

# Izzi & Associates, Ltd.

Certified Public Accountants

## ENGAGEMENT LETTER FOR INDIVIDUAL INCOME TAX RETURNS

I hope this letter finds you & your family in good health & happiness, enjoying the New Year. This is just a reminder that it would be a pleasure to prepare your family's personal income tax returns this year. We are committed to providing you the highest quality of tax preparation & excellent service in both tax & financial counseling. Thank you for the privilege of allowing us to provide you with year-round tax services in 2018, & we hope that our firm can continue to guide you through this complex tax season. Enclosed is our 2018 Tax Organizer as well as some highlights of this year's Tax Cuts & Jobs Act.

We have enclosed this engagement letter to express the terms & conditions under which we will provide you with individual tax services & it outlines the responsibilities for each of us.

We will prepare your federal income tax return & any state returns you may require from information you provide. In preparing your returns, we will not audit or verify the data you submit; although we may ask for clarification. We will use our judgment in resolving questions where the tax law is unclear or where there may be different interpretations of the law. We will resolve such questions in your favor whenever possible.

Enclosed is a questionnaire/organizer to help you gather the necessary information. You will provide us with all the information required to prepare your returns; representing that the information is accurate & complete to the best of your knowledge. You also represent that the income & expense items you claim on your returns are substantiated by proper records & receipts. You are ultimately responsible for the accuracy of your returns & should review all returns carefully before filing. Making sure that you are mailing your tax return if it has not been electronically filed is your responsibility. We provide pre-addressed envelopes, but no postage is included.

Fees for individual income tax returns will be computed according to our current fee schedule, plus any out of pocket expenses. Full payment of your tax preparation fee is required before we electronically file your return or release the paper return to you. We reserve the right to ask for fees to be paid in advance of work done from new clients & any client with whom we have experienced payment problems. One copy of your tax return will be provided to you for your files. Copies of your return at any other time are subject to charges by our firm.

If there is an error on the return which results from incorrect information supplied by you, you are responsible for the payment of any additional taxes which would have been properly due on the original returns as well as any interest & penalties charged by the taxing authorities. If we have made an error, other than an error caused by incorrect information you supplied, we will do our best to abate any penalties or interest. However, we cannot guarantee that these penalties & interest will be removed; when at all possible please review your personal tax return before submission for any errors or miscommunications.

Please sign this letter and return it to our office when submitting your tax organizer. Again, it is a pleasure working with you this tax year & we look forward to preparing your personal tax returns this Spring.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer Name

\_\_\_\_\_  
Spouse Name

# 2018 TAX ORGANIZER

## GENERAL INFORMATION

Taxpayer Name: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_  
Taxpayer DOB: \_\_\_\_\_ Spouse Email: \_\_\_\_\_  
Taxpayer SS#: \_\_\_\_\_  
Taxpayer Email: \_\_\_\_\_ Spouse Ph Number: (     )     - \_\_\_\_\_  
\_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Taxpayer Ph Number: (     )     - \_\_\_\_\_  
Spouse Name: \_\_\_\_\_  
Spouse DOB: \_\_\_\_\_

Did you move in 2018 ? (If so, please include a copy of your closing statement "HUD") \_\_\_\_\_

Child's Name	DOB	SS Number	Child's Name	DOB	SS Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Do you pay for child care for any dependents?

Organization Name	Federal ID Number	Amount Paid in 2018
_____	_____	_____
_____	_____	_____

### Do you pay college tuition for any dependents?

College Name	Amount Paid in 2018	Books & Supplies: \$
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	Student Loan Interest Paid: \$ _____
_____	\$ _____	_____

### Social Security Income *(If applicable)*

Taxpayer (Box 5): \$ _____	Medicare Premium: \$ _____
Spouse (Box 5): \$ _____	Medicare Premium: \$ _____

## WILL YOU BE ITEMIZING YOUR DEDUCTIONS THIS YEAR?

*The new standard deduction has nearly doubled from last year. Single filers can now claim the standard deduction which has increased to \$12,000. Married couples filing jointly, it's increased to \$24,000; Head of household may now utilize a standard deduction of \$18,000. The amounts are higher if you or your spouse are over the age of 65 or legally blind.*

### Medial Deductions *(All receipts need to be included & must be more than 7.5% of your Adjusted Gross Income)*

Prescription Drugs: \$ _____	Hospitalization: \$ _____
Doctors: \$ _____	HSA: \$ _____
Dentists: \$ _____	Other: \$ _____

**Property Taxes for Main Residence** *(Must match your home address on your tax return)*

Parcel Number: \_\_\_\_\_ Total Amount Paid: \$ \_\_\_\_\_

**Mortgage & Points Paid on Main Residence**

Bank Name	Amount Paid in 2018	Points Paid:\$
_____	\$ _____	_____
_____	\$ _____	Hazard Ins Paid: \$ _____

