



Income Tax Preparation Engagement Agreement

Thank you for selecting Paradyme Financial Solutions to assist you with your income tax preparation. This Agreement outlines the terms of our Engagement and the nature and extent of services to be provided. Please read this carefully. It is important to understand the items included and limitations of the services you have asked us to perform.

Paradyme Financial Solutions will prepare your 2018 1040 federal income tax, and income tax return(s) and related schedule(s) for the state(s) indicated by you using information you provide to us.

If you derived income from a foreign country, we will use the foreign country income information which you provide to calculate any applicable federal or state foreign tax credit or other affected federal or state income tax items. However, you are responsible for meeting any foreign country income tax or other foreign country reporting requirements.

If there are additional returns you wish us to prepare, such as 1099's, W-2s, C Corp, S Corp, Partnerships, sales tax, property tax, inheritance, gift or estate tax, other income tax returns for other entities, or other states or cities tax returns, please purchase a separate listing.

We are responsible for preparing only the returns as listed on the listing purchase.

If you have not done so, Please go to <https://pfs.youcanbook.me/> and choose Tax Prep – 2 hour block available from February 1st to April 10th. This will be your video or voice conference call time block to finalize your return. Failure to have the information in the portal will result in a \$50 reschedule fee that will be added to your final invoice.

It is your responsibility to provide and maintain all information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions. These may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for your returns, so you should review them carefully before you sign to allow us to e-file or mail your returns.

We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. Our work will not include any procedures to discover defalcations or other irregularities.

Paradyme Financial Solutions is not responsible for the disallowance of deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest. We rely, without further verification, upon information you provide to us from 3rd parties, including but not limited to, W-2s, K-1s, 1099s, 1098s, receipts and similar items

It is our policy to keep electronic copies of records along with our work papers related to this Engagement for three years, after which they are destroyed. We do not keep any original client records. It is a taxpayer's responsibility to retain and protect records for possible future use, including potential examination by any government or regulatory agencies.

In the interest of facilitating our services to you, we may communicate by facsimile transmission or send electronic mail over the Internet. This includes documentation sent by Secure File Pro. Such communications may include information that is confidential to you or your company. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of

Christina Coyle

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these electronic devices during this engagement.

Federal and State law impose penalties when taxpayers understate income, overstate expenses, or otherwise understate their tax liability. The Internal Revenue Service may also impose penalties on taxpayers and return preparers for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

Your return(s) may be selected for audit by a taxing authority. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate Engagement for which an Engagement letter will be provided to you. Fees for this subsequent effort are not included in this Engagement.

Our fee for preparation of your tax returns will be as follows:

Schedule of Fees:

\$159 for a personal return including up to 2 W2's, Schedule C, 1 DIV or INT form, 1 state return. The rate for anything outside this scope will be as follows:

A) \$19 per additional form.

B) \$5 per additional entry for more than 1 w-2, more than 5 stock sales, more than 3 charity donations.

C) \$40 for 1040X Form

Payments are as follows:

\$40 through the online listing at: <http://pfspros.bigcartel.com/product/2016-income-tax-preparation-first-payment>

\$40 once all info is uploaded to SecureFile Pro 5 DAYS before the appointment date and time at:

<http://pfspros.bigcartel.com/product/2016-income-tax-preparation-second-payment>

Remainder once return is completed. This will be through PayPal or quickbooks invoicing.

Paradyme Financial Solutions takes your privacy very seriously. To prepare your return we are required to collect and retain nonpublic personal information about you and your family from various sources including:

- Interviews regarding your tax situation
- Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Numbers, income, and other tax-related data.
- Tax-related documents you provide that are required for processing tax returns such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, and business information that can include accounting spreadsheets and banking information.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients in writing by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

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Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to accounts not paid within fifteen (15) days. If invoices are not paid within 30 days of the invoice date, we may, at our election, stop all work until your account is brought current, or we may withdraw from this Engagement. You acknowledge and agree that we are not required to continue work in the event of your failure to pay on a timely basis for services rendered as required by this Engagement. You further acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable to you for any damages that occur as a result of our ceasing to render services. Payment is expected upon completion of your tax return. We will file your tax return(s) when the invoice is paid in full. Our Tax Preparation Engagement will be complete on delivery of the completed income tax returns, including returning your original documentation, or upon our suspension of services, or resignation from the engagement.

