



Financial Fitness, PLLC
Dane Bolden, CPA
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AZ 85338
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623-386-1130
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Website: www.financialfitnessaccountants.com/

Hello!

Thank you for choosing our accounting firm to assist you.

Please make sure that you fill out and sign all the forms that are part of this client information packet:

- Client Information Worksheet
- General Questionnaire
- Engagement Letter
- Client Consent to Use Tax Information
- Copy of prior year's return (if we did not prepare your return)

You can fax, mail or scan and upload your documents to our secure Verifyle client portal. If you have already set up a Verifyle account, you can use the same link. If you need a new link, please contact our office. Please note that emailing private information is NOT advisable.

Our fees are based on the services and forms needed to complete your work. The fee schedule is posted on our website. If you have questions about our fees or want a fee quote, please call us **before** we begin work on your returns.

We cannot start working on your returns until we receive your signed and completed forms from the information packet and all your source documents.

We look forward to taking care of your accounting and tax preparation needs.

Kindly,

Dane Bolden, CPA

Client Information Worksheet

Name _____ SSN _____
Birth date _____ email _____

Spouse Name _____ SSN _____
Birth date _____ email _____
(Must be different than your spouse's email address)

Current Mailing Address _____

Best Contact Phone Number: _____

Dependent's Information – Use Name on Social Security Card

Name _____	SSN _____	Birthday _____
Name _____	SSN _____	Birthday _____
Name _____	SSN _____	Birthday _____
Name _____	SSN _____	Birthday _____
Name _____	SSN _____	Birthday _____
Name _____	SSN _____	Birthday _____

Routing Number for direct deposit _____ (as shown on a **check**, NOT deposit slip)
Account Number for direct deposit _____ (Checking or Savings – please circle)

INCOME: Please provide all income documents received for the year, including:

1. All W-2 forms for wages, W-2G forms for gambling winnings, unemployment payments for the year and state tax refunds.
2. All 1099-INT, DIV forms for interest and dividends received for the year.
3. All 1099-R and SSA forms for retirement and social security benefits distributions.
4. All 1099-B statements for brokerage and investment account activity.
5. All 1099-MISC statements for rents, non-employee compensation and other income.

EXPENSES: Please list your business and personal expenses on a separate worksheet. See our website for worksheets.

QUESTIONS: _____

NOTE: If you are a new client, please include a copy of the last year you filed your tax return – both personal and business, if applicable.

I/we hereby acknowledge that we have provided all our income and expense information received for the year. We further acknowledge that we have receipts and other documentation to prove our income and expenses in the event of an audit. If additional income and expenses are presented after our tax returns have been started, I/we acknowledge that there can be an additional charge for changes.

Signed this _____ day of _____, 20____

Client _____

Spouse _____

Financial Fitness, PLLC ~ Dane Bolden, CPA

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General Questionnaire

1. Were you notified by the IRS or your State of any change to a tax return?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are any of your claimed dependents not residents or citizens of the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you make any gifts of over \$18,000 to any individual?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have any foreign income or foreign bank accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Did you have living expenses in a foreign country as a result of income earned abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have any worthless stocks, uncollectible bad debts or were the victim of a Ponzi scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you become disabled during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are you a handicapped employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you used bartering to exchange any goods or services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529 pro during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Did you start a new business during the year, or do you expect to start one this coming year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Did you pay anyone (over 18) \$2,700 or more to work at your home during the calendar year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Did you donate a partial interest in any goods to charitable organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Do you have children under age 19 with investment income (age 24 if dependent or student)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Do you expect any significant changes in income or your tax liability for the coming year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Did you receive any other sources of income.	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Do wish to designate \$3.00 of your taxes to the Presidential Campaign Fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Do you have a Medical or Health Savings Account (MSA OR HSA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Did you buy, sell, or use any digital currency during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. If you are age 73 or older, have you started your mandatory retirement savings withdrawals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Did you pay long-term healthcare insurance premiums or receive benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Did you receive employer-provided: A. Commuter transportation benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> B. Educational assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Are you a school teacher who paid for classroom materials without reimbursement? (Please provide a recap of expenses for potential deduction)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. If you would like your refund deposited directly into your bank account, please attach a voided check or deposit slip. (up to 3 accounts)	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Did you or your spouse have qualified military combat pay?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Do you own bonds that qualified for the Gulf, Renewable Energy or Build America bond credits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
30. Did you purchase a new home this year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
31. If over age 70 1/2, did you make a direct contribution to a charity from an IRA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
33. Did you revise a prior year divorce decree that includes alimony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
34. Did you receive any premium health insurance credits during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
35. Did you refinance a mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Taxpayer Signature _____ Print _____ Date _____

