

Annual Client Information

Due to IRS regulation, you will be asked to complete all information annually.

COMPLETE THE FOLLOWING INFORMATION: Please fill in names as they appear on the social security cards.

Primary Taxpayer Name _____ SSN _____ Birthdate _____

Occupation: _____ Email Address: _____

***Can we contact you via your email with questions, for newsletters or other business related information? Yes / No

Spouse Name _____ SSN _____ Birthdate _____

Occupation _____ Email Address: _____

***Can we contact you via your email with questions, for newsletters or other business related information? Yes / No

Street Address _____ School Dist _____

City, State & Zip _____ Home Phone _____

Taxpayer Cell Phone _____ Spouse Cell Phone _____

DID YOU MOVE DURING THE YEAR? _____ NO IF YES, DATE OF MOVE? _____

Prior Address _____

LIST ALL ADDITIONAL MEMBERS OF THE HOUSEHOLD (PART- & FULL-TIME):

Name	SS #	Birthdate	Relationship

Can you be claimed as a dependent by another taxpayer? If yes, by whom: _____

If you are a new client, how did you find out about us?

If you have a refund, do you want: Check Mailed OR Direct Deposit

If Deposit, Bank Name _____ Checking OR Savings

Routing # _____ Acct # _____

If yes, a voided check is needed for verification (even if we have the numbers on file)

NEW: Account MUST match taxpayer's name or the direct deposit will not go through.

I have reviewed the above and verify, to the best of my knowledge, all information is true and correct.

_____ Date _____

Signature of Person Completing this Form.

TAX PREPARATION ENGAGEMENT LETTER

Rainbow Accounting Services, LLC

{Purpose} This letter describes the services we propose to provide to you this year to help you meet your tax filing obligations for all **2019 tax year returns**. The letter describes the scope of our services and the estimated fees we will charge. If you wish us to provide added services, please ask. Any such services we might provide will be covered by a separate engagement letter.

{Scope} We will prepare your individual Federal and State residence income tax returns based on the information that you provide. We will also prepare other State returns as needed to properly report income originating in those States. We will file your return electronically (if eligible). We will also prepare any local and estimated tax returns (if needed). If we find inconsistencies in any information you provide, we will check with you; however, we do not audit or verify from source documents the information you provide.

Our work will be completed in accordance with appropriate income tax laws and regulations. We will use our judgment in resolving questions when the law is unclear or where there are conflicts between tax authorities; interpretations of the law and other supportable positions. Please inform us if you prefer that we not make such judgments in your favor.

{Client's Responsibility} You are responsible for providing our firm with all information necessary to prepare all applicable federal, state, city and/or school district tax returns as well as informing us of other applicable states. By signing this form you represent that the information you are supplying to us is accurate and complete and that all items on the return, including but not limited to your expenses for meals, entertainment, travel, business gifts, charitable contributions, inventory, receipts for capital assets, stock and mutual fund documentation, dues and vehicle use are supported by records as required by law. We do not and cannot audit or review this information. We may ask you to clarify some items or may request additional information. We will rely on any documentation you supply that is from third parties such as W2-s, 1099's, K-1's, 1098's and W2-G's. If we have to classify and organize your information to prepare this return, it will be based on the description on your deposit slips, checks or other information you have furnished. **Excessive time spent on our part to organize your income and expenses may result in additional compilation charges.** Should we not have your full cooperation in gathering together all of this needed information and documentation in a timely fashion, or to otherwise cooperate with us, we reserve the right to disengage from this engagement by sending you written notice to that effect.

As required by law, all taxpayers that have ownership, signature authority or a financial interest in at least one financial account outside of the United States, are required to file FinCEN Form 114 **IF** the aggregate value of all foreign accounts exceeded \$10,000 at any time during the calendar year. This form, which is due annually by April 15th, is not part of the income tax return. While Rainbow Accounting Services, LLC will be happy to complete this form for you under a separate engagement agreement, we will not be held liable for failure to file of this return within the scope of this tax engagement agreement.

