

H & H TAX SERVICES



Dear Prospect Client

Thank you for choosing our firm to prepare your income tax returns for tax year 2024. This letter confirms the services we will provide.

We will prepare your Federal and State returns for tax year 2024 based on the information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2024, and to respond to our inquiries in a timely manner so that we can accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all information has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing tax returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for the preparation of your returns are based upon our standard billing rates plus out of pocket expenses. Our invoices are due and payable upon presentation. Clients using a Refund Anticipation Check are responsible for Income Tax Preparation service fees, should it be rejected by Bank and Accepted by IRS or State Agency

- Any fee that is not paid within 30 DAYS will be assessed a \$10.00 per month re-billing fee and a 1.5% per finance charge.
- Any fee that is not paid within this 60-DAY period is subject to being turned over to our collection agency and then additional fees and legal expenses will be added to your original invoice.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2024 tax return. We appreciate your business.

Sincerely,

H&H TAX SERVICES

Signature: _____ Date: _____



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Madera, CA 93637



Phone: 559-661-1015



Fax: 559-661-1991



@hhtaxservice_



@H & H Tax Services



www.hhtaxservice.com

Refund Options

This section is required & must be completed in full

If any of the following apply to you, please make sure to fill out the information below.

E-File IRS DIRECT DEPOSIT -8-15 DAYS (NO bank fee)

E-File IRS issued Check through mail - 21-28 days (NO bank fee)

E-File (RT) Refund Transfer – 8-15 days (Bank Fee)

- Bank Check
- Prepaid Card
- Direct Deposit

- E-File State Refund Transfer (SRT) - 8-15 days (Bank Fee)
- Bank Check
- Prepaid Card
- Direct Deposit
- Audit Shield Protection (Bank Fee)

Payment Options

- If I'm due a refund, I would like the convenience of having fees taken out of my refund instead of paying H& H Tax Services out of my pocket.
- I would like to pay for my tax preparation fees separately.

Electronic filing and Banking Information

Please make sure to confirm your bank routing and account numbers. Due to IRS regulations, our firm must e-file your income tax returns. You can mail a check for tax payments or receive a check for tax refunds, but your income tax returns must be e-filed. We will confirm refund or payment before tax returns is e-filed.

You can also provide a voided check in lieu of completing the above.

Account Holder _____ Account# _____

Name of Bank: _____

Type of Account: Checking / Savings Routing # _____ Signature _____

Dependent Information

Dependent Information

Please list all people who lived in your home during 2024

*Do NOT include yourself or spouse

<p>DEPENDENT 1:</p> <p>Name: _____</p> <p>Date Of Birth: _____</p> <p>Social Security Number (ITIN): _____</p> <p>Relationship: _____</p>	<p>DEPENDENT 2:</p> <p>Name: _____</p> <p>Date Of Birth: _____</p> <p>Social Security Number (ITIN): _____</p> <p>Relationship: _____</p>
<p>DEPENDENT 3:</p> <p>Name: _____</p> <p>Date Of Birth: _____</p> <p>Social Security Number (ITIN): _____</p> <p>Relationship: _____</p>	<p>DEPENDENT 4:</p> <p>Name: _____</p> <p>Date Of Birth: _____</p> <p>Social Security Number (ITIN): _____</p> <p>Relationship: _____</p>
<p>DEPENDENT 5:</p> <p>Name: _____</p> <p>Date Of Birth: _____</p> <p>Social Security Number (ITIN): _____</p> <p>Relationship: _____</p>	<p>DEPENDENT 6:</p> <p>Name: _____</p> <p>Date Of Birth: _____</p> <p>Social Security Number (ITIN): _____</p> <p>Relationship: _____</p>

Did any of the dependents that were listed have any gross income in 2024?

YES / NO



Questions

This section is required & must be completed in full
If any of the following items apply to you or your spouse, please circle the appropriate box & if possible, include details.

