# Tax Return Prep

## HOW-TO INFORMATION FOR NEW CLIENTS

Thank you for choosing Storen Financial for your tax planning and preparation needs! In order to make your yearly tax requirement easier, we've compiled everything you need into a simple step-by-step process on our website (visit **www.storenfinancial.com/tax-season**). Here are the highlights...

## A) DETERMINE PREFERRED METHOD - OPTIONS:

- Drop Off Program (Submit documents. Pick up and sign completed return at our office.)
- Digital Experience (Upload/download via our Client Portal and sign return digitally.)
- Appointment with Tax Accountant (Submit documents 2 weeks prior and complete return during appointment.)

## **B) PREPARE DOCUMENTS**

Related Documents

- Completed New Client Packet Forms (Data Sheet, Engagement Letter, Questionnaire)
- Copy of Prior 2 Years Tax Returns

C Helpful Tool!

(Information needed to complete your return. Use "Checklist Worksheet".)

## C) SUBMIT DOCUMENTS - OPTIONS:

- Upload to your secure Storen Financial Client Portal (Please contact us to request access.)
- Drop off documents at our office in Zionsville
- Place documents in one of our secure lockboxes (Located in Brownsburg or Zionsville. See instructions on our website.)

For data security purposes, please **do NOT email** personal or financial information.

## OTHER QUESTIONS / RESOURCES

Have questions or need to schedule appointment? Contact our team!

Visit www.storenfinancial.com/tax-season for more information...

- New Client Pricing
- FAQs and Helpful Links
- Tools, Forms and Worksheets

## www.storenfinancial.com

## Does your investment advisor consider your long-term TAX impact?

Our team of experienced professionals work with you to develop a comprehensive, long-term financial plan that implements customized tax-saving strategies that fit your unique situation.

These strategies not only focus on investments and stock portfolios, but factor in elements such as Medicare, Social Security, legacy planning, and much more.

## DID YOU KNOW?

Greg Storen is a long-term member of Ed Slott's Elite IRA Advisor Group, an exclusive organization dedicated to the ongoing study and mastery of constantly changing and complex tax laws impacting your retirement savings.

Ask us how!



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Name(s) on Tax Return

Tax Year

Thank you for selecting Storen Financial to assist you with tax compliance. This letter confirms the terms of our engagement and the nature and extent of services we will provide.

We will prepare your federal, state, and local income tax returns with supporting schedules using information you provide to us. We will also perform a limited amount of business accounting and analysis necessary for preparation of the income tax returns.

#### We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. It is your responsibility to provide accurate information required for the preparation and completion returns.

You must keep all documents, canceled checks, receipts, and other data that support your reported income and expenses. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. Management is responsible for proper recording of transactions in the accounts, safeguarding assets, and for the substantial accuracy of the financial records. Because you have final responsibility for the tax returns, you should review them carefully before you sign and file them.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Pursuant to standards in IRS Circular 230 and IRC 6694, we are forbidden from signing a tax return unless we have a reasonable belief that a tax position taken on the return will have a "more likely than not" probability of being sustained on its merits. Under no circumstances may we sign a tax return with a tax position that has no reasonable basis. You agree to honor our decisions regarding disclosure of tax return positions to avoid or mitigate penalties. In the event you ask us to take a tax position that in our professional judgment will not meet the applicable laws and standards as promulgated, we reserve the right to stop work and shall not be liable to you for any damages that occur as a result of ceasing to render services. In addition, you will be liable for payment of any fee incurred to the date which service has ceased.

Currently the IRS and state taxing agencies are aggressive in assessing penalties. The law provides various penalties that may be imposed when taxpavers understate their tax liability. If any tax authority should later contest a position taken, there may be an assessment of additional tax plus interest and/or penalties. You acknowledge that any such understated tax, and any imposed interest and/or penalty thereon, are your responsibility, and that we assume no liability for any such additional assessments.

Our work is not intended to benefit or influence any third party, either to obtain credit or for any other purpose. We will not respond to or verify third party requests for any information reported on these tax returns. In addition, our engagement does not include any procedures designed to detect errors, fraud, or theft. Therefore, our engagement cannot be relied upon to disclose such matters.

Your returns may be selected for audit by a taxing authority, or you may receive a letter from a taxing authority requesting additional information or supporting documentation. Any proposed adjustments are subject to certain appeal. Should your returns be selected for examination, we may be able to assist you upon request to represent you. Such representation would be a separate engagement, and we would render additional fees based upon the time and expenses required for resolution. Ask your tax preparer for information.

Our fee for preparation of your tax returns described above will be based upon the amount of time required, the forms and schedules to be filed, as well as the complexity of the work to be performed. All invoices are due and payable upon presentation. In addition, this fee depends upon the timely delivery, availability, quality, and completeness of the information you provide to us.

