

January 01, 2021

To Our Valued Clients:

Happy New Year!

We appreciate the opportunity to work with you again this year and to advise you regarding your income tax obligation for the 2020 tax year.

I'm sure that after a very stressful and unpredictable year, it's difficult to even begin thinking about taxes, but as we all know, it's the necessary evil that we all have to endure.

For the 2020 tax filing year, the IRS requires that all taxpayers include on their return, the amount, if any, that was provided as an Economic Impact Payment (EIP), also known as, a "Stimulus Payment." Although the payment is not taxable, the IRS requires that we include it, on the return, as informational data. Without this information, the IRS will not allow electronic filing of your tax return. There is a space on the bottom of the first page of the tax organizer for you to include your EIP payment. If you received Notice 1444 from the IRS, we will need for you to include that document with your tax papers. Only certain taxpayers will receive Notice 1444. If you haven't received it, it's likely you won't.

We have made the tax organizer available for our clients, on-line through our website, at accountingconsortium.com, by selecting the Tax Organizer Package link on our home page. If you are not internet active or just prefer to have an organizer mailed to you, we will be happy to mail one to you at your request. You can contact the office by phone or text at 678-696-0829. **We strongly encourage all of our clients to make use of the tax organizer.** It provides a tool for taxpayers to gather the necessary documents that we will need to complete your tax return. It also aids in reducing the need for us to contact you later for additional information that we may need to complete your tax return.

As a result of the continued Covid 19 crisis, we encourage clients, who prefer not to make personal contact, to utilize our Secure Client Portal. By uploading your tax papers to the portal, we are able to securely download your documents and work on your tax return. Once we've completed the return, we will upload a finalized, signed return to the portal for you to print or save electronically. This method provides for a contactless transaction. If you're already active in the portal, you can upload your documents whenever you're ready to do so. If you would like to participate in our Secure Client Portal process, contact the office and we will send you an email invitation to establish an account. There is no fee for this service. If you prefer not to use the portal, we encourage you to consider dropping off or mailing your documents to the office and we will complete your return without the need for extended personal contact. If you still prefer to have your tax return completed while in the office, we will accommodate your request for an in-office appointment. For your personal security, we're asking all clients not to email any documents to us that contain social security numbers as tax identity fraud is escalating once again and email just invites the opportunity for identity fraud. This is where using the portal becomes a benefit. We are very diligent in protecting the identity of our clients and take every measure possible to secure the confidentiality of our clients data.

As the need for proof of residency and dependency is necessary, it is important to understand that the requests we make are mandated by the IRS and, in accordance with circular 230, we as tax professionals must comply with their requirements. Each year, every taxpayer must show proof of identity and although we may have previously asked to see, or for you to provide the information from your drivers license, we must update that information each tax season. There is a space on the first page of the tax organizer where you can provide your drivers license information. Confirming residency & dependency provides for certain tax credits and filing statuses. Falsely claiming a tax credit or filing status will subject the taxpayer to substantial penalties by the IRS which may include the revocation of future tax credits. Please refer to the tax organizer for documents we may need to establish residency and dependency.

Our office hours are Monday—Thursday 9am to 5pm. There are no office hours on Fridays as we work offsite at various client locations. After hour appointments are available upon request. Saturday appointments, if preferred, will be available on February 20th and March 20th. Should you consider dropping by the office on any given day, we suggest you call or text prior to stopping by to make sure we're here and available to meet with you.

If you have any questions please call the office and we'll address any concerns you may have for the current tax season.

Thank you for the privilege of serving you.



Mark Bove, AFSP
Tax Accountant



ENGAGEMENT LETTER CALENDAR YEAR 2020

Client Name _____

Address _____

City, State, Zip _____

SCOPE OF ENGAGEMENT:

We appreciate the opportunity to work with you and to advise you regarding your income tax obligations. In order to ensure we have an understanding of our mutual responsibilities we ask that all clients, for whom returns are prepared, to read and confirm the following arrangements.