Did you give gifts or more than \$18,000 to anyone?

YES / NO

Did you purchase Solar / or did you make any Energy Efficient improvements to your home in 2024?

YES / NO

Did you buy or sell any Virtual Currency in 2024? (Bitcoin, NFTs etc.)

YES / NO

Did you purchase a home in 2024?

YES / NO

Did you purchase an EV Vehicle in 2024?

YES / NO

Do you have Unemployment Compensation?

YES / NO

Questions

This section is required & must be completed in full
If any of the following items apply to you or your spouse, please circle the appropriate box & if possible, include details.

Social Security Income?

YES / NO

Do you have any income from a small business/ independent contractor-1099 / 1099 NEC ?

YES / NO

Are you/spouse enrolled as a FT or PT Student?

YES / NO

Pension, Annuity, ROTH, IRA, Or Retirement Income?

YES / NO

Interest on savings, cash, US bonds, stock dividends?

YES / NO

Have you ever been notified of changes to a prior year's tax return, or received any

other tax correspondence?

YES / NO

Taxpayer Info

This section is required & must be completed in full

If any of the following items apply to you or your spouse, please circle the appropriate box & if possible, include details.

FILING STATUS

SINGLE__ MARRIED FILING JOINT__ MARRIED FILING SINGLE__ HEAD OF HOUSEHOLD__ QUALIFYING WIDOW

TAXPAYER: _____

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIPCODE: _____

SSN (ITIN) : _____ DATE OF BIRTH: _____

OCCUPATION: _____

CELLPHONE: _____ EMAIL: _____

TAXPAYER: _____

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIPCODE: _____

SSN (ITIN) : _____ DATE OF BIRTH: _____

OCCUPATION: _____

CELLPHONE: _____ EMAIL: _____



Institution of Higher Education

This section is required & must be completed in full

Please fill this section out if you, your spouse, or dependent was a student of a qualifying educational institution.

Students Name: _____ .

Student's Social Security Number: _____

Name of College/Post-Secondary School: _____

Address of College/Post-Secondary School: _____

City _____ State _____ Zip _____

Financial Aid Amount Received: \$ _____

Has received 1098-T Form: YES / NO

Students Name: _____

Student's Social Security Number: _____

Name of College/Post-Secondary School: _____

Address of College/Post-Secondary School: _____

City _____ State _____ Zip _____

Has received 1098 Financial Aid Amount Received: \$ _____

Has received 1098-T Form: YES / NO



Child Care Expense

This section is required & must be completed in full

Please fill this section out if you paid for childcare services.

Child's Name: _____

Child's Social Security Number: _____

Name of person / Organization Providing Care: _____

Federal ID (EIN) or Social Security Number of Person/Organization providing care.

Address of person / Organization Providing Care: _____

City _____ State _____ Zip _____

Amount Paid: \$ _____

Child's Name: _____

Child's Social Security Number: _____

Name of person / Organization Providing Care: _____

Federal ID (EIN) or Social Security Number of Person/Organization providing care

Address of person / Organization Providing Care: _____

City _____ State _____ Zip _____

Amount Paid: \$ _____



Health Care Coverage Info

This section is required & must be completed in full

ACA-Includes CHIP, Medicare, Medicaid, Employer-Sponsored Insurance, Individual Health Insurance

1. Last Year, did you have health care coverage for you, your spouse, and all qualifying dependents? YES / NO
2. Last year, did you or your spouse receive an advance payment from the marketplace to help you pay for your monthly health care payments?
(FORM1095-A) YES / NO

*To Be Completed by Tax Preparer (use publication 4012 and check the appropriate boxes including the health coverage status for everyone listed on the return)

<u>Health Care Coverage</u>	Entire Year	Part of the year	<u>No health care coverage at all</u>	<u>Qualifying for an exemption</u>
Taxpayer				
Spouse				
Dependent (1)				
Dependent (2)				
Dependent (3)				