It is your responsibility to maintain the documentation necessary to support the data used in preparing your tax returns for a minimum of 7 years. This includes but is not limited to the auto (mileage log), travel, entertainment, and related expenses and the required documents to support charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. Documentation to support the tax return is required in the event of potential examination by any government or regulatory agencies.

Tax returns are subject to audit by the tax authorities. If your returns are audited, you may be required to furnish documents to the tax authorities to substantiate information you provided and that we reported on your return. Rainbow Accounting offers a Reassurance Program at a cost of \$35. As part of the Reassurance Program, we will also help you answer correspondence from the taxing authorities. If you happen to receive any correspondence from a government agency, you must forward it to us before we can assist you with any response to it. This may require you to designate us as your agent by a Limited Power of Attorney to permit a quicker, more direct resolution of the problem. If you chose not to use the Reassurance Program, additional fees may be invoiced for these services.

{Confidentiality} Under the law, some communications between a client and an enrolled agent are privileged and not subject to disclosure to the IRS. However, any information that you furnish to us for the purpose of preparing your tax returns is not protected by this privilege and consequently may be discovered by the IRS.

{Privacy} A rule adopted by the Federal Trade Commission in 2000, prohibits us from disclosing non-public information about clients to non affiliated third parties and requires us to annually disclose our policy to all clients. This is our policy:

We collect certain information about you, but only when it is provided by you or is obtained with your permission. As a general rule, we do not disclose non-public personal information about our clients to anyone. To the extent permitted by law, however, certain non-public information about you may be disclosed to comply with a validly issued and enforceable subpoena or summons, or to allow us to render appropriate services to you. Except as otherwise described in this notice, we restrict access to non-public information about you to employees of our company and other parties who must use that information to provide services to you. We also maintain physical, electronic, and procedural safeguards in compliance with applicable laws and regulations to guard your personal information from unauthorized access, alteration, or premature destruction.

{Fees} Our fees for tax preparation are based on the forms required to complete your return. Electronic filing is free to all eligible clients. Dividend and/or interest income from numerous sources and numerous capital gain/loss transactions can increase these estimates. Also, if we must make repeated requests for information, we may charge additional fees. In the event that we prepare your taxes and you later receive additional tax papers (1099's / W-2's etc.) that cause us to file an amendment to your return you will be charged a minimum of \$135 for the Federal 1040X, provided there is no fault of Rainbow Accounting Services, LLC.

If issues arise that require significant time for research, we charge an additional **\$95** per hour. However, we will discuss the issue(s) with you to obtain your advance approval for this extra work.

Fees are due and payable when we present the returns to you. No returns will be electronically filed before payment is received in full for our services. All returned checks will be charged a \$50 return check fee.

{Limited Liability} Our liability to you for the services described in this letter is limited to the fees you pay for those services; however, in the unlikely event we make an error in preparing your return (when you have provided us with complete information and you have timely reviewed your return before signature), we will reimburse you by preparing your next year's tax return at no cost to you.

{Consent for Use} Federal law requires that we notify you that cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your return. By signing this Engagement letter, you are giving Rainbow Accounting permission to use your name, address, telephone number and email address internally to provide you with newsletters, training opportunities, tax law changes or other pertinent information that may be helpful to you and/or your business. We do not share this information with any business that is not related to Rainbow Accounting Services, LLC. If you **do not** want us to contact you for any reason, whatsoever, you can initial here _____ and we will remove you from any additional contacts.

{Need for Consent} While your financial security is a primary concern for us, Circular 230 regulations will not allow us to release or disclose ANY information or copies of documents to ANYONE other than you. This includes your parents, children, Banks, Mortgage brokers and Financial Planners. We cannot and will not discuss your tax return or any other issue with another party without a Judge's Order. You are provided copies of all tax returns and the original documents provided to our office are returned to you. Additional copies can be obtained for a \$25 reprint fee.