- Tax Year: All services quoted will be provided for the 2020 calendar year.
- Like Kind Work: All services quoted are for "like kind work." A general assumption will be made about your work based on prior year tax filings.
- Additional Billing: Any additional items will be discussed and billed at the time of preparation or later, if necessary.
- Engagement Effective Date: January 01, 2020. All fees quoted are valid for the balance of the year.
- Payment of Fees: Unless payment arrangements are made prior to completion of your tax returns, payment for services rendered is expected when our work is complete.

SERVICES PROVIDED UNDER THIS ENGAGEMENT:

- Annual personal tax returns with schedules
- Annual sole proprietor business schedule
- Estimated tax payments
- Tax review
- 1st IRS and or resident state notice received by client - Review & reply, if applicable.
- Client communications - Phone/text/email at no additional charge
- Client meetings

ADDITIONAL FEES:

- Additional fees will apply for any advance research to resolve a tax position on your return.
- Audit assistance is billed at an hourly rate of \$75.00. We also offer "Audit Protection" for an additional fee of \$45.00 which is billed in addition to your tax preparation fee and paid when your tax return is completed. This service is provided by a third party, approved by Accounting Consortium, and negates our \$75.00 hourly fee.
- Returned payments for our services will be assessed a \$25.00 return check/payment fee.
- If you fail to pick up your tax returns or request that we mail your completed tax package to you, an \$18.00 fee for Priority Mail Postage and processing will be assessed.

Out of Scope Additional Billing: This will include accounting/tax work for clients/entities not listed on this engagement. If additional fees apply, your approval will be necessary. You will be notified and sent an additional engagement letter.

YOUR RESPONSIBILITIES:

You represent that the information you provide is accurate and complete to the best of your knowledge, supported by records as required by law, including information that may qualify you to receive the Earned Income Tax Credit, Education Credits and the Child and Dependent Tax Credits. We make no audit or other verification of the data you submit. However, we may ask you for clarification of some of the information to establish a reasonable basis for your tax position. We will return to you all your original records. You should retain all documents, cancelled checks, receipts and data that may be necessary to support the completeness of the tax returns to a taxing authority. We only retain electronic copies of documents to support our retention requirement for proof that provides certain tax credits for our clients.

- ❖ Under the law, the taxpayer has the final burden of responsibility for the accuracy of the tax return, regardless of who prepared the return. We urge all clients to review their completed return while in our office. *We will not electronically file the tax return until you have approved and signed the return and Form 8879 – IRS efile signature authorization. If you choose not to review the return in the office, we urge you to examine the data when you’re home and contact the office within 24 hours if you feel there is an issue that needs our attention prior to electronically filing the return.*

RESPONSIBILITIES OF ACCOUNTING CONSORTIUM, INC:

- Strict Client Privacy: Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.
- Information Collected: The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.
- Disclosure of Information: We do not disclose any nonpublic personal information obtained in the course of our practice except as required or required by law or by your request. In all situations, we stress the confidential nature of the information being shared.
- Security of our Clients Information: We may retain records relating to the professional services we provide as well as to comply with professional guidelines and to better serve your professional needs. In order to do this, we maintain strict physical, electronic and procedural safeguards that comply with our professional standards.
- We assume no responsibility for the accuracy of prior year income tax returns prepared by other sources where carry forward information from their return to our return resulted in an inaccuracy on the tax return we prepared.

DISPUTE RESOLUTION:

If any dispute arises between the parties from our professional services or under this engagement letter, the parties agree to submit the dispute for resolution by binding arbitration according to the rules of the American Arbitration Association.

- *By agreeing to Binding Arbitration, each party agrees to waive its right to a jury trial and agrees to waive its right to have the dispute decided in a court of law. Accounting Consortium will pay one half of the cost of the arbitration and the claimants shall pay the other half.*

FILING REQUIREMENTS & EXTENSIONS:

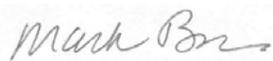
Unless modified by the taxing authorities, tax returns are due on April 15th. If you require an extension of time to file, remember that the extension only provides for a late filing of the income tax return. It **DOES NOT** extend your tax payment liability beyond the tax filing deadline. In order for us to prepare your tax return without having to file an extension, we request that you have your paperwork to us no later than March 31st. otherwise we will automatically file an extension for you, on your behalf. If you prefer for us not to automatically file an extension, you will need to notify us prior to the March 31st deadline. If you present your data to us after March 31st and require a completed tax return by the April 15th deadline, a 25% rush fee will be assessed in addition to our regular pricing.