**Vehicle Purchase in 2018** *(Include copy of bill of sale to ensure proper credit)*

Sales Taxes Paid: \$ \_\_\_\_\_ City/ &amp; State Stickers: \$ \_\_\_\_\_

**Cash Contributions**

Organization Name	Amount Paid in 2018	Organization Name	Amount Paid in 2018
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Non-Cash Contributions** *(Any Non-cash donations over \$500.00 must have an appraisal enclosed-for IRS Review)*

Organization Name	Approximate Value	Organization Name	Approximate Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Miscellaneous Deductions** *(All miscellaneous deductions have been eliminated through 2025 under the new tax law)***OTHER ADJUSTMENTS TO GROSS INCOME & TAX LIABILITY****Affordable Care Act** *(If you did not have insurance during 2018 for any months you may be penalized)*Total Medical Insurance Premium Paid: \$ \_\_\_\_\_ Were You Without Insurance This Year: \_\_\_\_\_

Did You Receive a 1095-(A)(B) or (C)? \_\_\_\_\_ If So, How Long: \_\_\_\_\_

*(Please be sure to enclose all forms to ensure completeness in filing)* \_\_\_\_\_**IRA Contributions** *(\$5,500.00 max deduction plus an additional \$1,000.00 if you are over the age of 50)*Yourself: \$ \_\_\_\_\_ SIMPLE IRA  ROTH IRA  SEP IRA Spouse: \$ \_\_\_\_\_ SIMPLE IRA  ROTH IRA  SEP IRA **Estimated Tax Payments** *(Please include copies of all canceled checks or proof of payment)*

<b>Federal 1040-ES</b>	Date	Amount Paid in 2018	<b>Illinois 1040-ES</b>	Date	Amount Paid in 2018
1st Qtr 2018:	_____	\$ _____	1st Qtr 2018:	_____	\$ _____
2nd Qtr 2018:	_____	\$ _____	2nd Qtr 2018:	_____	\$ _____
3rd Qtr 2018:	_____	\$ _____	3rd Qtr 2018:	_____	\$ _____
4th Qtr 2018:	_____	\$ _____	4th Qtr 2018:	_____	\$ _____

**RENTAL PROPERTY INFORMATION**

Address: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ Was Property Owner Occupied: \_\_\_\_\_

Was Property Occupied All Year: \_\_\_\_\_ Rents Received in 2018: \$ \_\_\_\_\_

Association Dues: \$ \_\_\_\_\_ Cleaning & Maintenance: \$ \_\_\_\_\_  
 Gardening: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_  
 Exterminator: \$ \_\_\_\_\_ Legal & Professional Fees: \$ \_\_\_\_\_  
 Licenses & Permits: \$ \_\_\_\_\_ Management Fees: \$ \_\_\_\_\_  
 Painting & Decorating: \$ \_\_\_\_\_ Pest Control: \$ \_\_\_\_\_  
 Plumbing & Electrical: \$ \_\_\_\_\_ Repairs: \$ \_\_\_\_\_  
 Supplies: \$ \_\_\_\_\_ Telephone: \$ \_\_\_\_\_  
 Gas: \$ \_\_\_\_\_ Water: \$ \_\_\_\_\_  
 Electric: \$ \_\_\_\_\_ Scavenger: \$ \_\_\_\_\_  
 Landscaping / Snow Removal: \$ \_\_\_\_\_ Postage: \$ \_\_\_\_\_

**Mortgage on Rental Property**

Bank Name \_\_\_\_\_ Amount Paid in 2018 \_\_\_\_\_  
 \$ \_\_\_\_\_ Points Paid on New Rental Purchase: \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ Other Interest Paid: \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Property Taxes for Rental Property**

Parcel Number: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Please contact our office if you need a **Schedule C: Business Income & Expenses worksheet**

**Notes to your Accountant**

Changes in the 2018 tax year: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Checking or Savings Account Number to Deposit Refund**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Bank Routing Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

*I hereby authorize Izzi & Associates, Ltd. to charge the below listed credit card as authorization for the below specified charges upon completion of my personal tax return.*

Client Name: \_\_\_\_\_ **Visa**  **Discover**  **Master**  **Am Ex**   
 CC Number: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_ (MM/YY) CVV: \_\_\_\_\_ Amount To Charge: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Terms & Conditions:** *The cardholder acknowledges that if this form is submitted by fax or email it will be deemed as original. Any additional payments will be billed within 30 days & charged only with verbal/ written confirmation from the above authorized card holder. By signing you authorize that you are the issued cardholder for the above referenced credit card. Acknowledge that you have read & accept the terms & conditions & authorize for the authorized withdrawal of payment for onetime usage.*