If any dispute arises among the parties hereto within, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Rules for Professional Accounting and Related Services Disputes. If the parties are unable to resolve the dispute through mediation within 60 days from the date notice is first given from one party to the other as to the existence of such a dispute and the demand to mediate, then they may proceed to resolve the matter by arbitration. Costs of any mediation proceeding shall be shared equally by all parties.

Any litigation arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of this engagement, notwithstanding any statutory provision to the contrary. In the event of litigation brought against us, any judgment you obtain shall be limited in amount, and shall not exceed the amount of the fee charged by us, and paid by you, for the services set forth in this engagement.

We appreciate the opportunity to serve you. To indicate that this letter correctly summarizes your understanding of the arrangements for this work, please sign and date and return it to Paradyme Financial Solutions. We will be pleased to initiate services after we receive the executed engagement letter.

Sincerely;

Paradyme Financial Solutions

Client has read this Engagement, Paradyme’s Privacy Policy, and by signing below agrees to provide all tax related information to Paradyme Financial Solutions.

Printed name	Signature	Date
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Printed name	Signature	Date
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WHAT I NEED TO PREPARE YOUR 2018 TAX RETURNS

I want to make sure you take advantage of all the tax deductions and credits to which you are entitled – but I can only do this if you give me complete and accurate information.

When providing me with your tax information be sure to include all of the following information (if it applies to your situation):

- Full names, as they appear on the Social Security card, Social Security numbers and dates of birth for you, your spouse, and all dependents. Phone Number.
- Copy of driver's license for both taxpayer and spouse.
- In the event of a rejection, social security card copies may be requested by us to verify submitted numbers.
- Relationship of all dependents, and if, and how long, they lived with you.
- **Proof of residence for child tax credit. This can include a school record, doctor bill, clergy statement, rental agreement, daycare statement, or any other current statement showing the child's name, parent's name and current address. This is required every year.**
- Doctor's note on letterhead or Church's note on letterhead can also be accepted if it has been signed by the doctor or clergy.
- W-2 forms (all copies) and the final pay-stub for the year for all of your employers.
- All 1099s (for interest, dividends, gross proceeds, pensions, distributions from a Qualified Tuition Program, and other income), 1098s (for mortgage interest, contribution of a motor vehicle to charity, student loan interest, and tuition and fees), and K-1s and all attachments (for partnerships, sub-S corporations, estates, and trusts) from all sources.
- Any 1095-A, 1095-B, and 1095-C you receive regarding health insurance coverage.
- All year-end statements and information from brokerage and mutual fund accounts and any AVERAGE COST STATEMENTS received from a mutual fund on the sale of fund shares.
- A detailed listing of-
 1. itemized deductions (unreimbursed medical payments, charitable contributions, and job-related, job-seeking, and investment expenses),
 2. rental income and expenses, and/or
 3. self-employment income and expenses.

I don't need to see actual bills, receipts, or cancelled checks. For the most part I just need numbers. Do not send me a pile of medical bills and receipts and insurance statements and expect me to sort through them to determine your allowable medical deduction.

I also do not need to see proof or acknowledgement of each of your individual cash donations. I only need a listing of your contributions. FYI you can only deduct contributions for which you have hard copy documentation. I do, however, want to see any receipts, acknowledgments or listings for non-cash contributions –clothes, books, household items, furniture, etc. - to Goodwill, the Salvation Army, or your church.

When I say "I only need numbers" I mean specific numbers for deductions you are claiming. "Claim the maximum" or "Whatever I am allowed" or "Same as last year" is not appropriate. The maximum is what you

actually paid – and you are allowed what you actually paid! I need you to tell me “\$1023.50” or “\$20.00 per week for 50 weeks” or “4638 miles”!

If any of the following situations apply to you I will need additional information -

IF YOU HAVE DEPENDENTS IN COLLEGE – I need all Form 1098-Ts received and all the “Burser’s Reports” for the year that show tuition and other payments. You may be able to print-out a financial report from the college’s website. I also need to know what was spent on course-related books, supplies, and equipment. If you have taken a distribution from a Section 529 Qualified Tuition Program I need to know the cost of room and board.