If you believe that your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by email at complaints@tigta.treas.gov.

{Conflict of Interest Waiver} Occasionally we, at Rainbow Accounting Services, LLC., find that we may need to represent a client that shares a common interest with another client thus creating a possible Conflict of Interest between the parties and our company. When these Conflicts of Interest arise we will require both parties to sign a waiver, releasing us from any and all liabilities resulting from said conflict.

{Extension Requests} We **DO NOT** automatically file tax extensions for clients – you must notify us in writing, email or via fax if you wish us to file an extension. The notification should include your estimate of any balance due with the extension. **Extensions are an extension to FILE; NOT AN EXTENSION TO PAY.** Failure to pay all taxes by the original April deadline will result in additional interest and penalties. Failure to file an extension may make you subject to various penalties and interest.

In recognition of the relative risks and benefits of this agreement to both the client and the accounting firm, the client and the accounting firm have discussed and have agreed on the fair allocation of risk between them. As such, the client agrees, to the fullest extent permitted by law, to limit the liability of the accounting firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the accounting firm to the client shall not exceed the accounting firm's total fee for services rendered under this agreement. The client and the accounting firm intend and agree that this limitation apply to any and all liability or cause of action against the accounting firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period to bring a claim against us for errors and omissions. The one-year period will begin upon the date of the tax professional's signature on the tax returns covered by this engagement letter.

This engagement terminates upon delivery and filing of your completed tax return(s).

Although we are available at any time to provide you with tax planning advice, we are not obligated to do so unless you specifically request it. Our policy is to put in writing all official tax advice. Therefore, we will not charge you for, nor should you rely upon, any unwritten advice since it may be tentative and not yet fully reviewed.

{Agreement} After reviewing this letter, please sign and date it to confirm your agreement. A file copy for you will be attached to your copy of your tax returns. We appreciate the opportunity to serve you. Do not hesitate to ask your tax professional any questions you may have.

It may be necessary for Rainbow Accounting Services, LLC. to use basic tax information in order for us to communicate through future mailings/emails regarding new tax issues, etc. Should you not want us to do this please advise us immediately.

We truly appreciate the trust that you have put in us and the opportunity to serve you. Please date and sign the enclosed copy of this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement. **It is our policy to initiate services after we receive the executed engagement letter.** If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect.

(Taxpayer Signature)

(Date)

(Spouse Signature)

(Date)

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other property or services, etc.) Specify _____

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (A) Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]

