

KAPLAN MANAGEMENT CONSULTANTS, INC. CLIENT INFORMATION SHEET TAX YEAR 2023

PERSONAL INFORMATION - YOUR LAST NAME MUST MATCH THE NAME ON YOUR SOC. SEC. CARD

TAXPAYER			
FULL NAME (AS APPEAR	S ON SOC. SEC. CARD)	EMAIL ADDRI	ESS
SPOUSE			
FULL NAME (AS APPEARS	S ON SOC. SEC. CARD)	EMAIL ADDRI	ESS
PREFERRED PHONE #			
ADDRESS INFORMATION			
Have you moved since the prepa	aration of prior year return?		
Yes - Please fill in the	updated information below	No - Please	e skip to the next section
STREET ADDRESS			
CITY, STATE & ZIP CODE	3		
DIRECT DEPOSIT			
WOULD YOU LIKE TO HAVE Y	OUR REFUND DIRECT DEPO	SITED? YES	NO
**** IF SAME AS LAST Y	YEAR, PLEASE INDICATE	****	
BANK NAME			_
ROUTING NUMBER			
ACCOUNT NUMBER			-
CHECKING	SAVIN	1GS	
**** For the following -	IF NOT APPLICABLE PLI	EASE INDICATE N/A	****
DEPENDENT INFORMATIO)N - PLEASE LIST DEPENDE	NTS YOU ARE CLAIMI	NG FOR THE 2023 TAX YEAR
IF A DEPENDENT HAS NOT BE			
	/	1	
NAME		SSN	D.O.B.

FOREIGN ACCOUNT REPORTING -

NAME

YOU ARE REQUIRED TO REPORT OWNERSHIP OR SIGNATORY OVER FOREIGN BANK OR BROKERAGE ACCOUNTS THAT HAD AN AGGREVATE VALUE OVER \$10,000 AT ANY TIME DURING THE TAX YEAR.

SSN

D.O.B.

DO YOU OWN A FOREIGN BANK/BROKERAGE ACCOUNT?YES_____ NO____DID YOU TRADE ANY CRYPTOCURRENCY IN 2023?YES_____ NO____

CHILD CARE INFORMATION -

A CREDIT MAY BE AVAILABLE FOR EXPENSES PAID TO A DAYCARE, PRESCHOOL, OR CAMP FOR A CHILD UNDER THE AGE OF 13. IF SO, PLEASE PROVIDE THE FOLLOWING:

CHILD CARE PROVIDER	NAME	
FED ID OR SS #		_
ADDRESS		
AMT PAID FOR YR	DEPENDENT NAME(S)	

HIGHER EDUCATION INFORMATION -

A CREDIT MAY BE AVAILABLE FOR QUALIFIED EXPENSES PAID TO AN INSTITUTION OF HIGHER LEARNING - **PLEASE SUBMIT FORM 1098-T FOR EACH STUDENT**

FEDERAL & STATE QUARTERLY ESTIMATED PAYMENTS -

Please mark down the amount paid & when paid if you make quarterly estimated payments:

FED:					
APRIL	JUNE	SEPT.	JAN		
STATE:APRIL	JUNE	SEPT.	JAN		
		2023 DEDUCTIONS			
CHARITABLE DONAT	IONS				
CASH \$	ASH \$ NON-CASH (FAIR MARKET VALUE) \$				
UNREIMBURSED EMP	LOYEE BUSINES	SS EXPENSES -			
TAXPAYER AND SPO	DUSE-				
LOCAL TRAVEL \$		BUSINESS PUBLICATIONS	\$		
UNION DUES \$		TELEPHONE \$			
UNIFORMS \$		OFFICE SUPPLIES \$			
UNREIMBURSED MED					
UNREIMBURSED MEDI	CAL EXPENSES I	NCURRED IN 2023 \$			

***Please note that you must have adequate documentation to support the income & deductions listed on the tax return ***



KAPLAN MANAGEMENT CONSULTANTS, INC 2023 PERSONAL INCOME TAX ENGAGEMENT LETTER

Dear Client,

This letter confirms the arrangement for the Income Tax Services that our firm will provide for your 2023 tax return. Our firm is responsible for the preparation of your income tax return based on the information that you have provided to our office. Our fees for the services outlined in this letter are based on the time required to properly prepare your tax return.

By signing this engagement letter, you are attesting to the following:

- 1) All information provided in the client questionnaire is correct.
- 2) We (I) have provided all documentation required to prepare the 2023 tax return.
- 3) We (I) acknowledge that all income (including cash, Venmo, PayPal, cryptocurrency, etc.) has been reported on the return.
- 4) We (I) acknowledge we have disclosed any foreign bank/brokerage accounts and cryptocurrency trades
- 5) We (I) understand that both the taxpayer and spouse are jointly and severally labile for any tax due.
- 6) We (I) are responsible for the tax return and payment of our (my) balance due to the IRS or State taxing authorities by the required due date.
- 7) All services must be paid in full before E-Filing or receipt of a taxpayer copy. There is a \$25 Bounced Check Fee.
- 8) We (I) understand that if requested by IRS or State, we (I) will produce receipts and documentation to substantiate income and deduction. I further understand that I should keep records of income and deductions for a minimum of seven (7) years.
- 9) We (I) understand that this engagement is limited to the preparation of applicable income tax returns and that there will be an additional fee for any work required after the filing of the tax return including, but not limited to, tax projections, tax notices, amended returns, etc.

Please be aware that our firm is not verifying the integrity of the data you provided or auditing any information that you may submit to us. Our firm has the right to engage third party contractors to perform the obligations of Kaplan Management under this agreement. Our firm is not responsible for any additional taxes or interest that you may owe. We are also not liable for any underpayment penalties or penalties that may be incurred due to the failure on your part to provide all of the information necessary to prepare and complete your tax return in an accurate and timely fashion.

By signing below, you are certifying the information contained in your client questionnaire (if utilized) and the completed tax return is based on the information that you have provided to our office through verbal or written communication (including fax and email). By signing, you are certifying that you have reviewed the information with your spouse (if married filing joint return) and you both agree to the information outlined in this engagement letter. Furthermore, you are certifying that you will be able to provide adequate documentation to support all income and deductions that you have provided to our office for the preparation of your return. Please note that by not signing this form but providing our firm with your signed electronic filing forms, or by mailing a hard copy of the tax return, you (and spouse if filing a married filing jointly return) are accepting and certifying the information outlined in this engagement letter.

 Approved:

 (Signature)
 (Signature)

 (Name)
 (Name)

 (Date)
 (Date)