IF YOU SOLD STOCK, BONDS, OR MUTUAL FUND SHARES – I need the date of purchase and cost of the investment sold. This information may be included in the Year-End Consolidated Form 1099 Statement you received from the brokerage firm or mutual fund house. If cost basis information for all trades is not included on this statement have your broker provide you with a “profit and loss” report for all the year’s trades that reconciles to the Form 1099B for each account. If you sold an investment you inherited I need to know number of shares you inherited and the date of death of the person from whom they were inherited.

IF YOU SOLD REAL ESTATE – I need the Closing/Settlement Statements for both the purchase and sale of the property, plus the cost of improvements made to the property over the years and any expenses of sale paid separate from the closing.

IF YOU PURCHASED REAL ESTATE – I need the Closing/Settlement Statement for the purchase of the property. For rental property I will need the separate amounts of “assessed value” for land and improvements from the tax bill.

IF YOU RECEIVED DISTRIBUTIONS FROM AN IRA – I need the year-end statements for all IRA accounts.

IF YOU RECEIVED DISTRIBUTIONS FROM A PENSION PLAN – I need to know if you rolled-over the distribution to an IRA of “took the money and ran”.

IF YOU ARE PAYING ALIMONY – I need to know the Social Security number of your ex-spouse, the amount of alimony paid for the year, and any other required payments, such as health insurance premiums, real estate expenses, that you are making on behalf of your ex-spouse.

IF YOU PURCHASED A CAR, TRUCK, SUV, MOTORCYCLE, BOAT OR AIRPLANE – I need to know the amount of sales tax paid.

IF YOU REFINANCED A MORTGAGE – I need the Closing/Settlement Statement for the refinance and the term of the new loan.

IF YOU DONATED A CAR TO CHARITY – I need to see all the paperwork you received from the charity, especially the Form 1098-C, plus the original cost and date of purchase of the car.

IF YOU HAVE GAMBLING WINNINGS – I need to see details of all your gambling losses.

IF YOU PAID FOR CHILD CARE, WHETHER DIRECTLY OR THROUGH A FLEXIBLE SPENDING ACCOUNT – I need the name, address, Social Security or Employer Identification number, and amount paid for all child-care providers. If you have more than one child I need to know how much you paid for each child. You may be able to get detailed statements from the provider(s).

If this is the first year that I am preparing your Form 1040 I will also need to see copies of your 2017, 2016, and 2015 federal and state tax returns.

Part I – Personal Information

As of December 31, 2018, were you ---

First name	MI	Last name	Date of Birth	Social Security	Occupation	US Citizen	Totally & Permanently Disabled	Full time Student	Legally Blind
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address			Apt#	City		State		Zip	
County/ Parish/ Borough				School District					
Phone Number				Email Address					
Phone Number (Spouse)				Email Address(Spouse)					

Yes No Did you move last year? If yes, previous address.

Mailing address	Apt#	City	State	Zip
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Part II – Marital Status

As of December 31, 2018, were you:

Single Married

a. Did you live with your spouse during any part of the last six months of the year? Yes No

b. Was your marriage recognized under the laws of the state (s) you are filing in? Yes No

Divorced or Legally Separated

Widowed Date of spouses death _____

Yes No Did your Marital Status change last year?

Yes No Are you or your spouse a member of the military?

Part III – Household Information

List the names below of **everyone** who lived with you last year (other than your spouse), and **anyone** you supported but did not live with you last year.

Name (first, last) Do not enter your name or spouse's name below	Date of Birth	Social Security Number	Relationship to you (for example: son, daughter, parent, none, etc.)	Number of months lived in your home last year	US Citizen	Resident of US, Canada, or Mexico last year	Single or Married as of 12/31/15	Full-time Student last year	Totally and Permanently Disabled	Can this person be claimed by someone else as a dependent on their return?	Did this person provide more than 50% of their own support?	Did this person have less than \$4000 of income?	Did the taxpayer(s) provide more than 50% of support for this person?	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLIENT TAX CREDIT DUE DILIGENCE QUESTIONNAIRE

TAX YEAR 2018

The idiots in Congress have, as a reaction to the substantial tax fraud resulting from their original error of choosing to distribute federal social welfare program benefits via the tax return, placed new excessive inappropriate “due diligence” requirements on paid tax return preparers whose clients are claiming certain tax credits. This, added to the excessive and inappropriate requirements previously implemented by the Internal Revenue Service, which found itself faced with administering these government welfare programs despite continual underfunding, has forced tax preparers to, in many cases, become Social Workers and verify that their clients qualify to receive government social welfare benefits.

