

# ENGAGEMENT AGREEMENT

We appreciate the opportunity to work with you. This letter is to specify the terms of our engagement, clarify the nature and extent of the services we will provide, and confirm an understanding of our mutual responsibilities. If you do not understand any of the terms of this agreement, please call 210.523.1040, so that we can review them with you.

**This agreement is between “the Client/s” (signed below) and Alfa Tax Service.** This Engagement Agreement is made and entered into by and between Alfa Tax Service (“**Alfa Tax Service**”) and you (the “**Client**” or “**you**”) as of the date this Engagement Letter is executed or otherwise entered by you in accordance with the terms herein (the “**Effective Date**”).

**SERVICE.** We will prepare your Individual federal and state income tax returns (as needed). 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. If bookkeeping is required to complete the required information, additional fees will be incurred. We require that all information be provided to us no later than March 29th, 2024.

**FEES.** Fees for our services will be based principally upon our base price and the amount of time required to prepare your returns. To retain our services, a non-refundable deposit (based on service level), is required. This retainer will be applied to the final tax preparation fee. Tax return preparation fees must be paid in full, before the tax return is reviewed. Once payment is received, you review your return and the proper authorization forms are signed, and we will electronically file the tax return unless you determine to file on your own. We reserve the right to discontinue this engagement if payment is not made upon completion of our service. All invoices will be due and payable prior to presentation to expedite the review process.

**INFORMATION.** We may provide you with an organizer/ client data form or checklist of information required for the returns, and you represent that the information you provide will be accurate and complete to the best of your knowledge. We will not audit or otherwise verify the information provided, although we may ask for clarification if the information appears to be incorrect, inconsistent, or incomplete. Our work does not include any procedures designed to discover errors or other irregularities, should any exist. Alfa Tax Service shall not be responsible or liable to you or any other person or entity for any delays, penalties or other consequences arising from you not providing the information required to prepare your tax return. We encourage you to advise us in advance of any major transactions you propose to undertake in order that we may provide the greatest assistance in minimizing income tax burdens.

**DOCUMENTATION.** We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed. All work papers and prepared tax returns are the property of Alfa Tax Service. All original documents are to remain with the client, we scan and only maintain electronic copies. You are required to maintain appropriate records and documents, such as official tax documents you receive, receipts and substantiation for your income, deductions, credits, payments, and purchase and sales information for assets. You understand that you should keep records of income and receipts for a minimum of 7 years. In addition, some items have specific substantiation requirements set forth by taxing agencies (e.g., auto, meals & entertainment, charitable contributions over \$250, etc.). If you have any questions as to the type of records required, please ask us for advice in that regard. Your signature on this letter confirms that we have advised you of the record keeping requirements

**COMMUNICATION.** Our main method of communication with you is via EMAIL initiated through our secure portal. If we have emailed you and have not received a response, we may send text alerts or call you on your cell phone to remind you that we are waiting for your reply and/or additional documentation. There may be other times we send text notifications to you, including but not limited to: appointment reminders and important due dates. We will not send marketing communications via text messaging. By signing below, you agree to allow us to send text notifications to you.

**TAX RETURN REVIEW.** We will review your tax return with you. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. Your copy of the Tax Return is available to you after payment of your invoice. In the event correction are made a corrected tax return will be made available to you.

**TAX LAW INTERPRETATION.** We will use our judgment to resolve questions in your favor where the tax law is unclear or where there are conflicts between the taxing authorities' interpretation of the law and what seem to be other supportable positions. There may be situations where we are required by law to disclose a position on a tax return. We are not attorneys therefore; we cannot provide you with a legal opinion on various tax positions. We can, however, advise you of the consequences of different positions. We will adopt whatever position you request on your returns so long as it is consistent with our professional standards and ethics.

In the event, however, that you ask us to take an unsupported tax position or refuse to make any required disclosures, we reserve the right to withdraw from the engagement without completing or delivering the tax returns. Such withdrawal

would complete our engagement and you agree to pay our fees based on time expended (at our standard rates) plus all out-of-pocket expenses through the date of withdrawal. The law imposes penalties when taxpayers underestimate their tax liability. Contact us if you have concerns about such penalties.

**DEADLINES.** If we do not have all the information needed to complete your return by March 29 2024. It will be necessary to file an application for an extension. In the event of filing an extension, it only gives you additional time to file your tax return, it DOES NOT extend the time to pay. This may require a tax payment made by you by April 15th, 2024, in an amount approximating your unpaid tax liability. The exact amount may differ upon receipt of any subsequent information necessary to complete the return. You assume responsibility for any differences in tax, including any penalties and interest, arising out of the subsequently received information. Upon completion and receipt of the tax returns, you will be responsible for the timely filing of said returns. You are responsible for the tax return and payment of your balance due to the IRS or state taxing authority by the due date without extension. .

**EFILING.** Also, by signing below, you give us your permission to electronically file applicable tax return(s) and authorize us to enter a Personal Identification Number (PIN) on your behalf. If you choose to electronically sign your tax returns, electronic filing documents and any other correspondence with Alfa Tax Service your initials and signature below constitutes your permission to accept signing electronically.

**IRS NOTICES.** If your returns are selected for examination by a government agency, you must contact our office to take immediate action. The IRS allows tax preparers as third party designees, to communicate with them on behalf of their clients by indicating so on the face of the tax return. Unless instructed by you otherwise, we will answer affirmative to the question that allows us to communicate on your behalf with the IRS.

I will submit my tax information to Alfa Tax Service no later than March 29 2024. In the event my documents have been submitted after March 29 2024, I authorize Alfa Tax Service to place me on an automatic extension.

