| Preparer | use only EIC: Y / N | TP is dependent: | Y / N | Prior / New FYHI: | Y/N Fi | ling Status: | S MFJ N | /IFS H | Н |
|---|--|---|---------|--|----------------|--------------------|--|-------------|------------|
| Ta | | | | | | | | | |
| Taxpayer: _ | SSN | First Name | MI | Last Name Exactly as shown on Social S | Security Card) | Date of Birth | Occupation | | |
| Spouse: | | | | Exactly as shown on social c | Caruj | | | | |
| • | SSN | First Name | MI | Last Name | Coourity Cand | Date of Birth | Occupation | | |
| Address: | | | | (Exactly as shown on Social | oecunty Card) | | | | |
| ridaross. | Mailing Address Apt. Number City State Zi | | | | | | Zip Cod | | |
| Cell/Home | # | Work: | | Email: | | | | | |
| income ta: where you | nizer is provided to he x return. Where indica ı can provide additiona | ated, we have pro al important inforn | vided a | additional workshe | ets and o | other speci | alized org | | |
| | eliver this complete I full week before yo | | | all relevant tax d | ocumen | its to our o | offices, | | |
| | ı made an appointme | | | No If yes, enter of | date of a | appointme | nt: | | |
| | n't have an appointme | • | | | | - | | | |
| | yes , you can make yo an also call our offices | | | | cking on | the "Appoi | intments" | tab. Yo | ou |
| | no, our staff will createlling you the date you | | | | • | em. You w | vill receive | an em | nail |
| Filina Inf | formation Please | answer "Yes" or | r "No" | to ALL of the follo | owina a | uestions. | | Yes | No |
| | AILING address cor | | | | 3 | | | | |
| | nt PNW Tax to submit e | | | ou? If yes, complete | our Ext | ension Or | ganizer. | | |
| Do you w | ish to designate \$3 | to the Presidentia | | | | | | | |
| At any tim interest in details ea | ver will not affect your re e during 2023, did yo virtual currency? If ch sale. Information e, sales price | u receive, sell, se yes, please provid | de a sp | readsheet, in Exce | l or csv | format, w | hich | | |
| | me(s) on your Socia | Security Card(s | s) exac | tly match the name | es on this | s form? | | | |
| | ive income from moi | | | | | | | | |
| Did you m | ove to a new state? | | te of m | iove: | | | | | |
| From (city | | | | o (city & state): | | | | | |
| | ant Pacific Northwest | | | your state tax retu | rn(s)? I | f yes, indica | ate the | | |
| | ou want prepared: □ C | | | it O If was become | | | | | _ |
| | ant to donate part of y | | | | | O provido | othor | | |
| • | nd your dependents re ame and dates of resi | | e USA | Tor the entire year | Ir? IF IN | O, provide | otriei | | |
| | ave income from and | | oreian | country? If yes | omplete | our <i>Forei</i> | an | | |
| • | r Financial Account | | _ | • • | ompioto | oui <u>rorci</u> | 911 | | |
| | ve ownership or co | | | | sion/IR/ | A? If yes, c | complete | <u></u> | |
| | st and Dividend Inco | | | | | | <u>. </u> | | |
| | ne dependent of ano | | | | | | | | |
| Are you | or your dependents b | olind or disabled | ? Desc | cribe: | | | | | |
| • | eceive self-employme you want us to prepar | | | = | ontracto | r during th | e year? | | П |
| y 55, 40 | Joa Wark as to propar | S local of city bt | | | | | | | $+$ \Box |

| Dependent Information | (For each depe | ndent, provide | information | as it rela | tes to the o | current tax | year only) |
|--|------------------------------|---------------------------------------|--|------------------|---------------------------|----------------------------|----------------------------|
| First Name–Last Name (Exactly as shown on each dependent's Social Security Card) | Social Security Number | Dependent's Relationship to you | Months lived in your home in 2023 | Date of Birth | Amount paid for childcare | College Tuition paid | Is the dependent disabled? |
| | | | | | | | Yes □ No □ |
| | | | | | | | Yes □ No □ |
| | | | | | | | Yes □ No □ |
| | | | | | | | Yes □ No □ |
| | | | | | | | Yes □ No □ |
| Does a divorce decree or other dependent? If yes, describe: | document you | signed allow a | another pers | son to clai | im your chi | ld as a | Yes □ No □ |