Questions—All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

LIFESTYLE & TAXES	Yes	No	Are either you or your spouse legally blind?								
	Yes	No	Did you pay or receive alimony in 2019? <i>Paid Received \$</i>	<i>Recipient's SSN</i>	<i>Date of divorce or separation</i>						
	Yes	No	Did you have health insurance for you, your spouse, and all dependents for the entire year?								
	Yes	No	Did you purchase health insurance through a public exchange?								
	Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?								
	Yes	No	Have you paid alternative minimum tax (AMT) in previous years?								
	Yes	No	Did you pay anyone for domestic services in your home?								
	Yes	No	Did you purchase a new energy-efficient car, truck, or van?								
	Yes	No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?								
	Yes	No	Are you a member of the military?								
	Yes	No	Were you a citizen of or lived in a foreign country?								
	Yes	No	Do you own or have financial interest in a foreign bank or financial account?								
	Yes	No	Would you like to allow your tax preparer or another person to discuss your return with the IRS? <i>Designee's name</i>	<i>Phone number</i>	<i>PIN (any five digits)</i>						
CHILDREN & EDUCATION	Yes	No	Were any children born or adopted in 2019? (Provide statement for other expenses.)								
	Yes	No	Were any children attending college?	<i>Year in college</i>	<table border="1"> <tr> <td>Paid by you: Tuition \$</td> <td>Student loan interest \$</td> <td>Books \$</td> </tr> <tr> <td>Paid by student: Tuition \$</td> <td>Student loan interest \$</td> <td>Books \$</td> </tr> </table>	Paid by you: Tuition \$	Student loan interest \$	Books \$	Paid by student: Tuition \$	Student loan interest \$	Books \$
	Paid by you: Tuition \$	Student loan interest \$	Books \$								
	Paid by student: Tuition \$	Student loan interest \$	Books \$								
	Yes	No	Did you pay any tuition for a private school for a dependent or take classes yourself?								
			<i>Student</i>	<i>Amount paid \$</i>							
			<i>Name and address of school</i>								
	Yes	No	Did you pay for child or dependent care so you could work or go to school? (add statement if needed)								
			<i>Name of provider</i>	<i>EIN or SSN</i>							
			<i>Address</i>	<i>Amount paid \$</i>							
Yes	No	Do you have any children who earned more than \$2,200 of investment income?									
Yes	No	Did you make any contributions to a 529 plan in 2019?									
INVESTMENTS	Yes	No	Did you, or will you, contribute any money to an IRA for 2019?	<i>Traditional IRA</i>	<i>Roth IRA</i>						
	Yes	No	Did you roll over any amounts from a retirement account in 2019?								
	Yes	No	Did you sell or transfer any stock or sell rental or investment property?								
	Yes	No	Did you receive any income from an installment sale?								
	Yes	No	Did you have any investments become worthless or were you a victim of investment theft in 2019?								
	Yes	No	Were you granted, or did you exercise, any employee stock options during 2019?								
	Yes	No	Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?								
DEDUCTIONS	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.								
	Yes	No	Did you pay sales taxes on a major purchase in 2019, such as a vehicle, boat, or home?								
	Yes	No	Did you make any charitable contributions in 2019?								
BUSINESS	Yes	No	Did you work from a home office or use your car for business?								
	Yes	No	Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)								
	Yes	No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?								
HOME	Yes	No	Did you purchase or sell a main home during the year? If yes, provide closing statement.								
	Yes	No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.								
	Yes	No	Did you refinance a mortgage or take a home equity loan? (Provide closing statement)								
	Yes	No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?								
	Yes	No	Did you make any new energy-efficient improvements to your home? If yes, provide details.								

State information Full-year resident Part-year resident Nonresident

States of residence during 2019 and dates

School district

Do you rent or own your home? Rent Own

Annual Questionnaire

Tax Year _____ Client Names _____ Date _____
 Time _____ Drop Off / Interview _____

Presidential Campaign Fund Donation: Yes / No (Circle the Correct Answer As It Relates to You For Each Question)

Ohio Resident: Full Year IF Part Year Other State _____ Dates Out of State: _____

City Tax Returns: No / IF YES City Name _____
 If Moved – List City Name & Dates _____

School Tax Returns Yes / No School Name _____
 If Moved – List City Name & Dates _____

List ALL Members of your Household – Regardless of whether you claim them or not:

PROOF OF RESIDENCY WILL BE REQUIRED FOR ALL DEPENDENTS

First Name, Last Name (if different)	Months In Home	Support More Than 50%	Claimed by you	Income Earned \$	College Student	Form 8332
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No

Marital Status: Single / Married / Divorced / Separated / Widow
 Did your Marital Status change since last year? Yes / No

If you are divorced or separated with child(ren), do you have a divorce or separation agreement which states custodial responsibilities? If yes, please provide us a copy. **Form 8332 will be required for Non-custodial parents.**

Additional Notes regarding divorce decrees, circumstances, etc about anyone in the household:

Dependent Information

Were there any changes in dependents from last year? Yes / No

If yes, explain: _____

Do you have any children under age 19 (or a full-time student under age 24) with unearned income (Investment income) in excess of \$1,900? Yes / No

Please Explain _____

Do you have dependents who must file a tax return? Yes / No If yes would you like us to prepare it?
 Yes / No *We are happy to file dependent tax returns for a reduced fee. Please ask.*

Earned Income Tax Credit: Yes / No / Maybe

Third Party Documentation Required – List Documentation _____

Copies Scanned Yes / No Initials _____

Do you need to file a federal FAFSA form? Yes / No
We will help file FAFSA forms at a cost of \$35 per student.