We retain copies of the records you have supplied to us along with our work papers for your engagement for a period of three years. After three years, our work papers and engagement files may be destroyed. Your original records will be returned to you at the end of this engagement. Our work papers and files are not a substitute for your records, and you should arrange for secure storage of the originals.

To affirm that this letter correctly summarizes your understanding of the arrangements for this engagement, please sign the enclosed copy of this letter in the space indicated.

Signature Date

## Personal Income Tax Prep Questionnaire

Name(s) on Tax Return Ta	ax Year _	
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### INFORMATION REQUIRED TO PRODUCE YOUR TAX RETURN

Did you receive an Identity Protection PIN (IP PIN) from the IRS?	□ Yes	□ No
Did you change your filing status (i.e. married, divorced, widow)?	□ Yes	□ No
Did you have authority over a financial, bank, securities, or brokerage account located in a foreign country?	□ Yes	□ No
Do you have any foreign financial accounts, foreign assets, or hold interest in a foreign entity?	□ Yes	□ No
Did you receive, sell, send, exchange or acquire financial interest in virtual currency (i.e. cryptocurrency)?	□ Yes	□ No
Did you receive \$5,000 or more throughout the year on a platform such as Venmo, PayPal, or Cash App?	□ Yes	□ No

### LIFESTYLE

Did you change your bank account used for direct deposit?	□ Yes	□ No
Did you move or change jobs during the year (change county or state)?	□ Yes	□ No
Did you start a new business or close a business?	□ Yes	□ No
Did you sell, exchange, or purchase any real estate or rental property(s)?	□ Yes	□ No
Did you contribute to a retirement plan outside of employer (i.e IRA, Roth, SIMPLE, SEP, 401k)?	□ Yes	□ No
Did you make any contributions/distributions to/from a Health Savings Account (HSA)?	□ Yes	□ No
Did you make quarterly estimated tax payments directly to the Federal and State last year?	□ Yes	□ No
Did you obtain health insurance from the Marketplace?	□ Yes	□ No
Did you install any energy-saving improvements to your residence(s) this year?	□ Yes	□ No

#### INCOME

Did you receive any unemployment benefits?	□ Yes	□ No
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	□ Yes	□ No
Did you receive any Social Security benefits, including disability income?	□ Yes	□ No
Did you receive any income from properties (i.e. installment sale income or rental income)?	□ Yes	□ No
Did you have any debts canceled or forgiven (i.e. credit cards or student loans)?	□ Yes	□ No
Did you receive any payments from a retirement plan (i.e. pension, IRA or 401k)?	□ Yes	□ No

### **DEPENDENTS / CHILDREN**

Were there any changes in dependents from the prior year (i.e. birth, death, adoption, etc.)?	□ Yes	□ No
Did you pay for childcare or adult daycare for your dependents?	□ Yes	□ No
Did you pay any student loan interest?	□ Yes	□ No
Did you withdraw from or contribute to a 529 college savings plan?	□ Yes	□ No
Did you have a dependent in college during the year?	□ Yes	□ No



ADDITIONAL NOTES FOR YOUR ACCOUNTANT

Thank you for choosing Storen Financial. Please note that this information will be used for all services provided by Storen Financial, so please complete and verify the accuracy of this information.

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□ Check Preferred Contact Method (select one)

Legal First Name:			Mobile Phone:	
Preferred First:			Home Phone:	
Middle Initial:			Work Phone:	
Legal Last Name:			Home Email:	
SSN:			Work Email:	
DOB:			Employer:	
Retired?:	□ Yes	□ No	Occupation:	

### **CLIENT 2**

Legal First Name:			Mobile Phone:	
Preferred First:			Home Phone:	
Middle Initial:			Work Phone:	
Legal Last Name:			Home Email:	
SSN:			Work Email:	
DOB:			Employer:	
Retired?:	□ Yes	□ No	Occupation:	

Own a Business?:
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### ADDRESS

Street	City	State	Zip

### **CHILDREN / DEPENDENTS**

### $\hfill\square$ Check if child qualifies as a dependent.

Dep.	Legal First Name	Legal Last Name	SSN	DOB

This bank account verification form is used for direct deposit. Please complete the form below and double-check your numbers. You must sign at the bottom of this document for this verification form to meet the guidelines.

### **BANK ACCOUNT INFORMATION**

Name on Account:		
Bank Name:		
Bank Routing Number (9 Digits):		
Account Number:		
Checking or Savings?	□ Checking	□ Savings

Signature \_\_\_\_\_

Date \_\_\_\_\_