We preparers are not compensated by the IRS or the government for doing their job for them, but must pass the costs of this required additional work on to our taxpayer clients.

You will be claiming an Earned Income Credit, Child Tax Credit, Additional Child Tax Credit, and/or an American Opportunity Credit on your 2018 tax return. **Because of this you must complete, sign, and return this questionnaire to me.**

Because of the ridiculous regulations require I conduct an “interview”, so I have created this questionnaire as an alternative **to cover my hind quarters in case of an IRS inquiry.**

If you have any questions about, or need assistance with or clarification of, any of the items in this questionnaire please email me at paradymepro@gmail.com.

You will also need to upload a document that proves the child(ren) live with you. A school record, a medical record. Something that has your address or names you as the parent(s).

1. I/we certify that the child(ren) for whom the tax credit(s) will be requested can be claimed as my/our dependent(s), as per the information provided at the end of this questionnaire.

_____ Yes _____ No

2. The child(ren) for whom the tax credit(s) will be requested lived with me/us for the year, except for temporary absences.

_____ Yes _____ No.

3. I/we, or my child(ren), have documentation to substantiate the credit(s) being claimed, such as Form 1098-T and bills, statements, and receipts for college tuition, fees, and book and material costs (*you are responsible for keeping this documentation and providing it to the IRS if you are audited or questioned*).

_____ Yes _____ No

4. Was a Child Tax Credit, Additional Child Tax Credit, or American Opportunity Credit claimed by you disallowed or reduced by the IRS on a past tax return?

_____ Yes _____ No

The following two questions apply to children of divorce/separated parents:

5. I am the custodial parent of the child(ren) for whom the tax credit(s) will be requested and I released the dependency deduction to my former spouse for 2018 by signing Form 8332 (Release/Revocation of Claim to Exemption for Child by Custodial parent).

_____ Yes _____ No

6. I am **not** the custodial parent of the child(ren) but I have been given a signed Form 8332 by my former spouse, the custodial parent, allowing me to claim the child(ren) as dependent(s) on my 2018 tax returns (*you must give me the Form 8332*).

_____ Yes _____ No

I certify that my answers to the above items are true.

Please sign below:

Taxpayer

Spouse

Personal Information

- | | <u>Yes</u> | <u>No</u> | |
|----|--------------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Did any of the children have any income for last year? If yes, names and amounts: |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Was there a change in the number of your dependents in 2018? |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Is it anticipated that a different taxpayer will claim a child as their dependent? |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Can anyone claim you or your spouse as a dependent on their tax return? |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Have you received any IRS or State notices or been audited? |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse want \$3 of your federal tax to go to the Presidential Election Campaign Fund? |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Have you or your spouse been a victim of identity theft? |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Have you or your spouse adopted a child? Year _____ |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Are you Eligible for MSRRA? (Military Spouse Resident Relief Act) |
| 10 | | | If yes on #9, please list state of record. |

Part IV – Income – Last year, did you or your spouse receive - - -

- | | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
|----|--------------------------|--------------------------|--------------------------|--|
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wages or Salary? How many W-2s did you and your spouse have? _____ |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tip Income? _____ |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scholarships? |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? How many 1099-Int forms? ____ How many 1099-Div forms? ____ How many brokerage account statements? ____ Any 1099B statements? |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any income from an installment sale? |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refund of state/local income taxes? |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you <input type="checkbox"/> pay or <input type="checkbox"/> receive alimony in 2018? Recipient's name and Social Security number _____ |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Income (or loss) from the sale of Stocks, Bonds or rental or investment property, or your home? |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any investments that became worthless in 2018? |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were you granted, or did you exercise, any incentive stock options in 2018? |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Distribution from Pensions, Annuities, and/or IRA? |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "Roll over" any retirement accounts from one custodian to another? |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture? Do you have rental real estate? |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unemployment compensation? (Form 1099-G) |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099) |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any other income? (gambling, lottery, prizes, awards, jury duty, Schedules K-1, hobby income, etc.) |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cash/check payments for any work performed not reported on Forms W-2 or 1099? |

