CLIENT INFORMATION SHEET

FILING STATUS (as of December 31): ☐ Single ☐ Married ☐ Separated ☐ Head of Household ☐ Surviving Spouse

TAXPAYER:

Full Name: ______________________________SS#: ____________________DOB: __________________

Occupation: __________________________Email Address: __________________Phone: __________________

Address: ______________________City: ________________________State: ________Zip Code: __________

SPOUSE:

Full Name: ______________________________SS#: ____________________DOB: __________________

Occupation: __________________________Email Address: __________________Phone: __________________

Can you or your spouse be claimed as a dependent on someone else's tax return? ☐ Yes ☐ No

DEPENDENTS

	Name	DOB	SS#	Relationship	Disabled	FT Student	Months lived with you
1					☐ Yes ☐ No	☐ Yes ☐ No	
2					☐ Yes ☐ No	☐ Yes ☐ No	
3					☐ Yes ☐ No	☐ Yes ☐ No	
4					☐ Yes ☐ No	☐ Yes ☐ No	
5					☐ Yes ☐ No	☐ Yes ☐ No	
6					☐ Yes ☐ No	☐ Yes ☐ No	

REQUIRED DOCUMENTS FOR DEPENDENTS

- Social Security Card
- Birth Certificate
- School Report Card
- Verification of Disability (letter from doctor, healthcare provider or social services program)
- Dependents between 18 – 24 years of age and a full-time student for any part of five calendar months at the end of the tax year, list the following (include 1098-T if applicable):
  Child#: ________Education Institution: ________________________________Months Attended: _______
  Child#: ________Education Institution: ________________________________Months Attended: _______
- Dependents under the age of 13 and have childcare expenses: Dependent Name(s): ____________________
  Name of Daycare: ____________________________EIN#: ______________Expense: $____________
  Address: ______________________City: ____________________State: ________Zip Code: __________

DURING THE TAX YEAR, DID YOU OR YOUR SPOUSE RECEIVE ANY OF THE FOLLOWING?

Gambling Winnings (W2-G)	☐ Yes ☐ No	Benefits Interest on stock dividends (1099-DIV)	☐ Yes ☐ No
Unemployment Compensation (1099-G)	☐ Yes ☐ No	Own rental property? (1098)	☐ Yes ☐ No
Interest on Savings (1099-INT)	☐ Yes ☐ No	☐ Receive / ☐ Pay alimony?	☐ Yes ☐ No
Pensions, Annuity, IRA, or Retirement Income (1099-R)	☐ Yes ☐ No	Pay college tuition? (1098-T)	☐ Yes ☐ No
Social Security Benefits (SSA-1099 or SSA-1042S)	☐ Yes ☐ No	Pay student loans? (1098-E)	☐ Yes ☐ No

Schedule C Worksheet (REQUIRED)			
Self-employment income (1099-MISC or 1099-NEC)	☐ Yes ☐ No	Own your own business?	☐ Yes ☐ No

________**TAX YEAR**

CLIENT INFORMATION SHEET

REFUND (If a refund is due to you, and you would like Direct Deposit, please provide the following):

☐ Checking ☐ Savings ☐ Personal ☐ Business

Bank Name: ________________________________ Routing #: _______________ Account #: ____________________

☐ Checking ☐ Savings ☐ Personal ☐ Business

Bank Name: ________________________________ Routing #: _______________ Account #: ____________________

ENGAGEMENT

Thank you for selecting SV9 Business Solutions LLC to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide. It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them. Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. To avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in your returns. Penalties of as much as $100,000 can be imposed on you for failing to disclose participation in "reportable transactions," that is, certain arrangement the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed. The law also imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please call us.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will retain copies of records you supplied to us along with our work papers for your engagement for a period of ten years. After ten years, our work papers and engagement files will be destroyed. All original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

Your signature below affirms this correctly summarizes your understanding of the arrangements for this work.

TAXPAYER SIGNATURE: ____ **DATE:** ______________________

SPOUSE SIGNATURE: ____ **DATE:** ______________________

Consent of Tax Return Information

DISCLOSURE OF TAX RETURN INFORMATION

Tisheka Brown ("we," "us" and "our")

Tax Preparer Name

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). 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 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. If you agree to the disclosure of your tax return information, your consent is valid for the time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

You have indicated that you are interested in obtaining an Electronic Refund Product, a "tax refund bank product") from Santa Barbara TPG (collectively, the "Bank Product Provider"). To provide you with the opportunity to apply for and/or receive a tax refund bank product, we must disclose all your tax return information to the Bank Product Provider. You may request a more limited disclosure of tax return information, but you will not be eligible to submit a bank product application to the Bank Product Provider.

By signing below, you authorize us to disclose to the Bank Product Provider all your tax return information so that the Bank Product Provider can evaluate and process your application for a tax refund bank product. You understand that if you are not willing to authorize us to share your tax information with the Bank Product Provider, you will not be able to obtain a bank product from the Bank Product Provider, but you can still choose to have your tax return prepared and filed by us for a fee.

Taxpayer Name	Signature	Date
Spouse Name	Signature	Date
Tisheka Brown Tax Preparer Name	Signature	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 by email at *complaints@tigta.treas.gov*.

Consent of Tax Return Information

USE OF TAX RETURN INFORMATION

Tisheka Brown ("we," "us" and "our")
Tax Preparer Name

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your Tax Return Information to third parties for purposes other than the preparation and filing of your tax return. Tax Return Information shall include all personal and financial information located on 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 tax preparation services on your consent, your consent will not be valid. Your consent is valid for the time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

For your convenience, we have entered into an arrangement with Santa Barbara TPG to provide Electronic Refund Checks (ERCs), Electronic Refund Deposits (ERDs), and/or Refund Anticipation Loans (RALs) (collectively referred to as "Bank Product"). To determine whether this service may be of interest to you, we will need to use your Tax Return Information.

If you would like us to use your Tax Return Information to determine whether this service is corresponding box, relevant to you while we are preparing your tax return, please sign and date this consent to use of your Tax Return Information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your prior two years (if applicable) tax return(s) to determine whether to present you with the opportunity to apply for a bank product from Santa Barbara TPG.

Taxpayer Name	Signature	Date
Spouse Name	Signature	Date
Tisheka Brown Tax Preparer Name	Signature	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 by email at *complaints@tigta.treas.gov*.