Office Use Only $_________
Intake Date:___/___/2024 By:________
Scanned Date :__/___/2024 By:_______
Scanned file checked ☐
Preparer: ___________________________
Review Date:___/___/2022 By:________
Print Date :_________/_________/2024
Collated By:________________
__Spring Hill __Brooksville

Office Use Only ____
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AMERICAN EXECUTIVE
TAX & FINANCIAL SERVICES

2023 NEW CLIENT INTAKE FORM

PLEASE WRITE LEGIBLY ....Mark ALL Boxes

1. Taxpayer Name ____(First Middle Initial Last)
   SS#___________-________-_____________ Occupation________________ DOB____________________

2. Joint Taxpayer ____(First Middle Initial Last)
   SS#___________-________-_____________ Occupation________________ DOB____________________

Phone____Cell_____________________________________

Email ____

Taxpayer Address ____
City____________________________ State___________________ Zip ________________________

Filing Status: ☐ Single ☐ Married Joint ☐ Married Separately
☐ Head of Household w/dep Child ☐ Legally Blind/Disabled

Do you have Dependents?		☐ Yes ☐ No
Name(s): ____ Relationship_________________________		
SS# ____________________________	DOB ______________________________	Months lived with_____
Name(s): ____ Relationship_________________________		
SS# ____________________________	DOB ______________________________	Months lived with_____
Name(s): ____ Relationship _________________________		
SS# ____________________________	DOB ______________________________	Months lived with_____
Name(s): ____ Relationship _________________________		
SS# ____________________________	DOB ______________________________	Months lived with_____
Qualified childcare expenses? (If yes provide Name, address, and tax ID for facility)		☐Yes ☐No
ESTIMATED TAX PAYMENTS MADE?		☐Yes ☐No
(If yes provide following.)		
QRTR1 Date Paid {_____________________}	Amount Paid {_________________________}	
QRTR2 Date Paid {_____________________}	Amount Paid {_________________________}	
QRTR3 Date Paid {_____________________}	Amount Paid {_________________________}	
QRTR4 Date Paid {_____________________}	Amount Paid {_________________________}	

Other payments applied from previous refund (if any)? AMOUNT_______________	☐Yes ☐No
Was anyone named on this tax return covered by Healthcare Marketplace insurance for 2023 Full or Partially? (MUST PROVIDE 1095-A)	☐Yes ☐No
Do you file state Return? If Yes, which state(s)_______________	☐Yes ☐No
At any time during the tax year did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	☐Yes ☐No
Do you want your refund direct deposited?	☐Yes ☐No
IF CHANGED NEW voided check provided? ☐N/A	☐Yes ☐No
Do you want Direct Debit from checking account if you owe?	☐Yes ☐No
Do you want estimated payments Direct Debited?	☐Yes ☐No
Would you like receive our newsletter (packed full of tax & financial information) by email?	☐Yes ☐No
Taxpayer -have you provided a copy Driver's License?	☐Yes ☐No
Joint Taxpayer -have you provided a copy of your Driver's License?	☐Yes ☐No
Are you Self-Employed **(If yes additional form required)** **IF YES-CIRCLE ONE: Sole Proprietor LLC S-Corp C-Corp**	**☐Yes ☐No**
Are you a bookkeeping client currently, or in need of bookkeeping services this year?	☐Yes ☐No
DO YOU HAVE RENTAL PROPERTIES? **(If yes, additional form required)**	☐Yes ☐No
I have provided a copy of last year's return?	☐Yes ☐No
I Understand If additional information is presented after return is printed, there is a $5 reprint fee	☐Yes ☐No
If working IRA/SEP CONTRIBUTION FOR YEAR? If Yes, Amount? _______________	☐Yes ☐No
If working Spouse IRA/SEP CONTRIBUTION FOR YEAR If Yes, Amount? _______________	☐Yes ☐No
Sell any property? (If yes provide closing papers and original cost basis information) Refinance a Mortgage?	☐Yes ☐No ☐Yes ☐No
Pay or Receive Alimony? (If yes-Name________________ SS#______________)	☐Yes ☐No
Any penalties for early withdrawal (ie: CD's, Annuity)?	☐Yes ☐No
Did you file any changes this year to a previous tax return?	☐Yes ☐No
Do you have a loss carryover from previous year's return? If yes, please provide last year's return and carryover amount $_______________	☐Yes ☐No
Did you sell stocks, bonds, or other securities? If Yes **YOU** must provide the following: Original Cost Basis, Purchase Date, Sale Date, & Sale Price. (Please list on back or provide on a separate sheet, additional cost may apply.)	☐Yes ☐No