Part V – Expenses – Last year, did you or your spouse pay - - -

- | | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
|----|--------------------------|--------------------------|--------------------------|--|
| 29 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you have a Health Savings Account (HSA)? (documentation please) |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Self employed SEP, SIMPLE, or other qualified plan? |
| | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were you or your spouse self employed AND purchased health insurance? |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A penalty for early withdrawal of savings? |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you make contributions to a retirement account?
<input type="checkbox"/> IRA? How much? _____
<input type="checkbox"/> Roth IRA? How much? _____
<input type="checkbox"/> 401K?
<input type="checkbox"/> Other? Describe _____ |
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Student loan interest? |
| 35 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oil related production activities? |

Part VI – Itemized Deduction Expenses – Last year, did you or your spouse pay - - -

- | | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
|----|--------------------------|--------------------------|--------------------------|---|
| 36 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | What were your “out of pocket” medical expenses? (potential itemized deductions, hospitals, dentists, vision care, prescriptions) |
| 37 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Real estate taxes for your home(s) or personal property taxes? (Form 1098 please) |
| 38 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any sales tax on major purchase such as vehicle, boat, home construction, or plane? |
| 39 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or sell a home? When _____ |
| 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you get the first-time homebuyer tax credit for 2008? |
| 41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Home mortgage interest? (Form 1098) |
| 42 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home? |
| 43 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance your home in 2018? Did you take a home equity loan last year? |
| 44 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Points you paid in 2018? |
| 45 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Points on a previous refinance that are being amortized over the life of your current loan? |
| 46 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PMI (Private Mortgage Insurance) premiums? |
| 47 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any interest on a loan for a boat or RV that has living quarters? |
| 48 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interest on loans used for investments? |
| 49 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Charitable contributions by cash or check? (records required) |
| 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you assist in community service projects for 501 (c) 3 organizations? If yes, do you have mileage records? <input type="checkbox"/> Yes <input type="checkbox"/> No How many miles did you drive?
_____ |
| 51 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-cash charitable contributions? |
| 52 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Casualty and / or theft losses? |

Part VII – Other – Last year, 2018, Did you - - -

- | | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
|----|--------------------------|--------------------------|--------------------------|--|
| 53 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Live in an area that was affected by a natural disaster? |
| 54 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Purchase and install energy-efficient home items? (windows, furnace, insulation) |
| 55 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have Earned Income Credit (EIC) disallowed in a prior year? Which tax year? _____ |
| 56 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pay for any post secondary education expenses for yourself, spouse or dependents? (Form 1098-T, person, post secondary school, city, state, tuition, books or required supplies) |
| | <u>Yes</u> | <u>No</u> | <u>Unsure</u> | |
| 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you work from a home office? (IRS tests: 1. Regular and exclusive use, and 2. Principal place of business. For employees, business use must be for employer's convenience. If the home office is merely helpful, you cannot deduct the expenses. |
| 58 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you use your car for business and are unreimbursed? |
| 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled? |
| 60 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have an NOL carryover? |
| 61 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Capital loss carryover? |
| 62 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Charitable contributions carryover? |
| 63 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Make estimated tax payments, Federal or State, or apply last year's refund to this year's tax? |
| 64 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you owe and pay state taxes last year, over and above taxes withheld on W-2s. |
| 65 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay anyone for domestic services in your home? |
| 66 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new energy-efficient car, truck, or van? |
| 67 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account? |
| 68 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you give a gift of \$14,000 or more to one or more people? |
| 69 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | May we electronically file your tax return? |
| 70 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Would you like to allow your tax preparer or another person to discuss your return with the IRS? Designee's name and phone number _____ |

DIRECT DEPOSIT - To facilitate your refund quicker, we offer direct deposit. This information will not be used until final approval. If there is a balance due that can also be used for a direct draw, again, final approval will be needed.

Routing Number

Account Number

--	--

Bank Name: _____

Part IX – FBAR– Report of Foreign Bank and Financial Accounts

If you have a financial interest in or signature authority over a foreign financial account, including a bank account, brokerage account, mutual fund, trust, or other type of foreign financial account, exceeding certain thresholds, the Bank Secrecy Act may require you to report the account yearly to the Department of Treasury by electronically filing a Financial Crimes Enforcement Network (FinCEN) 114, *Report of Foreign Bank and Financial Accounts* (FBAR).