Childcare or Dependent Care Provider Information

- You may be eligible to claim childcare credits on both your federal and state returns.
- You may claim costs paid for the care of your child under age 13 or a disabled dependent or spouse of any age.
- You may claim costs for sending your child to after school programs and summer camps if these camps serve as childcare to enable you to work, go to school or look for work.
- You must keep proof of your expenses in the form of cancelled checks and receipts.
- Describe the relationship of the provider to your child. For example: None, grandparent, sister, aunt, etc.

| Provider Name & relationship to child | SSN/EIN | Childcare Provider Address | \$ Paid |
|---------------------------------------|---------|----------------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Questions to determine your ming status | | | | | | | | | |
|---|--|---------------------------------------|-----------------------|---------|------|-------|----------|-------|------|
| Answer "Yes" or "I | No" for every que | estion. Provide det | ails where applica | ble. Ye | es | No | Con | nmen | ts |
| Are you married? If yes, did you live with your spouse during the last 6 months of the year? | | | | | | | | | |
| If yes, did you live w | |] | | | | | | | |
| Did anyone help sup | |] | | | | | | | |
| Other than the depe | | | f this Organizer; did | you | | | | | |
| pay over ½ of the support of any other person? | | | | | | | | | |
| Are you a surviving | ` / / | | | ? [|] | | | | |
| Did you pay to keep | | | s, name and | | | | | | |
| relationship of the pe | erson you provide | d a home for. | | |] | | | | |
| | | | | | | | | | |
| Questions to dete | ermine if you ar | e entitled to EIC/C | Child Tax Credit/C | Other D | ере | ende | nts Cred | it | |
| Answer "Yes" or "I | | | | | | No | | | |
| Did your child(ren) o | | | | |] | | | | |
| Did your brother/sist | | | | |] | | | | |
| Did your foster child | | • | • | |] | | | | |
| Did another person | ·· · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Is there anyone else | | · | | | | | | | |
| Did you and your ch | | • | | | | | | | |
| | | | | | | | | | |
| | | Estimated T | ax Payments | | | | | | |
| Complete this work | sheet if you made | estimated tax paym | | | | | | | |
| Refund applied | First Quarter | Second Quarter | | Fourth | Qua | rter | TOTAL | FOR ' | YEAR |
| to 2023 from | payment due | payment due | payment due | payme | | ue | | | |
| 2022 refund | APRIL 18 | JUNE 15 | SEPT 15 | | l 16 | | | | |
| Federal \$ | \$ | \$ | | \$ | | | \$ | | |
| State \$ | \$ | \$ | \$: | \$ | | | \$ | | |
| | | | <u> </u> | | | | | | |
| | | Extension Inforn | nation | | | | | Yes | No |
| Did you, or will you, file an IRS, state or regional government extension for more time to file your 2023 return? | | | | | | | | | |
| If yes, what is the a | mount of monev v | ou paid to each gov | ernment agencv wit | th your | exte | nsion | ? | | _ |
| \$\$ | \$ | | | | | | | | |
| IRS O | regon TriMet | City of PDX Me | \$tro SHS Multco PFA | Other | | (des | scribe) | | |
| | | | | | | | | | |

