

OFFICE USE ONLY
Qtd _____
EA _____



C. A. T. S.
Tax Service, Inc.

Date Dropped Off

7752 Warner Ave. Huntington Beach, CA 92647
(714) 596-2287 FAX (714) 848-9605
www.catstaxservice.com

Please fill out form completely and legibly
**Include all tax documents*

FILING STATUS: Single Married Married Filing Separate Head of Household

Taxpayer

First Name _____	Last Name _____	M.I. _____	Social Security # _____
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Mailing Address _____	City _____	State _____	Zip _____
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Date of Birth _____	Cell Phone Number _____	can we text you: yes no	Contact Number _____
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E-mail Address _____	Occupation _____
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Spouse

First Name _____	Last Name _____	M.I. _____	Social Security # _____
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Date of Birth _____	Contact Number _____	Contact Number _____
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E-mail Address _____	Occupation _____
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If you would like your refund direct deposited, please provide your bank information

Bank Name _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number _____	Routing Number _____

*Please write legibly or include a voided check

DEPENDENTS

If you do not have a Social Security Number for your dependent then you will not be able to claim that dependent.

DO NOT INCLUDE YOUR SPOUSE

Full Name	Relationship	Date of Birth	Social Security #

DEPENDENT CARE

Provide the amount you paid to have someone care for your dependent while you were earning a salary.

All information is required to claim the dependent credit

Providers Full Name	Providers SS # or Fed. ID #	Providers Phone Number	
Address	City	State	Zip
Dependents name	Amount Paid		
	\$		

If there is more than one provider, please write the information on back side of form

COLLEGE STUDENT

Required School Books and Supplies Total \$

Please Provide 1098-T (Tuition Statement)

INCOME

- Wages (attach W-2)
- Interest Income forms (attach 1099-INT)
- Dividend Income forms (attach 1099-DIV)
- Alimony **Received** \$
- Social Security and/or Retirement Income (attach SSA-1099 and/or 1099-R)
- Unemployment Income and State Tax Refund forms (attach 1099-G)
- Miscellaneous Income, Independent contractor (attach 1099-MISC.)
- New clients need to include prior years tax return

EXPENSES

- Estimated Tax Payments paid

	April 2018	June 2018	September 2018	January 2019
Federal	\$	\$	\$	\$
State	\$	\$	\$	\$

- DMV fees (**VLF fee only**) \$
- Mortgage Interest (attach 1098) \$
- Alimony **Paid** \$
- Do you pay rent? Yes No

<input type="checkbox"/> Real Estate Property Taxes	First Payment	Second Payment	Total Paid in 2018
Date			
Amount	\$	\$	\$

MEDICAL EXPENSES (Totals only)

<input type="checkbox"/> Prescription medicine and drugs	\$	<input type="text"/>
<input type="checkbox"/> Doctors, Dentists and Nurses	\$	<input type="text"/>
<input type="checkbox"/> Hospitals and Nursing homes	\$	<input type="text"/>
<input type="checkbox"/> Insurance Premiums, not pre-taxed	\$	<input type="text"/>
<input type="checkbox"/> Long Term Care Taxpayer	\$	<input type="text"/>
Spouse	\$	<input type="text"/>
<input type="checkbox"/> Out of Pocket Expense	\$	<input type="text"/>
<input type="checkbox"/> Medical Miles Driven		<input type="text"/>

**NOT THROUGH
EMPLOYER
IF PRE-TAXED**

CONTRIBUTIONS

Cash any religious organizations or any other contribution \$

Non Cash Goodwill, Salvation Army or any items that you have given away. \$ up to **\$500.00**

If the total is over \$500 then we need a list of all items and the fair market value for each. Fill out our donation form on our website

Mileage any volunteer mileage driven Miles

PROOF OF HEALTH INSURANCE REQUIRED (1095 FORMS MUST BE INCLUDED)

Did you receive a 1095-A form in 2018? (Covered California) YES NO

*** MISSING 1095-A FORMS WILL REQUIRE ADDITIONAL FEES**

Did you have medical insurance? YES NO

NOTES

- ✓ **Bring totals only.** We do not need receipts or invoices. They are for you to keep for your records
- ✓ If you sold a home, include a copy of the **"Final" closing documents**, Not "Estimated" closing documents
- ✓ Don't forget all medical forms including the **1095 form(s)**

I have filled out this form to the best of my knowledge and the information enclosed is correct which includes all income and deductions for the year and any other important information necessary for preparing this years tax return for which I have adequate records of.

Taxpayer Signature

Date

Spouse Signature

Date

Engagement Letter

Thank you for selecting C.A.T.S. Tax Service, Inc. to assist you in preparing your personal income tax returns. This letter confirms the terms of our engagement and nature, timing, and information of the services we will provide.

We will prepare your 2018 federal and state personal income tax returns. We will not audit or verify the data you submit, although it may be necessary to clarify some of the information. We will rely on you to maintain the documentation required by law to support the information you provide, including business expenses such as meals, travel, gifts, vehicle use, etc. or personal expenses such as DMV fees, charitable contributions etc.

If you are not clear regarding what documentation is needed for any item of income or deduction, we would be happy to discuss it with you. **Note: You have the final responsibility for the income tax returns and therefore, you should carefully review them before you sign and file them.**

- ◇ We may have provided you with an organizer to use. While we do not require you to use it, it may serve as a useful tool to remind you of items to provide to us. Nonetheless, provide us with originals or copies of originals for all government documents received including W-2s, 1099s, 1098s, and property tax statements
- ◇ The filing deadline is April 15th. In order to meet this filing deadline, we must receive **ALL** your information in complete form **before April 1st**.
- ◇ If an extension of time to file is required, we will use the information available to us at the time to prepare the extension. **An extension only provides you with an extension of time to file, not an extension of time to pay. Taxes paid AFTER April 15th will result in penalties and interest.**
- ◇ If a joint return is prepared, tax returns and copies of all supporting documentation will be made available to either spouse without the consent or notification of the other spouse.
- ◇ You are responsible for reporting foreign activities. By signing this letter, you acknowledge that you will inform us if you have income from foreign sources or if you have signatory authority over any foreign account. If you are unsure whether income or an account is foreign, we will review it. **Note: The penalties for failure to report foreign activities are severe.**
- ◇ We will not be responsible for advising you with respect to independent contractor status as part of our services. If you have any questions regarding the classification of employees versus independent contractors, we strongly encourage you to consult with legal counsel experienced in employment practice matters.
- ◇ Your tax returns may be selected for review by the taxing authorities. If the government selects your return for examination, we will be available to assist you. At our discretion, there may be additional fees for this service.

We generally retain tax returns for 3 years. After the retention period, the documents are destroyed. **We do not keep original documents, they are returned to you at the time of completion of the returns.** It is your responsibility to retain your records for possible future use, including possible examination by the taxing authorities.

Fees for our services will be at our standard form rates. Additionally, there will be a fee for extra copies of returns. The fee for extra copies or replacement copies of tax returns is \$25 per copy per tax year requested (three most current years only)

Please sign this letter and return it to our office. Work cannot commence until a signed copy of this document is returned. If this is a joint return, both spouses must sign.

X _____ Taxpayer Print Name	X _____ Taxpayer Signature	_____ Date
X _____ Spouse Print Name	X _____ Spouse Signature	_____ Date