United States persons are required to file an FBAR if:

1. the United States person had a financial interest in or signature authority over at least one financial account located outside of the United States; and
2. the aggregate value of all foreign financial accounts exceeded \$10,000 at any time during the calendar year reported.

Ye No Unsure
s

71 Do you have any Foreign Financial Accounts? If yes,

If you answer "Yes" above, go to <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Report-of-Foreign-Bank-and-Financial-Accounts-FBAR> and follow the instructions there. FBAR reporting **IS NOT** part of your tax preparation process.

Part X Sch C Business Worksheet

A Part of the Income Tax Return of: _____ Year _____

Business/Profession:			
Business Name:		EIN:	
Address:		Cash or Accrual:	
City, State, Zip:			
INCOME		DEDUCTIONS	
Gross Receipts/Sales		Accounting	
		Advertising	
Returns & Allowances		Bank Charges	
		Dues & Subscriptions	
Other Income:		Fees – Amazon	
		Fees- Etsy	
		Fees - PayPal	
		Insurance (other than Health)	
		Other Interest (Credit Cards)	
COST OF GOODS SOLD		Legal & Professional	
+ Beginning Inventory		Office Expense	
+ Purchases (at cost)		Parking & Tolls	
		Postage	
- Cost of Items for Personal Use		Rent – vehicles, mach, equip.	
		Rent – other business Property	
+ Cost of Labor		Repairs	
+ Materials & Supplies		Supplies	
+ Other Costs:		Taxes – Sales	
		Taxes – Payroll	
		Telephone – Cell Phone Your Line Only	
- Ending Inventory		Tools	
= Cost of Goods Sold		Travel	
		Total Food	
Other:		Utilities – Outside home	
		Wages	
Pay anyone \$600 or more for services?			
(If Yes) Did you issue them a 1099 MISC?			

If you use Paper & Spark, please send a copy of your files.

Child due diligence – Taxpayers with self-employment income

1. How long have you owned your business?.....

2. Can you provide any documentation to substantiate your business?

- | | |
|---|---|
| <input type="checkbox"/> Business Cards | <input type="checkbox"/> Business/Occupational License (if required) |
| <input type="checkbox"/> Business Stationary | <input type="checkbox"/> Other tax returns (sale/excise employment, etc.) |
| <input type="checkbox"/> Receipts or receipt book | <input type="checkbox"/> Advertisements (newspaper, flier, yellow pages) |

Other (list any other documentation you can provide to substantiate your business):

3. Who maintains the business records?.....

4. Do you maintain separate banking accounts for personal and business transactions? Yes No
 a. If "Yes," in what form were these records provided?

b. If "No," how do you differentiate between personal and business transactions and monetary assets?

5. Were satisfactory records of income and expense provided?..... Yes No

a. If "Yes," in what form were these records provided?

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Car/Truck Expenses |
| <input type="checkbox"/> Paid Invoices/receipts | <input type="checkbox"/> Ledgers |
| <input type="checkbox"/> Log Books | <input type="checkbox"/> Business Bank Accounts |
| <input type="checkbox"/> Computer Records | |

Other (list any other forms of documentation you can provide to support your business)

b. If "No," how did you determine:

The amount of income?.....

The amount of expense?.....

6. Form 1099-MISC:

a. Do you have any forms 1099-MISC to support the income?..... Yes No

7. List any other information you can provide related to your business:

Part I – Client Information –

Taxpayer Name _____

_____ Date

Part II – ACA

Beginning in Tax Year 2014, all taxpayers are required to have, and report on their tax return:

- Health Care Coverage, or
- A Coverage Exemption, or
- Make a Shared Responsibility Payment.

Health insurance refers to Minimum Essential Coverage (MEC) that qualifies as health insurance under the Health Care Reform Act of 2010, and includes employer sponsored coverage, insurance purchased in the individual marketplace, grandfathered health plans, and government plans such as Medicare and Medicaid.

The Marketplace refers to the Health Insurance Exchange set up by states (or the federal government for states that did not set up their own exchange) where you can go online to shop for individual health insurance policies from a variety of insurance providers.