| Income Reporting | | | | | | | |
|---|--------------------------------------|-------------------------------------|----------------|-------------------|---|---------|--------|
| The following questions relate to source | es of income you | ı had for the | | | Comme | nts | |
| year. Answer "Yes" or "No" to every inc | | | | | (Enter the # | | me |
| with copies of ALL income statements. | 3. | • | Yes | No | statem | | |
| Wage income (Provide us with W-2s) | | | | | | | |
| Did you purchase insurance from a F | ederal or State | , | | | | | |
| Marketplace? If yes, you must provide | | | | | | | |
| can be downloaded from your account a | | | | | | | |
| Interest income from bank, credit union | | | | | | | |
| (Complete the Interest & Dividend Inco | | | | | | | |
| Dividend income (Complete Dividend | | | | | | | |
| Unemployment income (Provide Form | , | | | | | | |
| Pension/Annuity/IRA income (Provide | | | | | | | |
| Social Security or Railroad Retirement | | | | | | | |
| (Provide Form 1099-SSA and/or Form | | | | | | | |
| Tip income (Provide Form 4070-A) | | | | | | | |
| Self-employment or Form 1099 Misc. | or Form-NEC In | ncome | | | | | |
| (Please complete our Self Employment | | | | | | | |
| Alimony or spousal support income | <u> </u> | | | | | | |
| Partnership, S-Corp, Trust or Estate | ncome (Provide | - Form K-1) | | | | | |
| Rental property income (Complete our | • | | | | | | |
| Lotto or gambling winnings (Form W | | <u>Jigamzer)</u> | | | | | |
| Sale of Stock (Complete Broker Barter | | noot Bolow) | | | | | |
| Sale of home or other property (Providence of Stock) | | eet Delow) | | | | | |
| Cancelled debt or home foreclosure | | 000 0= 10004) | | | | | |
| | | | | | | | |
| SSI, Disability, Child Support, Food Star | | ousing | | | | | |
| Assistance, or other nontaxable income . Did you have any other form of income not listed above? | | | | | | | |
| | | | _ | | | | |
| Interest & Dividend Income Works | | | | | | | |
| Please provide copies of all <u>1099-IN1</u> | | | | | | | |
| If you are receiving interest payment | | financed mortg | age, we | e will i | need the name, addre | ess and | ISSN |
| of the person making payments to yo | | | | | | | |
| For each payer of interest or divident | | | | | | Yes | No |
| Did you receive income from an accoun | | | | | | | |
| address and SSN of the other person a | | | | | | | |
| Interest received (List payer banks) | Amount \$ | Dividends re | ceived | l (List | companies) | Amo | unt \$ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Buokan Bantan Assault (1999 B) Ct | o ald/DOLL/EQD | | | | | \ | NI |
| Broker Barter Account (1099-B) St | | | 0.0- | | | Yes | No |
| Provide a separate 1099-B for each broke your account online to download year-en | | | 9-BS al | re mai | iea, you may need to | log in | Ю |
| | | | tata\? | If wo | e how many | | |
| Did you sell any stocks, bonds, or other property (such as real estate)? If yes, how many accounts do you have? Include Form 1099-B for each stock account. Include Form 1099-S for each real | | | | | | | |
| | บษษ-ษ for each st | оск account. Inc | ciude F | orm 10 | 199-5 for each real | | |
| estate sale. | | | | | | | |
| | _ | | | | | | |
| Did you sell RSU , Stock Option , or I | | | | | | | |
| (supplemental statement) documentation | that shows how r | much income fro | m the s | ale wa | s reported on your | |] |
| | that shows how r by the brokerage | much income from firm used by yo | m the sour emp | ale wa loyer t | is reported on your o issue and sell | | |