Did you make any out of state online purchases where Ohio sales tax was not collected? Yes / No
 If yes, what was the dollar amount of the purchases? _____

Due to new IRS Due Diligence Requirements, Head of Household filing status will require additional questions and documentation. We have an additional document that we must complete for this filing.

Additional Income

All income is reportable to IRS. This includes, but is not limited to, things like hobby income, part-time job income, side business income, rental income and small farm income. **Do you have any other income that we need to report?** Yes / No

If yes, please explain _____

Did you pay any long-term health care premiums (nursing home insurance premiums) for yourself or your spouse? Yes / No
 If yes, provide amount(s) Taxpayer _____ Spouse _____

Do you currently have any of the following:

	<u>Taxpayer</u>	<u>Spouse</u>	<u>I would like More Information</u>
Life Insurance	Yes / No	Yes / No	Yes / No
Durable Power of Attorney	Yes / No	Yes / No	Yes / No
Medical Power of Attorney	Yes / No	Yes / No	Yes / No
Living Will	Yes / No	Yes / No	Yes / No
Regular Will	Yes / No	Yes / No	Yes / No
Retirement Accounts	Yes / No	Yes / No	Yes / No
Living Trust	Yes / No	Yes / No	Yes / No
Stocks	Yes / No	Yes / No	Yes / No
Individual Retirement Accounts (IRA):			
Roth IRA	Yes / No	Yes / No	Yes / No
Traditional IRA	Yes / No	Yes / No	Yes / No
Bonds	Yes / No	Yes / No	Yes / No
Family Attorney	Yes / No	Yes / No	Yes / No

If you can save tax dollars by funding a retirement account or Health Savings Account (HSA) account do you want us to contact you before finalizing your return? Yes / No

If Rainbow Accounting Services, LLC is unable to contact me after multiple attempts through phone, email or US mail, they have permission to contact the following individual in an attempt to reach me. ****Please note, this will not be something that is used except in the most dire of circumstances.**

Contact's Information:

Name: _____ Relationship _____
Phone: _____

Name: _____ Relationship _____
Phone: _____

By signing the bottom of this questionnaire you are verifying that you have given the Rainbow Accounting staff ALL of your income from ALL sources for 2019.

I/We have reviewed this information and the answers and all handwritten information on this checklist is correct to the best of my/our knowledge.

Signed: _____ Date: _____
Taxpayer

_____ Date: _____
Spouse

Other Preparer Notes / Documentation

REPRESENTATION REASSURANCE OPTION

Yes, I do elect to have the optional charge added to my tax preparation fee total for representation services for the tax year **2019**. This one time annual charge of **\$35** will cover up to 4 hours of any representation services I may require with respect to IRS, State Department of Taxation, School District Income Tax, and any local tax agencies for my **2019** taxes prepared by the staff of **Rainbow Accounting Services, LLC**. **This does not include a field audit or any ACA information provided by you that is incorrect, incomplete or inconsistent**. Additional hours will be charged at regular hourly rate of \$95 dollars/hour.

Taxpayer Signature Date

Spouse Signature Date

Preparer Initials _____ Date _____

NO, I choose to decline the annual representation fee. I understand any representation services needed for my **2019** tax returns will incur **Rainbow Accounting Services, LLC**, standard hourly rates of **\$95/hour** which I will be responsible for.

Taxpayer Signature Date

Spouse Signature Date

Preparer Initials _____ Date _____