



✓ one: New Client \_\_\_\_\_ or Returning Client from last year \_\_\_\_\_

☀ WE CALL ON WEEKENDS ☀

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

MUST GIVE PRIMARY TAXPAYER WHOLE SOCIAL SECURITY # FOR US TO MOVE FORWARD WITH RETURN.

Primary Taxpayer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Please check all that apply: Legally Blind \_\_\_\_\_ Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ HSA: \_\_\_\_\_ Bitcoin/ Stocks: \_\_\_\_\_

Deceased: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Market Place medical insurance (Obama Care)??? No \_\_\_ Yes \_\_\_ need 1095A

👉 FILING STATUS: (Please circle one) Single / Head of Household / Married / Married filing Separate 👉

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Please check all that apply: Legally Blind \_\_\_\_\_ Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ HSA: \_\_\_\_\_ Bitcoin/ Stocks: \_\_\_\_\_

Deceased: date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Market Place medical insurance (Obama Care)??? No \_\_\_ Yes \_\_\_ need 1095A

\*If you were a victim of identity theft and were issued IPIN please include the letter with your records.

**Dependent Information:** 👨👩👧👦

Name: \_\_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

College Student? \_\_\_\_\_ Disabled? \_\_\_\_\_ College Student? \_\_\_\_\_ Disabled? \_\_\_\_\_

\*Please provide 1098T statement for all college students

\*\*For new clients or new dependents dependent on the tax return. Example: medical records/school records, court records: We will need the Social Security card, birth certificate, and proof of residency for each

**Refund Preference** or **Amount Owed Preference** Print tax bill \_\_\_\_\_

Mail Check \_\_\_\_\_ If you owe do you want to pay electronic debit from? \_\_\_\_\_ Date of withdraw: \_\_\_\_\_

Direct deposit: Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Under penalties of perjury, I declare that I have disclosed the correct and needed information for preparation of my tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete.

✗ Taxpayer Signature: \_\_\_\_\_ Spouse \_\_\_\_\_

**PLEASE SETUP VOICEMAIL OR ANSWER YOUR CALLS.** We will leave a message. Please Check Voicemail Before Returning Our Calls, So We Can Efficiently Service Your Returns. Voicemails Are Always Left With, Who Contacted You And What We Need, if We Are Able To Leave It. \* Please read and sign the letter on the back of this page.



**Doreen Creel-Wood**  
**Accounting & Payroll services**

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**Email: [dcw@doreencreel.com](mailto:dcw@doreencreel.com)**

**Website: [www.doreencreel.com](http://www.doreencreel.com)**

Thank you for choosing Doreen Creel-Wood Accounting to assist you with your tax returns. This letter confirms the terms of my engagement with you and outlines the nature and extent of the services I will provide.

I will prepare your federal and state income tax returns. I will depend on you to provide the information to prepare complete and accurate returns. I may ask you to clarify some things but will not audit or otherwise verify the data you submit.

The information you provide will be kept confidential. I restrict access to your information and maintain physical, electronic and procedural safeguards to protect your information your information.

I will perform accounting services only as needed to prepare your tax returns. My work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. I will, of course, inform you of any material errors, fraud, or other illegal acts I discover. The law imposes penalties when taxpayers underestimate their tax liability. Please contact me if you have concerns about such penalties.

Should I encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, I will outline the reasonable course of action, the risks, and consequences of each. I will ultimately adopt, on your behalf, the alternative you select.

My fee will be based on the complexity of the return and will normally be quoted in advance of my work.

I will return your original records to you at the end of this engagement. You should securely store these records, along with supporting documentation, cancelled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. I will electronically retain copies of your records and our work papers for your engagement for 7 years, after which these documents will be destroyed.

If your tax return is selected for audit by the IRS or by the State tax authorities, I am available to represent you or to prepare materials in response to correspondence. However, these are additional expenses not included in my tax preparation fees and I will render additional invoices for the time and expense incurred. Please let me know right away if you receive a letter from the IRS or any other tax agency. I will correct your return for free and pay any penalties if I am at fault. However, I am not responsible for payment of any taxes owed.

My engagement to prepare your tax return will conclude with the delivery of the completed returns to you (if paper-filing) for your signature and our subsequent submittal of your tax return (if e-filing). If I am not able to e-file your returns, you will be solely responsible for filing the returns with the appropriate tax authorities. Review all tax return documents carefully before signing them.

This letter can apply to future years of tax preparation services unless the agreement is terminated or amended in writing.

To confirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign this letter in the space below.

As always, I appreciate your confidence in me.

Sincerely,

*Doreen Creel-Wood*

Referred by: \_\_\_\_\_

 **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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