If the foregoing fairly sets forth your understanding, please sign this engagement letter in the space indicated and return to our office. If any other services or tax returns are requested, please let us know.

Please return all pages of this letter, signing below, when you return your information so that we may begin your return.

We appreciate the opportunity to serve you and value your business.

Sincerely,
Accounting Consortium, Inc



Mark Bove

Taxpayer: _____ Date: _____

Spouse: _____ Date: _____



INCOME TAX AND ACCOUNTING

www.accountingconsortium.com
tax@accountingconsortium.com

Individual Income Tax Organizer

Bay Creek Business Center
305 Cooper Road, Ste 200
Loganville, GA 30052

Office: 678-696-0829 | Fax: 866-442-8824
Text: 678-696-0829

Personal Information:

TAX YEAR: 2020

Taxpayer Name, Occupation, Spouse Name, Occupation, Home Address, County of Residence, Home Phone

MUST HAVE THIS INFO FOR EFILE

Taxpayer Drivers License or State ID #, Issue Date, Expiration Date, Spouse Drivers License or State ID #, Issue Date, Expiration Date

Filing Status:

Single, Married Filing Jointly, Married Filing Separate, Head of Household, Divorced or Separated During the Year?, Qualifying Widow(er), Death of a Taxpayer or dependent?

Dependents:

No Dependents - Please Check This Box If You Have NO DEPENDENTS to file with this return

Table with 7 columns: List name as it appears on SS Card, Social Security Number, Date of Birth, Relationship to taxpayers, Child Care Expenses, Disabled, Is dependent a college student

Child Care Expenses

Note: All of this information is required to qualify for the dependent care tax credit
You must include a statement from your daycare provider(s) including their taxpayer ID number

Table with 4 columns: Name of Child Care Provider, Social Security or EIN Number, Street Address of Individual or Company Providing Child Care, Amount Paid To Provider

Economic Impact Payments - Stimulus - Both Payments

This is required information

Did you receive Notice 1444?

1st Pmt, 2nd Pmt, This is not taxable income but must be reported to e-file the tax return.

For Taxpayers Expecting Refunds: **Would you like direct deposit of your refunds?** Y N

 **If your deposit information is not included with your paperwork, you will receive checks instead of direct deposit**

| Name of Financial Institution | Routing Number | Account Number | Checking | Savings |
|-------------------------------|----------------|----------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

If you're depositing into a checking account, attaching a voided check will be sufficient for your direct deposit

Questions For All Taxpayers:

- Y N Would you like an electronic copy of your tax return in a PDF format, emailed encrypted to you?
- Y N Are either you or your spouse legally blind or declared disabled?
- Y N Did you pay or receive alimony in a divorce order prior to 12-31-18? Paid \$_____ Received \$_____
Recipients Name: _____ Recipients SS# _____ Date of Divorce _____
- Y N Did you have childcare expenses? If so, please complete the Child Care Expenses section on the previous page
- Y N Did you receive social security benefits or railroad retirement? If so, Include Form **SSA1099** and or **RRB1099R**
- Y N Do you have any educator classroom expenses? If so, are they greater than \$250.00? Amount \$_____
- Y N Were any children born or adopted this tax year? Provide adoption costs paid during the tax year
- Y N Did you receive any dividends? If so, include **Form 1099DIV**
- Y N Did you receive any interest income? If so, include **Form 1099INT**
- Y N Did you receive any refund of state and or local tax withholdings? If so, include **Form 1099G**
- Y N Did you have distributions from a retirement account? If so, include **Form 1099R**
- Y N Did you sell your primary residence and did you reside in the home for 2 years or longer? If so, include **Form 1099S**
- Y N Did you pay any mortgage interest and real property taxes? If so, include **Form 1098**
- Y N Do you own any rental property? If so, please see the Rental Real Estate page of this organizer
- Y N Do you have any children who earned more than \$2,200.00 of investment income?
- Y N Will there be any significant changes in your income or deductions next year, such as retirement?
- Y N Are you self-employed and work from home? If so, please see the Profit or Loss from business page
- Y N Did you have income and expenses from a car sharing business (Uber or Lyft)?
- Y N Did you sell or transfer any stock or sell rental or investment property during the tax year? If so, include **Form 1099B**
- Y N Did you incur gains or losses from virtual currencies (Bitcoin, Litecoin, or XPR)?
- Y N Did you make any contributions to a retirement savings account? If so, see the IRA & Retirement page
- Y N Did you have any investments become worthless during the tax year?
- Y N Did you pay any investment interest?
- Y N Did you have any income and/or expenses from short-term rentals (Airbnb or HomeAway)?
- Y N Did you have any gambling winnings and losses? Please provide **Form W2G**
- Y N Did you have any student loan interest? If so, include **Form 1098E**
- Y N Did you pay any college tuition? If so, include **Form 1098T**
- Y N Did you have distributions from a college savings account? If so, include **Form 1099Q**
- Y N Did you receive any income from an installment sale?
- Y N Do you own a business or an interest in a partnership, LLC, corporation or other venture? If so, Include **Form K-1**
- Y N Were you granted or did you exercise any employer stock options during the tax year?
- Y N Did you engage in any farming activities?
- Y N Have you had any mortgage, credit card or loan debt cancelled during the tax year? If so, Include **Form 1099C**
- Y N Have you abandoned any property? If so, Include **Form 1099A**
- Y N Are you in bankruptcy?
- Y N Are you a member of the military?
- Y N Were you a citizen of or live in a foreign country and receive income in that country?
- Y N Do you have an interest in or signature over a bank, securities or other financial account in a foreign country?
If so, you will need to complete Form 8938
- Y N Did you have any military moving expenses related to new orders? If so, provide costs to include.....
Costs to transport your belongings and your travel expenses related to the move
- Y N Have you received any correspondence from the IRS and/or any State taxing agency? If yes, please provide those notices with your tax documents
- Y N Did you engage in any bartering transactions during the tax year? Include **Form 1099B**

State Residency Information:

Y N Were you a full year resident of GA?

If not, what other states did you reside in and the date you left the state(s): _____

Health Care Information:

Although the penalty no longer applies, if you had health insurance coverage from the government marketplace, you will receive a **Form 1095A**. Please submit that form with your tax papers.

Y N Did you receive any distributions from a Health Savings Account (HSA), Archer MSA or Medicare Advantage plan during the year? If so, include **Form 1099SA**

\$_____ What was the cost of your annual premium(s) paid for medical insurance, including dental & vision plans

Y N Did you pay any long term care benefits? If so, include **Form 1099LTC**

Taxpayer Premiums \$_____ Spouse Premiums \$_____

Tax Documents That Are Provided To Taxpayers Which May or May Not Apply To Each Individual