| Deductions and credits you may qualify for | | | |
|--|-----|----------|----------|
| Answer "Yes" or "No" or enter N/A. Provide information, statements or | | | |
| receipts as applicable. | Yes | No | Comments |
| Are you a K-12 teacher or educator ? If yes, how much did you spend | | | |
| on school supplies? | | | |
| If you are a Military Reservist , did you incur expenses traveling to | | | |
| reserve camp? If so, provide details of commute and lodging | | | |
| expenses. (Please complete Employee Business Expense Organizer | | | |
| found on our website) | | | |
| Did you make contributions to a Health Savings Account ? If so, how much did you contribute? (<i>Provide Form 1099-HSA</i>) | | | |
| Did you or will you make contributions to a SEP or SIMPLE IRA plan for the 2023 tax year? If so, how much? | | | |
| If self-employed, did you pay for health insurance? If yes, how much? | | | |
| Did you pay a penalty for early withdrawal from a deposit at your bank | | | |
| or credit union? If so, how much? | П | | |
| Did you pay or receive alimony during the year? If yes, please provide | | | |
| Divorce date, amount paid or received, and SSN of payee. Have you or will you contribute \$ to a Traditional IRA by April 15? If | | | |
| yes, enter \$ contributed. | | | |
| Did you, your spouse or dependents attend higher education programs | | | |
| during the year? If yes, enter tuition, fees, books & supplies | | | |
| expenses paid by cash, student loan or other means for the year. | | | |
| (Please provide a copy of Form 1098T for each student and expense.) | | | |
| Did you adopt a child or incur adoption expenses during the year? | | | |
| Did you purchase a new plug-in electric vehicle or scooter , or install | | | |
| a charging station? If yes, what is the model & serial # of vehicle? | | | |
| Did you purchase/install energy efficient roof, windows, doors, | | | |
| insulation, furnace, solar, wind, geothermal or fuel cell devices? | | | |
| Did you pay for unreimbursed medical expenses during the year? (If | | | |
| so, complete the Medical Expense Worksheet on page 6 of this organizer) | | | |
| Did you make estimated tax payments during the year? If so, complete the Estimated Tax Worksheet on page 3 .) | | | |
| Did you pay property taxes on your home residence during the year? | | | |
| If yes, enter the amount of tax you paid & date paid. | | | |
| Did you pay property taxes on a second home or vacant land? If so, enter amounts paid. | | | |
| Did you purchase a new car, RV or other high-cost item during the | | | |
| year? If yes, enter sales taxes paid on applicable items. | | | |
| Did you buy or sell a home during the year? (<i>If yes, please complete our</i> | _ | _ | |
| Home Buyer or Home Seller Organizer as appropriate see our website.) | | | |
| Did you pay mortgage interest on your first or second home? (If yes, | | | |
| please provide us with Form 1098 for ALL loans secured by your home.) | | | |
| Did you pay any interest on a boat or RV loan? (If yes, provide us with | | | |
| Form 1098 or another interest statement from lender.) | | | |
| Did you pay margin interest or other interest on investment | | | |
| property? (Please provide financial statement). | | | |
| Did you donate money or personal belongings or property to | | _ | |
| charity? If so, please provide copies of charitable receipts. (See page | | | |
| 7 for Charitable Contributions Worksheet). | | | |
| Did you lose property of value due to casualty or theft loss in a | | | |
| federal disaster area? If yes, provide details about the event and | | | |
| property lost. | | <u> </u> | |

