

KAPLAN MANAGEMENT CONSULTANTS, INC
CLIENT INFORMATION SHEET
TAX YEAR 2024

*****If not applicable, please indicate N/A*****

PERSONAL INFORMATION-YOUR LAST NAME MUST MATCH THE NAME ON YOUR SOC. SEC. CARD

TAXPAYER _____
FULL NAME (AS APPEARS ON SOC. SEC.CARD) EMAIL ADDRESS

SPOUSE _____
FULL NAME (AS APPEARS ON SOC. SEC.CARD) EMAIL ADDRESS

PREFERRED PHONE # _____

ADDRESS INFORMATION

Did you move in 2024? YES NO
(If no, please skip to next section)

STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

DIRECT DEPOSIT

WOULD YOU LIKE TO HAVE YOUR REFUND DIRECT DEPOSITED? YES NO

****** IF SAME AS LAST YEAR, PLEASE INDICATE******

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CHECKING SAVINGS

DEPENDENT INFORMATION- PLEASE LIST DEPENDENTS YOU ARE CLAIMING FOR THE 2024 TAX YEAR.
IF A DEPENDENT HAS NOT BEEN CLAIMED PREVIOUSLY, PLEASE PROVIDE THEIR SSN AND DATE OF BIRTH.

Name SSN Date of Birth

Name SSN Date of Birth

FOREIGN ACCOUNT REPORTING- YOU ARE REQUIRED TO REPORT OWNERSHIP OR SIGNATORY OVER FOREIGN BANK OR BROKERAGE ACCOUNTS THAT HAD AN AGGREGATE VALUE OVER \$10,000 AT ANY TIME DURING THE TAX YEAR.

DO YOU OWN A FOREIGN BANK/BROKERAGE ACCOUNT? YES NO

DID YOU TRADE ANY CRYPTOCURRENCY IN 2024? YES NO

CHILD CARE INFORMATION- A CREDIT MAY BE AVAILABLE FOR EXPENSES PAID TO A DAYCARE, PRESCHOOL, OR CAMP FOR A CHILD UNDER THE AGE OF 13. IF SO, PLEASE PROVIDE THE FOLLOWING:

CHILD CARE PROVIDER NAME _____ FED ID OR SS# _____

ADDRESS _____

AMT PAID FOR YR _____ DEPENDENT NAME(S) _____

HIGHER EDUCATION INFORMATION-A CREDIT MAY BE AVAILABLE FOR QUALIFIED EXPENSES PAID TO AN INSTITUTION OF HIGHER LEARNING. PLEASE SUBMIT FORM 1098-T FOR EACH STUDENT.

FEDERAL AND STATE ESTIMATED PAYMENTS (IF APPLICABLE)

FED: _____
APRIL JUNE SEPT JAN

STATE: _____
APRIL JUNE SEPT JAN

2024 DEDUCTIONS

CHARITABLE DONATIONS

CASH \$ _____ NON-CASH (FAIR MARKET VALUE) \$ _____

UNREIMBURSED EMPLOYEE BUSINESS EXPENSES-PLEASE NOTE THAT UNREIMBURSED BUSINESS EXPENSES ARE NO LONGER DEDUCTIBLE FOR FEDERAL PURPOSES. THESE DEDUCTIONS MAY BE DEDUCTIBLE AT A STATE LEVEL DEPENDING ON THE STATE IN WHICH YOU RESIDE.

TAXPAYER AND SPOUSE

LOCAL TRAVEL \$ _____ BUSINESS PUBLICATIONS \$ _____

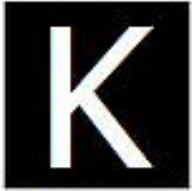
UNION DUES \$ _____ TELEPHONE \$ _____

UNIFORMS \$ _____ OFFICE SUPPLIES \$ _____

UNREIMBURSED MEDICAL EXPENSES

UNREIMBURSED MEDICAL EXPENSES INCURRED IN 2024 \$ _____

PLEASE NOTE You must have adequate documentation to support income & deductions listed on the tax return



KAPLAN MANAGEMENT CONSULTANTS, INC
2024 PERSONAL INCOME TAX ENGAGEMENT LETTER

Dear Client,

This letter confirms the arrangement for the Income Tax Services that our firm will provide for your 2024 tax return. Our firm is responsible for the preparation of your income tax return based on the information that you have provided to our office. Our fees for the services outlined in this letter are based on the time required to properly prepare your tax return.

By signing this engagement letter, you are attesting to the following:

- 1) All information provided in the client questionnaire is correct.
- 2) We (I) have provided all documentation required to prepare the 2024 tax return.
- 3) We (I) acknowledge that all income (including cash, Venmo, PayPal, cryptocurrency, etc.) has been reported on the return.
- 4) We (I) acknowledge we have disclosed any foreign bank/brokerage accounts and cryptocurrency trades
- 5) We (I) understand that both the taxpayer and spouse are jointly and severally liable for any tax due.
- 6) We (I) are responsible for the tax return and payment of our (my) balance due to the IRS or State taxing authorities by the required due date.
- 7) All services must be paid in full before E-Filing or receipt of a taxpayer copy. There is a \$25 Bounced Check Fee.
- 8) We (I) understand that if requested by IRS or State, we (I) will produce receipts and documentation to substantiate income and deduction. I further understand that I should keep records of income and deductions for a minimum of seven (7) years.
- 9) We (I) understand that this engagement is limited to the preparation of applicable income tax returns and that there will be an additional fee for any work required after the filing of the tax return including, but not limited to, tax projections, tax notices, amended returns, etc.

Please be aware that our firm is not verifying the integrity of the data you provided or auditing any information that you may submit to us. Our firm has the right to engage third party contractors to perform the obligations of Kaplan Management under this agreement. Our firm is not responsible for any additional taxes or interest that you may owe. We are also not liable for any underpayment penalties or penalties that may be incurred due to the failure on your part to provide all of the information necessary to prepare and complete your tax return in an accurate and timely fashion.

By signing below, you are certifying the information contained in your client questionnaire (if utilized) and the completed tax return is based on the information that you have provided to our office through verbal or written communication (including fax and email). By signing, you are certifying that you have reviewed the information with your spouse (if married filing joint return) and you both agree to the information outlined in this engagement letter. Furthermore, you are certifying that you will be able to provide adequate documentation to support all income and deductions that you have provided to our office for the preparation of your return. Please note that by not signing this form but providing our firm with your signed electronic filing forms, or by mailing a hard copy of the tax return, you (and spouse if filing a married filing jointly return) are accepting and certifying the information outlined in this engagement letter.

Approved:

(Signature) _____ (Signature) _____

(Name) _____ (Name) _____

(Date) _____ (Date) _____