engagement before completion, you agree to pay a fee for work completed.
5. Please note that we cannot fax/send/share any tax documentation without having specific prior written consent on file in this office. This written consent must be given in person in our office.
6. Stadler & Company stands by its work. If we make an error, we will correct the error at no additional charge. If our error results in a penalty, we will request Penalty Abatement from the taxing authority. If abatement is denied, we will pay the penalty and interest at the time of discovering the error. If there is a history of non-compliance within the last 3 years and the IRS declines abatement, Stadler & Company also reserves the right to decline reimbursement for related penalty and interest. By law, as the taxpayer, you will be responsible for all tax owed.
7. You are required to request and verify that an extension has been filed if one is needed.
8. Referral program terms and conditions: The referred client must be new and paying full price for tax preparation service. Only one discount may be applied to the new client fees. State only, dependent, and other deeply discounted returns do not qualify for the referral program. Referral card must be presented at the time of service for the new client.
9. **By signing this document, you agree that you understand and accept these provisions. You also agree that providing incomplete or inaccurate information could cause a delay in the processing of your tax return and potentially affect your expected refund or amount owed.**

We appreciate the opportunity to serve you.

________________________________________ ____________________

Printed TAXPAYER Name Tax Year(s)

___________________________________ ___________________________________

Taxpayer Signature Date Spouse Signature Date

TAX YEAR ___________

Consent to **USE OF** Tax Return Information

Primary Taxpayer's Name (please print) ____________________________________________________

For your convenience, Stadler and Company may use your tax return information to provide you with information or opportunities that may be of interest to you. Such information may include seminars on topics related to your unique tax situation, ways to improve your tax situation, and financial products.

Stadler and Company has entered into arrangements with a third-party to provide qualifying taxpayers with the opportunity to apply for financial products, including Loan, Electronic Refund Check or Electronic Refund Deposit. To determine whether these products may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund. If you would like to use to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your 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 complete this form to engage our tax preparation services. 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.

By signing below, you (including each of you if there is more than one taxpayer) authorize Stadler and Company to use the information you provide to us during the preparation of your tax return to determine whether to present you with the information, opportunities or services as described above.

Taxpayer Signature:_______________________________________________ Date: ________________

(If Married Filing Jointly)

Spouse Signature:_________________________________________________ Date:________________

Spouse Name (print):______________________________________________

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.

## POTENTIAL TAX CREDIT WORKSHEET

| PRIMARY TAXPAYER NAME: | | | TAX YEAR: |
|---|---|---|---|
| Complete ONLY sections that apply. ***Not all sections may apply***. | | | |
| **1. ALL TAXPAYERS COMPLETE THIS SECTION** | | | |
| **YES** | **NO** | | |
| □ | □ | Have you ever had a credit disallowed or reduced in any prior year? | |
| □ | □ | Did you and your spouse live in the US all year? If not, how long? _____________ | |
| □ | □ | Did you have income from outside the US? If so, where? _____________ | |
| | | | |
| **2. CLAIMING DEPENDENTS/HEAD OF HOUSEHOLD FILING STATUS** | | | |
| □ | □ | Are/Were you separated from your spouse? | |
| □ | □ | If so, did you live with your spouse any time during the last 6 months of the tax year? | |
| □ | □ | Did your child(ren), stepchild(ren), or foster child(ren) live with you during the tax year? | |
| □ | □ | What school(s) did the child(ren) attend? | |
| □ | □ | Do you have school, daycare,&/or medical records for each child as evidence of attendance from your address? These documents should show the parent's name, child's name, and address. | |
| □ | □ | Did you have child care expenses? □ If yes, do you have a statement from the provider | |
| □ | □ | Is any child listed on your tax return married and filing a joint tax return? | |
| □ | □ | Did you pay for more than ½ the cost of maintaining your home for you and a qualifying dependent? | |
| □ | □ | If you are the non-custodial parent claiming a dependent on your return, do you have Form 8332 signed by the custodial parent? | |
| □ | □ | Did any dependent on your tax return make more than $4,150 during the tax year? | |
| □ | □ | Did anyone living with you help pay living expenses, including toiletries, groceries, clothing, rent, utilities, etc.? | |
| □ | □ | Did anyone in your household have more income than you? What is their relationship to you? | |
| □ | □ | Did your child(ren) trade in Dogecoin? | |
| □ | □ | Did anyone not listed on the client information sheet or tax return live with you during the tax year? | |
| | | If so, who? (use the Additional Information section to list additional household members) | |
| | | Name: Relationship to you: | how long? |
| | | Name: Relationship to you: | how long? |
| □ | □ | Did you claim any dependents in 2021 that are not being claimed in 2022? | |
| □ | □ | Did anyone on your tax return live with you for less than 6 months? If so, who? | |
| **3. EDUCATION BEYOND HIGH SCHOOL** | | | |
| □ | □ | Were you between age 19-25 and a full time student? | |
| □ | □ | Did any member of your family attend college during the tax year? | |
| □ | □ | If yes, did they receive a 1098-T? | |
| □ | □ | Are they pursuing a degree or credential? | |
| □ | □ | Were they enrolled more than ½ time for at least one period? | |
| □ | □ | Did they have a bachelor's degree before this tax year? | |
| □ | □ | Have they claimed the American Opportunity or Hope Tax Credit in 4 previous years? | |
| □ | □ | Have they been convicted of a drug felony? | |
| □ | □ | Do you have receipts or financial records for qualifying expenses? | |