**** Please check the box which applies to you and provide us with the documents that you received ****

- W-2 Wage & Tax Statement - *How Many Are You Including?* _____
- W-2G Gambling Winnings
- 1099-SSA Social Security Benefit Statement - *How Many Are You Including?* _____
- RRB 1099R Railroad Retirement Payments
- 1095-A Health Insurance Statement From ACA Marketplace (Obamacare)
- 1095-B Health Insurance Statement From Insurance Providers
- 1095-C Health Insurance Statement From Employer
- 1099-DIV Dividends & Distributions
- 1099-INT Interest Income
- 1099-MISC Miscellaneous Income
- 1099-NEC Non Employee Compensation (In place of the 1099MISC, Box 7)
- 1099-OID Original Issue Discount
- 1099-A Acquisition or Abandonment of Secured Property
- 1099-B Proceeds From Broker & Barter Exchange Transactions - *You Must Include Basis Information*
- 1099-C Cancellation of Debt
- 1099-G Certain Government Payments (Unemployment Compensation & Refunds of State Income Tax)
- 1099-H Health Care Tax Credit (HCTC) Advance Payments
- 1099-K Merchant Card & Third Party Network Payments
- 1099-LTC Long-term Care & Accelerated Death Benefits
- 1099-Q Payments From Qualified Educational Programs (529 Accounts)
- 1099-R Distributions From Pensions, IRA's, Annuities, Retirement & Profit Sharing Plans
How Many Are You Including? _____
- 1099-S Proceeds From Real Estate Transactions
- 1099-SA Distributions From HSA or MSA Accounts (Health Savings Accounts)
- 1098 Mortgage Interest Statement. *If you refinanced this tax year, include your closing statement*
- 1098-C Contributions of Motor Vehicles, Boats & Airplanes
- 1098-E Student Loan Interest
- 1098-MA Mortgage Assistance Payments
- 1098-T Tuition/Education Statement - *Must Provide ALL pages Including the Payment Summaries*
- K-1 Share of Income From S-corporations, Partnerships & Trusts
- 5498 IRA Contribution Information
- 5498-SA Health Savings Account Contributions
- CP01A If you, your spouse or any dependents were issued an Identity Protection Pin (IP PIN), please provide the notice issued by the IRS

Profit or Loss from Business (Schedule C)

Business Name: _____ Employer ID #: _____

Business Trade: _____

Address, City, State, Zip _____

- Y N Was this business started during 2019?
- Y N Was this business disposed of during 2019?
- Y N Were payments of \$600 or more paid to an individual who is not your employee for services provided to you?
- Y N Did you file Forms 1099MISC for the individuals you paid \$600 or more?

If you received Forms 1099NEC from your clients, please include them with your paperwork

Income

Gross Receipts of Sales \$ _____ Other Income \$ _____ (Describe) _____
Returns & Allowances \$ _____ Other Income \$ _____ (Describe) _____

Expenses

| | | | | | | | | | | |
|---|--|---|------------------------|------------------------|---|--------------------------------------|------------------------------------|--------------------------|---------------------------|------------------------------|
| Advertising \$ _____ | Travel \$ _____ | <table border="0" style="width: 100%;"><tr><td style="width: 60%;">Business Mileage _____</td></tr><tr><td>Personal Mileage _____</td></tr><tr><td>Y N Vehicle available for personal use?</td></tr><tr><td>Y N Other vehicle available for use?</td></tr><tr><td>Y N Evidence to support deduction?</td></tr><tr><td>Y N Is evidence written?</td></tr><tr><td>Vehicle Description _____</td></tr><tr><td>Date placed in service _____</td></tr></table> | Business Mileage _____ | Personal Mileage _____ | Y N Vehicle available for personal use? | Y N Other vehicle available for use? | Y N Evidence to support deduction? | Y N Is evidence written? | Vehicle Description _____ | Date placed in service _____ |
| Business Mileage _____ | | | | | | | | | | |
| Personal Mileage _____ | | | | | | | | | | |
| Y N Vehicle available for personal use? | | | | | | | | | | |
| Y N Other vehicle available for use? | | | | | | | | | | |
| Y N Evidence to support deduction? | | | | | | | | | | |
| Y N Is evidence written? | | | | | | | | | | |
| Vehicle Description _____ | | | | | | | | | | |
| Date placed in service _____ | | | | | | | | | | |
| Car & Truck Expenses \$ _____ | Parking & Tolls \$ _____ | | | | | | | | | |
| Commissions & Fees \$ _____ | Phone \$ _____ | | | | | | | | | |
| Contract Labor \$ _____ | Fuel \$ _____ | | | | | | | | | |
| Depletion \$ _____ | Internet \$ _____ | | | | | | | | | |
| Employee Benefit Programs \$ _____ | Utilities \$ _____ | | | | | | | | | |
| Insurance (not health) \$ _____ | Wages \$ _____ | | | | | | | | | |
| Interest - Mortgage \$ _____ | Meals 50% \$ _____ | | | | | | | | | |
| Interest - Other \$ _____ | Meals 80% \$ _____ | | | | | | | | | |
| Legal & Professional Fees \$ _____ | Meals 100% \$ _____ | | | | | | | | | |
| Office Expenses \$ _____ | | | | | | | | | | |
| Pension & Profit Sharing \$ _____ | Other Expenses \$ _____ (Describe) _____ | | | | | | | | | |
| Rent or Lease Equipment \$ _____ | Other Expenses \$ _____ (Describe) _____ | | | | | | | | | |
| Rent or Lease Office/Other \$ _____ | Other Expenses \$ _____ (Describe) _____ | | | | | | | | | |
| Repairs & Maintenance \$ _____ | | | | | | | | | | |
| Supplies \$ _____ | | | | | | | | | | |
| Property Taxes \$ _____ | | | | | | | | | | |
| Payroll Taxes \$ _____ | | | | | | | | | | |
| Other Taxes & licenses \$ _____ | | | | | | | | | | |