Tax family refers to you the taxpayer, your spouse if filing a joint return, and everyone you can claim as a dependent on your tax return. It does not include an individual that somebody else can claim as a dependent (such as a former spouse), even if you are the one who purchased the health insurance for that individual. A member of your tax family does not necessarily have to live with you in your household (such as when you are the noncustodial parent of a child whom you claim as a dependent).

Yes No

- 1 Did you have health insurance for you, your spouse (if filing jointly), and everyone that you can claim as a dependent for the entire year of 2018?

If **Yes**, go to question 2. If **No**, go to question 3.

Yes No

- 2 Was your insurance coverage provided through the Marketplace?

If **Yes**, IRS Form 1095-A is required from the provider, go to question 3.

3.

Page 1 of 4 Taxpayer initials signifying review _____ Date _____

For each member of your tax family, enter the applicable code for each month that describes the type of insurance (if any) each member had for that month:

Code

- a Employer-sponsored coverage.
- b Government plan such as Medicare or Medicaid.
- c Individual policy including grandfathered plans, but not including plans purchased through the Marketplace.
- d Individual policy purchased through the Marketplace.
- e No health insurance coverage (or coverage does not qualify as minimum essential coverage).

Note: You are considered to have health insurance for any month in which you had health insurance for at least one day during that month.

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

For each member of your tax family where **Code e** was entered above, enter the applicable code for each month that describes why that tax family member did not have any insurance for that month in the table below.

Code

- f Cost of insurance was too expensive. List on a separate sheet your cost of the least expensive plan you could find in the Marketplace for each member of your tax family, or your cost of insurance that your employer would have provided for you. Include information on the amount of the advanced premium tax credit that the Marketplace would have given you had you purchased insurance through the Marketplace.
- g Tax family member was either (1) outside the U.S. for at least 330 full days during the year, or (2) was a bona fide resident of a foreign country or U.S. territory during the year, or (3) was not a U.S. citizen or U.S. national, and was not lawfully present in the U.S during the year.
- h Your income was below the filing requirement for the year. In this case, enter this code for all members of your tax family.
- i Member of a health care sharing ministry, member of an Indian tribe, incarceration, or member of a religious sect opposed to accepting any insurance benefits. You must provide the Exemption Certificate Number (ECN) that you received from the Marketplace. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
- j There was a hardship such as an eviction, facing foreclosure, death of a close family member, fire, flood, bankruptcy, high medical expenses, or other circumstance that made it difficult to purchase health insurance (describe details on separate sheet). You must provide the Exemption Certificate Number (ECN) that you received from the Marketplace for this hardship. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
- k Other allowed circumstance that qualifies for a coverage exemption (describe details on separate sheet). You need an Exemption Certificate Number (ECN) from the Marketplace to claim this coverage exemption.
- l Family member does not have a qualified excuse for not having health insurance.

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

For codes (f) through (k) above, file Form 8965 to claim a health coverage exemption for that member of your tax family.

For code (I) above, a coverage exemption for that tax family member applies for the entire year if one of the following is true:

1. The tax family member went without coverage for less than three consecutive months during the year. [SEP]
2. Insurance was purchased through the Marketplace during the initial open enrollment period but there was a coverage gap at the beginning of 2015. [SEP]
3. The tax family member applied for CHIP coverage during the initial open enrollment period and was found eligible for CHIP based on that application but had a coverage gap at the beginning of 2017. [SEP]
4. The tax family member had limited benefit Medicaid or TRICARE that is otherwise not considered minimum essential coverage. [SEP]

5.

Yes No

- 6 Did you or any member of your tax family receive an advance payment of the premium tax credit (APTC) through the Marketplace?

If **Yes**, go to question 7. [SEP] If **No**, STOP here and do not answer any more questions.

Note: If there was no APTC and your household income is above 400% of the Federal Poverty Level, you do not qualify for the PTC.

Yes No

- 7 For any month that code (d) was entered in line 3, did you or any tax family member qualify for health insurance through an employer plan or government sponsored plan such as Medicaid, TRICARE, or the Children's Health Insurance Program (CHIP)?

If **Yes**, for such tax family member, the PTC is not allowed for that month, even if the health insurance was purchased through the Marketplace for that month, and/or APTC was received for that month.

Client has read this Affordable Care Act questionnaire, and by signing below agrees to provide all ACA related information to Paradyme Financial Solutions.

Printed name

Signature

Date

Printed name

Signature

Date