PLEASE READ CAREFULLY: By your initials below, you recognize that your tax preparer is relying solely on your representations. The accuracy of this information is CRITICAL to preparing your return fully and correctly. By signing below, you are stating that the information you have provided is true and accurate and, as such, you waive any claims against AETFS and your individual tax preparer if the information provided is inaccurate. Should you need additional tax preparer assistance in correcting an issue caused by incorrect information provided during your session, AETFS will require an additional $75 payment (for the first hour) followed by $50/hour thereafter. *INITIAL HERE* ___________

INCOME: Please provide all W-2s, 1099s, information on installment sale, seller financed mortgage interest, other wages, profit or loss from business (with all gross receipts and expenses clearly listed on additional for provided), rental income & expenses (on additional form provided,) retirement plan distributions from pensions, annuities, rollovers, IRA, SEP, Keogh, provide all 1099s & any alimony received or any other income. ALL BROKERAGE OR INVESTMENT STATEMENTS 1099-INT, 1099-DIV, 1099-B

Please attach a detailed list of items IF you itemize your deductions and include a totaled list of medical expenses categorized, mortgage interest statement, property tax paid, and charities with names and addresses.

LETTER OF ENGAGEMENT

OUR RESPONSIBILITIES

- Our work (whether consultation, tax return, tax plan or related product) is based on data you provide.
- We are not responsible to audit or verify the data that you give to us.
- We may ask for clarification of your data or additional information.
- We are not responsible to discover fraud or other irregularities, should any exist.
- We will use our professional judgment in resolving questions where the law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions.
- We will resolve such questions in your favor wherever possible unless otherwise instructed by you.

YOUR RESPONSIBILITIES

- To provide all of the information required for a complete and accurate finished product.
- **To confirm the routing number and account number for direct deposit.**
- To provide this information in a timely manner.
- To render the accounting/bookkeeping necessary to complete your work.
- To retain, with the completed work, all the documents, cancelled checks and other data that form the basis of income and deductions since you may later have to provide them to a taxing authority.
- To carefully review all work completed by our office before you sign. **You have the final responsibility for anything submitted to a taxing authority.**

PENALTIES, EXAMINATIONS AND NOTICES

The IRS and state taxing authorities impose penalties for certain offenses, including understatement of income, filing after the deadline, underpaying estimated taxes, or under withholding taxes (If you would like more information, please contact us.) They can also select any return for examination. We are happy to assist you before the IRS or state taxing authority, if you so desire, however, these additional services are not included in the fee for preparing your return.

ARBITRATION

If a dispute arises out of or relates to this contract or engagement letter, or the obligations of the parties therein, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its commercial Mediation Rules before resorting to arbitration, litigation, or some other dispute resolution procedure.

AGREEMENT

The foregoing is in accordance with my (our) understanding of your engagement to provide tax and financial services and you are hereby advised that each item of revenue or expense can be substantiated by receipts, cancelled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge. Further, it is my (our) understanding that these terms will continue to be in force for the succeeding years of our engagement. You are giving your permission to be added to our email list.

By signing the 8879, when presented, after preparation, I am acknowledging I have reviewed my return and approve it for filing.

Signature: ____ **Date:** _____________

____(Printed Name of Individual or Organization)

Signature: ____ **Date:** _______________

____(Printed Name of Individual or Organization)

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

I am aware AETFS offers many services including Financial Planning. ☐Yes ☐No

Are you interested in a complimentary appointment for our Wealth Management Services?

☐Yes ☐No