Capital Equipment Purchased

Date _____ Amount \$ _____ Description _____
Date _____ Amount \$ _____ Description _____
Date _____ Amount \$ _____ Description _____

Cost of Goods Sold

| | |
|---------------------------------------|--|
| Inventory at Beginning of Yr \$ _____ | Cost of Labor \$ _____ |
| Inventory at End of Yr \$ _____ | Materials \$ _____ |
| Purchases \$ _____ | Supplies \$ _____ |
| Purchases for Personal Use \$ _____ | Other Costs \$ _____ (Describe) _____ |

Business Use of Home Deduction

We utilize the Simplified Method for calculating the Business Use of Home Deduction. Please provide the following

Total Square Feet of Home (Heated Space) _____ Total Square Feet of Area Used For Business _____

Income or Loss from Rental Real Estate & Royalties (Schedule E)

Property Description _____ Original Purchase Price \$ _____

Address, City, State, Zip _____

Property Type (Select One) Single Family Residence _____ Multi-family Residence _____ Vacation / Short Term Rental _____
 Commercial _____ Land _____ Self-rental _____ Royalties _____
 Other Rental (Describe) _____

Number of Days Property Was Rented _____ Number of Days Property Was Used For Personal Use _____

If the rental is a multi-dwelling unit & you occupied part of the unit, enter the percentage you occupied _____%

Y N This property is your main home or second home?

Y N This property was disposed of during 2020?

Y N This property was owned as a qualified joint venture?

Y N Were payments of \$600 or more paid to an individual who is not your employee for services provided for this rental?

Y N Did you file Forms 1099MISC for the individuals you paid more than \$600?

If you received Forms 1099MISC from your tenants, please include them with your paperwork

Income

Rental Income \$ _____

Royalty Income \$ _____ (From Oil, Gas, Mineral, Copyright or Patents)

Expenses

Advertising \$ _____

Auto & Travel \$ _____

Cleaning \$ _____

Commissions \$ _____

Insurance \$ _____

Legal & Professional Fees \$ _____

Management Fees \$ _____

Mortgage Interest \$ _____

Other Interest \$ _____

Repairs \$ _____

Maintenance \$ _____

Supplies \$ _____

Taxes \$ _____

Yard Maint \$ _____

Utilities \$ _____

Pest Control \$ _____

HOA Dues \$ _____

Depletion \$ _____

Bank Fees \$ _____

Paint \$ _____

HVAC Replaced \$ _____ Date of Purchase _____

Roof Replaced \$ _____ Date of Purchase _____

Fence Purchased \$ _____ Date of Purchase _____

Appliances \$ _____ Date of Purchase _____ Description _____

Appliances \$ _____ Date of Purchase _____ Description _____

Appliances \$ _____ Date of Purchase _____ Description _____

Appliances \$ _____ Date of Purchase _____ Description _____

Furniture \$ _____ Date of Purchase _____ Description _____

Furniture \$ _____ Date of Purchase _____ Description _____

Furniture \$ _____ Date of Purchase _____ Description _____

Furniture \$ _____ Date of Purchase _____ Description _____

Other Capital Purchase \$ _____ Date of Purchase _____ Description _____

Other Capital Purchase \$ _____ Date of Purchase _____ Description _____