## POTENTIAL TAX CREDIT WORKSHEET (CONT)

| | | |
|---|---|---|
| **1. SELF EMPLOYED INCOME (1099-NEC or 1099-MISC)** | | |
| **YES** | **NO** | |
| If you have a Form 1099, side gig or business, or freelance income, how long have you done this activity? Years: | | |
| □ | □ | What service do you perform? |
| □ | □ | Approximately how many clients do you have? |
| □ | □ | When and where do you travel for business? |
| □ | □ | What type of supplies do you purchase? |
| □ | □ | How do you determine what to charge? |
| □ | □ | How do you track your mileage? |
| | | What evidence do you have to support your business? |
| | | □ Business Cards □ Business Stationery □ Receipts/receipt books □ Business license(s) |
| □ | □ | Do you have a separate bank account? |
| | | If NO, how do you track business activity? |
| □ | □ | Have you filed any sales tax returns or payroll returns? Indicate either/both: |
| | | Indicate which of the following you have: □ Accounting records □ Paid invoices/receipts □ Log books |
| | | □ Computer records □ Mileage Log □ Car/truck expenses □ Ledgers □ Business bank statements |
| □ | □ | Do you file Form 1099-NEC for subcontractors? |
| □ | □ | If you have a loss, what funds did you use to operate? |
| **2. ALL - DEDUCTIONS AND OTHER CREDITS** | | |
| □ | □ | Did you pay student loan interest? |
| □ | □ | Did you contribute to a 529 savings plan? |
| □ | □ | Did you pay for any long term care insurance? |
| □ | □ | Did you pay for health insurance (not through an employer)? |
| □ | □ | Did you sell, purchase or refinance a home during the year? |
| □ | □ | Did you make any energy improvements to your main home? |
| □ | □ | Did you purchase an electric or plug-in motor vehicle? |
| □ | □ | Are you aware of any other credit for which you may qualify? Specify________________________ |
| □ | □ | If you traded in cryptocurrency, how do you track your sales basis? |
| | | |

By signing this document, you attest that you have understood the questions and answered these questions truthfully. You also understand that your tax preparer may ask additional clarify questions in order to claim additional tax credits.

**TAXPAYER SIGNATURE**________________________________________________________**DATE** _______________

**SPOUSE SIGNATURE**________________________________________________________**DATE** _______________

**The IRS continues to intensify its efforts to verify certain Tax Credit claims and holding tax preparers responsible for exercising "DUE DILIGENCE" in preparing such tax returns. Failure to make sufficient inquiries subjects a tax preparer to fines and penalties up to $1,590 PER RETURN. Therefore, THIS INFORMATION IS REQUIRED as applicable.** ***This worksheet does NOT determine eligibility. It documents receipt of information required to make a proper determination.***