Spouse Signature if applicable _____ Print _____ Date _____



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Engagement Letter – Important Information

Please review all tax returns and the work we prepare for you. All services are based on the information and documents that you provide to us. The correctness of the income, expenses, credits, and other information shown on your returns is your responsibility. If you have any questions or changes that need to be made, let us know. You must keep all your back up documents and receipts for seven (7) years.

The fee you pay our firm is only for the preparation of your tax returns. It does not include any additional services during the year such as tax planning or audit/inquiries by the IRS or state. A deposit may be required before we start our services for you. Entire payment is required when services are complete. No refunds.

The refund or balance due shown on your return has not been confirmed by any taxing authorities. They may contact you to prove your identity or provide other information to support what you claimed on your return. The IRS and state DO NOT contact us about your tax returns, legally they can only talk to you about your confidential information.

We provide you with a copy of your tax return. If you want a subsequent copy, the fee is \$85. We cannot provide a third party with a copy of your return without your express, written consent.

I/we have verified the type of account, bank routing number and account number used for receiving a refund or paying a balance due to the IRS/state. The accuracy of your bank account information shown on your tax return is your sole responsibility.

Your non-public personal information is collected from various sources; information you give to us via personal interviews, telephone/Zoom conversations, faxes, emails, and our secure portal. It is not disclosed to any person or party, except as required by law or to facilitate filing your tax return/tax planning. IRS-related confidentiality is limited to non-criminal tax advice. It is not protected from the IRS by advisor-client privilege.

Access to your information is restricted to only those employees who have a need to know to provide services to you. We have in place physical security, electronic security safeguards and strict procedural measures consistent with federal standards to protect your non-public personal information. Your privacy and protecting your information is important to us.

Client: _____ Date: _____

Printed Name of Client: _____

Client Spouse: _____ Date: _____

Printed Name of Client Spouse: _____

Client Consent To Use Tax Information

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. In addition to tax preparation services, this firm is in the business of providing year-round financial consultation and tax planning services. These services cannot be provided without your consent.

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.

Consent to Use

I consent to the use of my tax information for purposes other than preparing my tax return. I consent for you to communicate with me via newsletter, e-mail, website, phone, or other means with information and recommendations that may be of use to me, including but not limited to:

- 1. Tax Advice.** Advisory services relating to events in my life that have tax consequences such as college, investment transactions, marriage, divorce, and retirement.
- 2. Tax Planning.** Services related to planning and forecasting potential tax obligations and their estimated tax payment requirements.
- 3. Retirement Tax Planning.** Services related to retirement planning, Social Security planning, minimum required distributions from retirement accounts and other planning services.
- 4. Investment and Asset Advice.** Services related to the tax considerations of buying, selling and exchanging property including stocks, bonds, and real estate.
- 5. Other Tax and Financial Advice.** Services related to responding to your tax and financial questions.

By signing this form, you expressly consent to the use of your tax information for the purposes of providing these auxiliary tax and financial services for you. I understand the firm is using tax information furnished by me to provide me with the services listed here.

I also understand that I may terminate this consent at any time by providing a written request for termination. Except upon approval by me or as required by law, the firm will not disclose my confidential tax information to any other person or for any other purpose.

I also acknowledge that I have read and understand the firm's privacy policy provided within this document.

Duration of this consent: _____
(One year from date of signature if left blank)

Name (Print): _____

Spouse's Name: _____

Signature: _____

Signature: _____

Date: _____

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 visit treasury.gov/tigta, then click on "Contact."