| Did you incur investment related expenses su | ch as safety deposit | Y | es_ | No | Comn | nents | |
|--|--|---|--|--|---|--|-------------|
| box, brokerage fees etc. (Report on Form 8960 NI | IT) | | | | | | |
| Tax preparation fees (prorate among Sch C, E, 8 | 960) | | | | | | |
| Gambling losses and travel expenses (only if you have | ad wins) (Provide W-2G | s) | | | | | |
| Medical Expense Worksheet | | | | | | | |
| You may deduct unreimbursed medical expenses If you are age 65 or older, you may be able to claim ot qualify to claim expenses on your federal retuined. If you withdrew money from your health savings at the range of medical expenses deductible under expenses and to tax plan by paying large medical. You may deduct medical costs paid by credit care. | aim medical expenses a arn. <i>IF you qualify, indic</i> account, you must use the law is quite broad. It bills in a single year rad or other loan. Total | as a dec cate tot he mor It is wo ther tha | duction tall expenses to the control of the control | on on on on one of pay hile to aying the one of the one | your Oregon retur es paid for taxpayer qualified medical ex keep track of all m hem over time. Spouse | and spou epenses. edical | se. |
| Type of medical expenses allowed | Cost | sha | re | | share | share |) |
| Doctors \ Dentists \ Naturopaths \ Hospitals | \$ | | | | | | |
| Chiropractors \ Massage therapists | \$ | | | | | | |
| Medical or long-term care insurance premiums | \$ | | | | | | |
| Nursing or assisted living care costs | \$ | | | | | | |
| Prescription drugs | \$ | | | | | | |
| Mental health \ other counseling programs | \$ | | | | | | |
| Stop smoking & weight loss programs Optometriate contacts glasses | \$ | | | | | | |
| Optometrists, contacts, glasses Medical equipment or home improvements | \$ | | | | | | |
| Other costs | \$ | | | | | | |
| Medical miles driven | miles | | | | | | |
| OREGON Filers Only | 77.meG | Υ | 'es | No | If yes, de | escribe | |
| | | | | | , , , , , , , , , , , , , , , , , , , | | |
| Did contribute to the Oregon College Savings | Plan? How much? | | | | | | |
| Did contribute to the Oregon College Savings | | | | | | | |
| - | Name and amount donat | ted. | | | | | |
| Did contribute to the Oregon College Savings Did you donate to state government charities ? | Name and amount donat t for a disabled persor | ted. | | | | | |
| Did contribute to the Oregon College Savings Did you donate to state government charities? Did you make a contribution to an ABLE accoun | Name and amount donat t for a disabled persor cation services? | ted. | | | | | |
| Did contribute to the Oregon College Savings Did you donate to state government charities? Did you make a contribution to an ABLE account Is your child on an IEP or IFSP for special edu Did you make any political contributions during | Representation Name and Amount donated the services of the year? Describe | ted. | | | | | |
| Did contribute to the Oregon College Savings Did you donate to state government charities Did you make a contribution to an ABLE account Is your child on an IEP or IFSP for special edu | P Name and amount donat t for a disabled persor cation services? ng the year? Describe tributions? | ted. | | | | | |
| Did contribute to the Oregon College Savings Did you donate to state government charities? Did you make a contribution to an ABLE account Is your child on an IEP or IFSP for special edu Did you make any political contributions durint First-time Home Buyer Savings Account contributions | R Name and amount donated to a disabled person cation services? Ing the year? Describe cributions? Ings Worksheet or report their worldwick or report ownership of | de inco | ome a count bar | and a | you must report th okerage/retiremer | nis owners at account nation. | ship :s. |
| Did you donate to state government charities? Did you make a contribution to an ABLE account is your child on an IEP or IFSP for special edue in Did you make any political contributions during First-time Home Buyer Savings Account contributions in Foreign Income / Foreign Financial Hold IRS requires citizens and residents of the USA to wages, rental property, business, or any other to and/or income on your tax return. You must also | R Name and amount donate to for a disabled person cation services? Ing the year? Describe cributions? Ings Worksheet or eport their worldwick to report ownership of the to or our worldwick to or our world | de inco | ome a count barrie to | and a | you must report the kerage/retiremende de required inform | nis owners It account | ship |
| Did contribute to the Oregon College Savings Did you donate to state government charities? Did you make a contribution to an ABLE account Is your child on an IEP or IFSP for special edu Did you make any political contributions durin First-time Home Buyer Savings Account cont Foreign Income / Foreign Financial Hold IRS requires citizens and residents of the USA t wages, rental property, business, or any other ty and/or income on your tax return. You must also Complete the Foreign Income or Asset Account | R Name and amount donated to a disabled person cation services? Ing the year? Describe cributions? Ings Worksheet or report their worldwid ype of income from a for report ownership of ant Organizer on our wall account such as a line of the control of the cont | de incoforeign foreign websit | ome a count barrie to | and a | you must report the kerage/retiremende de required inform | nis owners at account nation. | ship :s. |
| Did contribute to the Oregon College Savings Did you donate to state government charities? Did you make a contribution to an ABLE account Is your child on an IEP or IFSP for special edu Did you make any political contributions durin First-time Home Buyer Savings Account cont Foreign Income / Foreign Financial Hold IRS requires citizens and residents of the USA to wages, rental property, business, or any other ty and/or income on your tax return. You must also Complete the Foreign Income or Asset Account Do you have money in or ownership of a financial | R Name and amount donate to for a disabled person cation services? Ing the year? Describe cributions? Ings Worksheet or eport their worldwid pe of income from a for report ownership of ant Organizer on our val account such as a legical country? If yes, described to the country? If yes, described to the country? If yes, described to the country? | de incoforeign foreign websit | ome a count barrie to | and antry, | you must report the bkerage/retiremende required informer brokerage | nis owners at account nation. Yes | ship s. |
| Did contribute to the Oregon College Savings Did you donate to state government charities? Did you make a contribution to an ABLE account Is your child on an IEP or IFSP for special edu Did you make any political contributions durin First-time Home Buyer Savings Account cont Foreign Income / Foreign Financial Hold IRS requires citizens and residents of the USA t wages, rental property, business, or any other ty and/or income on your tax return. You must also Complete the Foreign Income or Asset Account Do you have money in or ownership of a financia account or IRA/retirement account in a foreign | R Name and amount donated to a disabled person cation services? Ing the year? Describe cributions? Ings Worksheet or eport their worldwid report ownership of the organizer on our value and account such as a legic country? If yes, details in a foreign corporated to the organizer or organizer or our value and account such as a legic country? If yes, details in a foreign corporated to the organizer or organizer or our value and organizer organizer organizer or our value and organizer or | de inco foreign foreign websit bank a lescrib | ome a count barrie to e: | and a ntry, nk/broproviount, | you must report the bkerage/retirement de required inform brokerage rship? (5471) | nis owners t account nation. Yes | ship ss. |
| Did contribute to the Oregon College Savings Did you donate to state government charities? Did you make a contribution to an ABLE account Is your child on an IEP or IFSP for special edu Did you make any political contributions durin First-time Home Buyer Savings Account cont Foreign Income / Foreign Financial Hold IRS requires citizens and residents of the USA to wages, rental property, business, or any other to and/or income on your tax return. You must also Complete the Foreign Income or Asset Account Do you have money in or ownership of a financi account or IRA/retirement account in a foreign Did you have 10% or more ownership interest | R Name and amount donate to a disabled person cation services? Ing the year? Describe cributions? Ings Worksheet or report their worldwid pe of income from a for report ownership of ant Organizer on our value account such as a legical propertion, or other foreign coreign financial accounters. | de incoforeign foreign websit bank a lescrib ation of | ome a count barrie to e: or par par at an | and a ntry, nk/broproviount, artne vestment y time | you must report the okerage/retirement de required informed brokerage rship? (5471) ment fund? (8826) e in 2023? | nis owners t account nation. Yes | ship ss. |
| Did contribute to the Oregon College Savings Did you donate to state government charities? Did you make a contribution to an ABLE account Is your child on an IEP or IFSP for special edut Did you make any political contributions during First-time Home Buyer Savings Account contributions IRS requires citizens and residents of the USA to wages, rental property, business, or any other to you have money in or ownership of a financial account or IRA/retirement account in a foreign Did you have 10% or more ownership interest Did you have \$10,000 or more on deposit in follows, do you want PNW Tax to prepare your FED Did you work outside of the USA Dates of travel and countries visited | R Name and amount donate to a disabled person cation services? Ing the year? Describe cributions? Ings Worksheet or report their worldwid ye of income from a for report ownership of ant Organizer on our value account such as a legical account such as | de incoforeign websit bank a lescrib ation of group ounts a ort for the followed. | ome a count barrier to et o e: print part an you's owin | and a ntry, nk/broproviount, eartner restmant and a | you must report the bkerage/retirement de required informed brokerage rship? (5471) tent fund? (8826) te in 2023? | nis owners at account nation. Yes | ship is. |

