



2022 DATA ENTRY FORM

FILING STATUS:

TAXPAYER:

NAME _____
SSN _____ DOB _____
OCCUPATION _____
PHONE _____ IRS PIN _____
HEALTH INSURANCE FOR 2022 _____
EMAIL _____

SPOUSE:

NAME _____
SSN _____ DOB _____
OCCUPATION _____
PHONE _____ IRS PIN _____
HEALTH INSURANCE FOR 2022 _____
EMAIL _____

COMPLETE ADDRESS (NO P.O. BOX): _____
STREET ADDRESS CITY STATE ZIP CODE

DEPENDENTS:

- | | | | | |
|-----|------------|-----------|-----------|----------------|
| 1. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |
| 2. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |
| 3. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |
| 4. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |
| 5. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |
| 6. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |
| 7. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |
| 8. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |
| 9. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |
| 10. | NAME _____ | SSN _____ | DOB _____ | RELATION _____ |

DO YOU OWE:

- DID YOU PAY FOR CHILDCARE: (IF YES, PLEASE COMPLETE PAGE 3 CHILD CARE SECTION)
- COLLEGE: (IF YES, PLEASE COMPLETE PAGE 3 COLLEGE SECTION)
- DID YOU RECEIVE A 1099-NEC:
- ARE YOU SELF-EMPLOYED: (IF YES, PLEASE COMPLETE PAGE 4, SELF-EMPLOYMENT SECTION)
- DO YOU HAVE AN LLC: (IF YES, PLEASE COMPLETE PAGE 4, SELF-EMPLOYMENT SECTION)
- ARE YOU REPORTING ANY ITEMIZATION: (IF YES, PLEASE COMPLETE PAGE 4, ITEMIZATION SECTION)
- DID YOU HAVE ANY INTEREST IN OR AUTHORITY OVER ANY FOREIGN ACCOUNT OR FOREIGN TRUST:
- DID YOU RECEIVE, SELL, EXCHANGE, OR OTHERWISE DISPOSE OF ANY FINANCIAL INTEREST IN ANY VIRTUAL CURRENCY:

HOW DO YOU WANT TO PAY YOUR TAX PREP FEES:

HOW DO YOU WANT TO RECEIVE YOUR REFUND:

DIRECT DEPOSIT:

BANK NAME _____ ROUTING# _____ ACCOUNT# _____

I HEREBY AUTHORIZE **ALL THINGS DIVINE, LLC** TO DEPOSIT MY FEDERAL AND/OR STATE REFUND INTO MY BANK ACCOUNT. I HAVE PROVIDED THE COMPANY WITH MY BANK NAME, ROUTING NUMBER AND ACCOUNT NUMBER FOR THIS PURPOSE. _____

HOW DID YOU HEAR ABOUT US?

CLIENT SERVICE AGREEMENT

THANK YOU FOR CHOOSING **ALL THINGS DIVINE, LLC** FOR YOUR TAX PREPARATION SERVICES. BELOW YOU WILL FIND WHAT YOU SHOULD EXPECT FROM US AND WHAT WE WILL NEED FROM YOU. BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT YOU HAVE CHOSEN **ALL THINGS DIVINE, LLC** FOR PREPARATION OF YOUR FEDERAL AND/OR STATE TAX RETURNS.

THE PREPARER WILL

- CONDUCT AN INTERVIEW OF YOUR FINANCIAL RECORDS FOR THE PAST YEAR AND ASK FOR SUPPORTING DOCUMENTS.
- PREPARE THE RETURN BASED ON THE INFORMATION AND DOCUMENTS PROVIDED
- ANSWER ANY QUESTIONS AND EXPLAIN EVERY LINE ON THE 1040 TO YOU.
- PREPARE AND PRESENT A COMPLETED RETURN (S) FOR FILING AND PROVIDE YOU WILL THE CLIENT COPY ALONG WITH ORIGINAL DOCUMENTS.
- TREAT ANY INFORMATION RECEIVED FROM THE CLIENT AS CONFIDENTIAL AND WILL ONLY DISCLOSE ONLY AT THE WRITTEN REQUEST OF THE CLIENT OR AS COMPELLED BY LAW.
- ELECTRONIC COPIES OF THE COMPLETED RETURN(S) WILL BE ARCHIVED FOR FIVE (5) YEARS. ADDITIONAL COPIES OF THE RETURN(S) OR DOCUMENT(S) WILL BE AVAILABLE AT CLIENT REQUEST.
- USE A PROFESSIONAL JUDGMENT TO DECIDE IF THE DOCUMENT(S) PROVIDED ARE VALID. THE PREPARER MAY DENY SERVICE IF HE/SHE BELIEVE THAT ANY OF THE DOCUMENT(S) IS NOT VALID.

THE CLIENT WILL

- PROVIDE COMPLETE AND ACCURATE INFORMATION FOR THE PREPARATION OF THE TAX RETURN.
- PROVIDE AND CERTIFY THAT HE/SHE HAD MAINTAINED ALL DOCUMENTATION AS REQUIRED TO SUPPORT THE INFORMATION USED TO PREPARE RETURN(S).
- CAREFULLY READ AND REVIEW RETURN(S) BEFORE SIGNING AND FILING. REMEMBER THAT ONCE THE RETURN(S) IS/ARE FILED, NO CHANGES CAN BE MADE.
- INFORM THE PREPARER OF ANY DEBT THAT HE/SHE MAY HAVE WITH THE IRS OR FTB THAT WILL CAUSE THE RETURN(S) TO BE DELAYED OR GARNISHED.
- NOTIFY THE PREPARER WITHIN 10 BUSINESS DAYS OF ANY LETTERS OR CORRESPONDENCE FROM THE IRS AND/OR FTB.
- BE RESPONSIBLE FOR ANY TAXPAYER PENALTIES, ADDITIONAL TAXES OR INTEREST ASSESSED BY IRS AND/OR FTB.
- KEEP COPIES OF HIS/HER TAX RETURN AND SUPPORTING DOCUMENTATION FOR A MINIMUM OF SEVEN (7) YEARS.

FEE POLICY

OUR FEES ARE GENERATED BASED ON THE TAX FORM THAT THE CLIENT IS FILING ALONE WITH ADDITIONAL FORMS SUCH AS SELF-EMPLOYMENT AND ITEMIZATION. THE CLIENT HAS A CHOICE TO PAY CASH, DEBIT OR TO HAVE THE FEE DEDUCTED FROM THE REFUND BY FEE COLLECT.

THERE IS AN ADDITIONAL CHARGE UP TO \$55 FOR USING THE FEE COLLECT OPTION.

ACCEPTANCE

I HAVE READ AND HERBY ACCEPT THE TERMS AND CONDITIONS OF THE AGREEMENT. _____

SIGNATURES

BY SIGNING THIS FORM, I (THE TAXPAYER) AM STATING THAT ALL INFORMATION GIVEN TO ALL THINGS DIVINE, LLC, (THE TAX PREPARER) IS TRUE TO MY KNOWLEDGE. IF ANY INFORMATION IS UNTRUE, I WILL BE HELD ACCOUNTABLE. UNDER ANY CIRCUMSTANCES THAT THE IRS OR FTB CHOOSE TO AUDIT MY RETURN, I MUST PROVIDE ALL REQUESTED DOCUMENTS FOR PROOF.

TAXPAYER SIGNATURE

DATE

SPOUSE SIGNATURE

DATE