

NEW CLIENT SETUP FORM

P.O. BOX 470022
LOS ANGELES, CA 90047

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INFO@MJSAXTIME.COM
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CONTACT INFORMATION

Name:		Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Address:		Spouse Name:	
City:	State:	Zip:	Is Your Spouse a Client with us? Yes <input type="checkbox"/> No <input type="checkbox"/>
		If so, is he/she filing with us? Yes <input type="checkbox"/> No <input type="checkbox"/>	
SSN:	DOB:	SSN:	DOB:
(home):	Occupation:	(home):	Occupation:
(cell):	E-mail:	(cell):	E-mail:
(work):		(work):	
Preferred way to contact: <input type="checkbox"/> Phone # _____ <input type="checkbox"/> Email <input type="checkbox"/> Text phone # _____ other: _____			

DEPENDENT INFORMATION

Name:			Name:		
DOB:	Relationship:		DOB:	Relationship:	
SSN:			SSN:		
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:	School:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:	School:
Name:			Name:		
DOB:	Relationship:		DOB:	Relationship:	
SSN:			SSN:		
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:	School:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:	School:
Did You and, if applicable , your dependents have medical insurance for the tax year you're filing for. <input type="checkbox"/> YES <input type="checkbox"/> No					

TASKS

Tax Relief and Resolution Tax Preparation Bookkeeping Business Management Corporate Formation Estate/Trust

BUSINESS INFORMATION (IF APPLICABLE)

Date business commenced:	Tasks:		
Tax I.D.#	<input type="checkbox"/> Sales & Use	<input type="checkbox"/> Personal Property Declaration	
Business Address:	<input type="checkbox"/> Quarterly Payroll Returns	<input type="checkbox"/> 1099's	
	<input type="checkbox"/> QuickBooks/Bookkeeping	<input type="checkbox"/> Entity Discussion	
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Other Consulting
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other		

Are you self-employed? Yes If you received a 1099-NEC, a Sch C Due Diligence must be completed

CHECK ALL THAT APPLY

<input type="checkbox"/> Wage Statement - W-2s	<input type="checkbox"/> 1099-Misc/1099-NEC-need Sch C	<input type="checkbox"/> Tips or Other Income	<input type="checkbox"/> Medical/Dental Expenses
<input type="checkbox"/> Received Unemployment	<input type="checkbox"/> Received Interest 1099-INT	<input type="checkbox"/> Mortgage Interest 1098	<input type="checkbox"/> Property Tax
<input type="checkbox"/> Social Security Income	<input type="checkbox"/> Pension/Retirement Income 1099 R	<input type="checkbox"/> Lottery or Gambling Winnings	<input type="checkbox"/> Owned Rental Property need Sch E
<input type="checkbox"/> Child Care Expenses	<input type="checkbox"/> Made student loan payments 1098E	<input type="checkbox"/> Cancellation of Debt	<input type="checkbox"/> Sold Stocks or Bonds
<input type="checkbox"/> Charity or Religious Contributions	<input type="checkbox"/> Pd Qualified Education Exp 1098T	<input type="checkbox"/> Significant loss or Theft	<input type="checkbox"/> Paid real estate taxes
<input type="checkbox"/> HSA Form 1099SA	<input type="checkbox"/> Contributions to IRAs	<input type="checkbox"/> Received Dividends	<input type="checkbox"/> Purchased/ sold Primary Residence

Thank you for selecting **MJS & Associates** to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide. We will prepare your federal and state income tax returns you request using information you provide to us. 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 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. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. Therefore, you should review your tax return carefully before signing them.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns. We will 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. Unless you instruct us otherwise, we will apply the "realistic possibility of success" standard to resolve such issues in your favor where possible.

Please remember that your return may be selected for audit at any time by a taxing authority. In the event of a tax examination, we can arrange to represent you. Fees and expenses for defending the audit will be invoiced in accordance with terms we agreed upon.

If an extensions of time is needed to file your taxes, you must request that an extension be filed for you. If taxes are owed, we will attempt to accurately estimate these at the time of filing the extension; however, penalties and interest can still be assessed. Note; all new clients are subjected to a \$35 extention to file fee.

Our invoices are due and payable at the time of service/pick-up unless "fee collect" is selected for payment. Tax returns will not be filed until payment is received.

We will retain copies of tax documents you supplied to us for a period of four years. All of your original tax documents will be returned to you upon completion of your tax service. You should keep your original records securely stored for possible future use.



The IRS requires that you report all income, from whatever source derived, and maintain and retain records substantiating all items reported on your return. Specific written records are required for deductions of charitable contributions, travel, entertainment, auto mileage, and computer use. MJS & Associates is your Advisor and Preparer, but you have the final responsibility for accuracy and overall correctness of your return. By my/our signature(s) below, I/we certify that the information being submitted is for the purpose of the preparation of my/our tax return(s) and is true, correct, complete and all-inclusive to the best of my/our knowledge, and I/we have the required records.

"I HEREBY CERTIFY THAT ALL ABOVE INFORMATION ABOVE IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND ANY ABOVE INFORMATION I HAVE PROVIDED WILL BE USED IN THE PREPARATION OF MY INCOME TAX RETURN. I FULLY UNDERSTAND THAT MY ABOVE INFORMATION IS PROTECTED BY YOUR PRIVACY POLICY."

WE APPRECIATE THE OPPORTUNITY TO SERVE YOU

FOR NEW CLIENTS HOW DID YOU LEARN ABOUT US? _____

SIGNATURE(S)

PRINT NAME:	PRINT NAME:
TAXPAYER SIGNATURE:	SPOUSE SIGNATURE:
DATE:	DATE:

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