Charitable Contributions Worksheet

- You must keep proof of your cash/check donations to charity in the form of a cancelled check <u>or</u> a receipt from the charitable organization. You may not claim a deduction for cash contributions you made to charity without a receipt or other proof of payment.
- To be deductible you must make your contribution to a church, government organization or a registered non-profit organization.
- If you donated more than \$500 of noncash items to charity, you must provide information describing the items donated, their original cost to you, the name of the organization you donated to, and the value of the property donated.

| Cash or check gifts to charity | \$ donated | Organization name | Non-cash gifts to charity | Your cost and date bought | FMV & date donated | Name & address of organization you donated to |
|--------------------------------|---------------|-------------------|---------------------------------|---------------------------------|--------------------|---|
| Church | 0.0110.000 | | Circuity | | u o naco a | |
| tithes and | | | | | | |
| offerings | | | Clothing | | | |
| Non-profit | | | | | | |
| membership | | | | | | |
| fees | | | Furnishings | | | |
| Other | | | | | | |
| cash/check | | | | | | |
| donations | | | Automobiles | | | |
| Volunteer | | | | | | |
| expenses | | | Artwork | | | |
| Volunteer | | | Stocks & | | | |
| miles driven | | | bonds | | | |
| | | | | | | |
| | | | Toys | | | |
| | | | Office | | | |
| | | | equipment | | | |

Tax Return Filing Preferences

Except where e-filing is not possible, we will electronically file your returns. In setting up your returns for e-file, we need to know how you would like to receive your refund(s) or pay amounts you owe. Please indicate your choices below.

REFUND(s) – Indicate your preferred receipt method below

Paper check (mailed to the address shown on the front page of this organizer.)

Direct deposit (Provide bank account information in the space below or attach a check.

AMOUNTS OWED – Indicate how you would like to make payment to the IRS and state(s)

Paper check (We will provide payment voucher(s) and envelope(s) for you to mail payment to the IRS/state(s)/city) **Direct Debit** (Auto withdrawal from bank account. Provide account information in the space below or attach a check) **Installment Agreement** (Allows you to make payments to the IRS over time. Interest charges apply.)

| Bank Account Information | | |
|---|-------------|--|
| To set up direct deposit or direct deb us with an image of a check from yo | | e following information. If possible, provide fication purposes. |
| Bank Name | RTN | |
| Attach check here. | Account # _ | |

TERMS OF ENGAGEMENT

Thank you for choosing Pacific Northwest Tax Service to assist you with your 2023 tax return preparation. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal, state, county, and city income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. Tax organizers are available on our website at www.pnwtax.com. We encourage you to use these organizers to help you collect the data required for your return. Our staff can also provide you with a paper copy of the organizer if you request one.

Payment of Retainer

Payment of a non-refundable retainer is required at the earlier of:

- 1. The date you schedule your appointment, or
- 2. The date you deliver this tax organizer and/or other documents to us.

Amount of retainer

The amount of the retainer is \$300 for individual 1040 tax returns and \$600 for all other types of tax returns. The retainer is applied to the cost of tax preparation services.

Tax Return Preparation Procedures

To help ensure we deliver you with the best possible service, it is important that you understand the procedures involved in the preparation of your return which are as follows:

Step 1. Information collection

We ask you complete this tax organizer and deliver documents to us at least one week prior to your scheduled tax preparation appointment. You may deliver documents to us by dropping them off at our offices, by uploading them to our SecureFilePro portal system or by mail/delivery service.

Step 2. Analysis and preparation

Prior to your tax appointment, we will review and analyze the tax documents and other information you have provided to us. Our staff will contact you via email or phone to request additional information or documentation that we need, and to ask questions to clarify the information we already have. Please provide any requested documents or information as quickly as you can. If you cannot deliver the requested information before your appointment, we may need to reschedule your appointment.

Step 3. Tax Return Appointment

At your appointment, you and your tax preparer will be able to:

- Ask and receive answers to any questions either of you might have.
- Review your completed tax return.
- Make any necessary corrections to your return.
- Present required documents for you to sign (paper or electronic format)
- Review tax preparation invoice and make payment.

Step 4. Signing Your Return

You should carefully review your return and notify your preparer of any required changes you believe should be made. It is especially important to advise your preparer of incorrect names, addresses, tax identification numbers, or bank routing and account numbers. You should also ensure that income and deduction amounts seem accurate. Both you (and your spouse if filing jointly) must sign the following forms before we can electronically file your return:

- 1. Form 8879 (E-File Authorization Form).
- 2. Pacific Northwest Tax Service Engagement Letter.
- 3. **Direct Deposit and/or ACH Payment Authorization** (if you have elected to receive your refund or pay your taxes directly from your bank account)
- 4. **Due diligence forms** may need to be signed for taxpayers receiving certain tax benefits such as the earned income credit, child tax credit or head of household filing status.
- 5. State 8879, 8453 or other e-sign authorizations may also need to be signed for certain state returns.

HelloSign e-signing procedures

We use HelloSign, e-signature service which allows you to authenticate and sign your return from your computer or smart phone. The following rules apply to e-signing your return:

- 1. Look for an email from HelloSign.
- 2. Your access code password for e-signing signing your return is your full 9-digit SSN typed in the following format (000-00-0000).
- Joint filers receive and sign e-sign documents in separate emails. Taxpayer and spouse will each use your own SSN.

Signing at our offices

If you prefer to sign paper forms, you may do so at our offices. Your tax preparer, or our front desk staff can print the required forms for you when you come in. Please have your ID ready to present to our staff.

Step 5. Payment of Tax Preparation Fee

Your tax preparation bill must be paid before we finalize and electronically file your return. You can pay your invoice in any of the following ways:

- 1. Authorize.net e-invoice allows you to pay your bill online.
- 2. Phone our offices with your credit or debit card.
- 3. In person at our offices with debit or credit card.

Step 6. Tax Consultant Review and Error Check

After you have signed Form 8879 and paid your tax preparation fees, your return will be routed to our processing department where it will be error-checked. If significant errors are discovered, your preparer will contact you to notify you of the errors. You will be provided with a corrected copy of your return, and you will be asked to sign a new Form 8879 which you will need to sign and return to us before we file your return.

Step 7. E-filing and Finalization of Return

When review of your return is completed by our Designated Consultant, your return will be electronically filed with the IRS and applicable state(s). After your return(s) are accepted by the IRS and applicable state(s), our front desk staff will contact you to notify you by phone, email and/or text message that your return has been finalized.

Step 8: Delivery of tax return & return of original documents

We will upload an electronic copy of your return to your secure portal. Please let your tax preparer know if you want a paper copy of your return. The additional cost of a paper printout is \$30.

If you deliver paper tax documents to our offices, you will be able to pick your documents up after your tax return has been electronically filed and accepted by IRS and state. Our front desk staff will contact you via phone, e-mail and/or text message to notify you paperwork is ready for pickup. You can stop by our offices during normal business hours to pick up your documents. Any documents not picked up within 4 years will be destroyed.

Accounting services

Pacific Northwest Tax Service offers bookkeeping, accounting, and payroll services for small business. These services are offered separately from our tax preparation services and are not included in the cost of preparing your return. The hourly rate for bookkeeping and payroll is \$110/hour outside of tax season and \$300/hour during the tax season. Complex accounting services performed by our senior accounting staff or CPA, are billed at a rate of \$350/hour. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

Unclear law

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will adopt, on your behalf, the reasonable alternative that you select.

Penalties for late payment of tax

You are solely responsible for making timely payment of taxes that you owe. The law imposes penalties when tax-payers underpay or make late payment of their tax liabilities (amounts owed) including:

- Estimated tax penalty: If you underpay taxes during the year, you can be assessed an estimated tax penalty.
- Late payment penalty: If you pay taxes after the April 15 filing deadline, you can be assessed late filing penalties, late payment penalties and interest on amounts you owe.

Filing deadline and extensions

The filing deadline for your 2023 return is April 15, 2024. You may apply for an extension by filing Form 4868 on or before April 15, 2024.

IMPORTANT: An extension of time to file does not give you more time to pay your tax. You are solely responsible for paying your tax on time. You should remit any amount you owe by April 15, 2024, with your timely filed Form 4868. You may also pay taxes owed online with the IRS and your state.

Price Schedule

We generally charge a flat fee for each form and worksheet that is included with preparation of your tax return. A time charge may apply for additional bookkeeping or consulting services. Our fee for preparing your returns will be based upon the Price Schedule posted in our offices. More information about our pricing can be found on our website at https://www.pnwtax.com/1040-individual-tax-return-pricing.

Return and retention of original documents

We will return your original records to you at the end of this engagement. You should securely store these records along with all supporting documents, canceled checks, credit card statements, etc., as these items may later be needed to prove the completeness or accuracy of your return. We will retain copies of your returns, W-2s and certain other required documents for a minimum of 4 years, after which these documents will be destroyed.

End of Engagement

Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you (if paper filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you choose not to e-file your returns or are not able to e-file your returns with our office, you will be solely responsible for filing the returns with the appropriate taxing authorities. We will not mail paper returns to the government for you. Review all tax-return documents carefully before signing them.

Identity theft alert and use of secure portal

The IRS strongly advises all taxpayers to avoid sending valuable personal information via email. Cyber-thieves routinely target tax return preparers, banks, medical offices, and other businesses that store confidential information that can be used to steal your identity. We are committed to the protection of your information and therefore maintain the following policies for security reasons:

- 1. We will not email copies of your tax return to you, and we strongly advise that you do not email your valuable information to your tax preparer.
- 2. Instead, we request that you use our SecureFilePro cloud-based portal. The portal allows you to send and receive information in a secure environment. Information on how to use the portal is found on our website at www.pnwtax.com. Click on the User Instructions link in the upper left corner of the landing page. Your tax preparer will set up Portal access for you at your request.
- 3. Please note, we do not mail copies of returns.

Affirmation and acceptance of terms

Authorized Signature

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign this letter in the space indicated and return it to us. Taxpayer Signature Date Spouse Signature Date **Payment of Retainer -** Please indicate which of the following is true: ☐ I have already paid the required retainer. ☐ I am including the required \$300 retainer with this Organizer. If you include the required retainer with this organizer, you can provide credit/debit card information below. ☐ Please charge \$300 to my credit card/debit card. Credit Card # Name on card Billing street address CV code

Zip

Exp date