WE (I) ACKNOWLEDGE THAT PAYMENT IS DUE UPON COMPLETION OF THE TAX RETURN AND PRIOR TO SCHEDULING OF YOUR TAX REVIEW. ONCE PAYMENT IS MADE, THE FEE FOR SERVICES RENDERED IS NON-REFUNDABLE.

THIS INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE. INFORMATION PROVIDED ON THE INTAKE FORMS FOR PREPARATION OF MY (OUR) TAX RETURN IS COMPLETE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) HAVE ADEQUATE RECORDS TO SUPPORT THE INFORMATION PROVIDED.

PLEASE REVIEW AND SIGN:

We require a signed letter to be in our file prior to beginning tax preparation. By signing this engagement letter, you agree to authorize us to prepare your requested tax returns and to indemnify us and hold us harmless from any liability and costs from misrepresentations of any item you have supplied to us.

If you agree that this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed space in the space indicated and return it to us.

Sincerely,

Kathy Alfaro, CEO Alfa Tax Service

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CONSENT TO USE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

**You are not required to complete this form to engage our tax return preparation services.** If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid.

Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I/We hereby consent to authorize Alfa Tax Service to use the information provided in my/our tax return and all supporting schedules and documentation for the purpose of providing:

- (1) tax returns by mail and/or electronic transmission,
- (2) software for; client portal and file sharing, banking, communication.
- (3) email updates, upcoming information, webinars, and webcasts,
- (4) financial planning, tax and financial advice, and other aspects of my/our finances,
- (5) audit protection services when activated.

Information may not be disclosed by Alfa Tax Service for any purpose other than those specified in this consent document.

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TAXPAYER Print Name

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Signature

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Date

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SPOUSE Print Name

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Signature

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Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

# TAXPAYER INFORMATION

New Client

	First Name	Middle Initial	Last Name	Suffix	SSN (last4)
TAXPAYER					
SPOUSE					

## TAX YEAR/S TO PREPARE

- 2023
- Prior: \_\_\_\_\_

Street Address	_____	_____	unit/apt
City	_____	State	Zip

## Check If:

- Name Changed
- Address Changed

## FILER INFORMATION

	TaxPayer	Spouse
Occupation	_____	_____
Date of Birth	_____	_____
Date of Death	_____	_____
IP PIN	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Email	_____	_____
*email cannot be the same for taxpayer and spouse		*email cannot be the same for taxpayer and spouse
Check if:		
Blind	<input type="checkbox"/>	Blind <input type="checkbox"/>
Deaf	<input type="checkbox"/>	Deaf <input type="checkbox"/>
Disabled	<input type="checkbox"/>	Disabled <input type="checkbox"/>

## PREFERENCES

### Your Tax Return Copy (check one)

- PDF in Portal (free)
- Printed - picked Up
- Printed - mailed

### Your Tax Review (check one)

- Recorded Video (free)
- Video Conference
- In Person

### Primary Contact for Questions

- Tax Payer
- Spouse

## Check if YES

- Do you want IRS to contribute \$3 per tax payer to the Presidential Campaign (does not affect your tax liability or go to a specific candidate)
- At any time in 2023, did you:
- (a) Receive (as a reward, award or payment for property or services); or
- (b) Sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

## Check if Yes (for Taxpayer/Spouse)

- Education Expense
- Student Loan Interest
- Teacher Expense
- Qualified Moving Expense
- Homebuyers Credit
- \*disposed of home

## FILING STATUS : check one

- Single
- Married Filing Jointly (MFJ)
- Married Filing Separately (MFS) \*Provide Spouse's Full Name and SSN above
- check if
- Spouse is non resident alien, doesn't have and isn't required to have SSN or ITIN
- You lived apart for all of 2022
- Your Spouse itemizes on a separate return or you were a dual-status alien
- Head of Household (HOH)
- check if
- The qualifying person is a child but not your dependent, provide child's data
- Name: \_\_\_\_\_ SSN (last 4) \_\_\_\_\_
- Qualifying Surviving Spouse (QSS) Year Spouse Died \_\_\_\_\_
- check if
- If claimed child is not your dependent, provide child's data
- Name: \_\_\_\_\_ SSN (last 4) \_\_\_\_\_

## Check if Yes

- Married in 2023
- Divorced in 2023
- Claimed as a dependent

## STATE INCOME TAX FILINGS

Number of States to File	_____
State Worked other than Texas	_____
Beg/End dates worked out of state	_____
County/ School District	_____
State Worked other than Texas	_____
Beg/End dates worked out of state	_____
County/ School District	_____

## BANKING : \* If we have it on file only enter last 4 of Account number

Bank Name	_____
Routing Number	_____
Account Number	_____
Account Type	<input type="checkbox"/> savings <input type="checkbox"/> checking

## If You Owe (select One)

- Auto bank withdrawal
- Pay Online (IRS.GOV)
- Check in the Mail

## If Receiving Refund (select One)

- Direct Deposit
- Check In the Mail
- Apply to Next Year

## TAX PREPARATION PAYMENT PREFERENCE

- Cash  Credit Card  Refund Transfer (payment taken from refund), adds \$125 to fees
- Check  Installment Plan (AfterPay)

**(check if Yes)**

- Disallowed Earned Income credit/ Child Tax Credit/ Education Credits
- Birth, Adoption, or death of a dependent

**DEPENDENTS:** a spouse is not entered in this section

**CHECK IF:**

FIRST & LAST NAME	IP PIN	SSN (last 4)	DOB	RELATIONSHIP	Month lived with you 2023	Resided Outside of the US	U.S. Citizen or Resident	Provide over 50% Support	19-24Yr Full time Student	Disabled	Earned over \$2,200	Child /Dependent Care Expenses	Healthcare all Year	Education Expenses
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTHCARE (check if Yes)**

- Did you have health care coverage for every month of the year? (includes employer or government-sponsored(i.e. Medicare/Medicaid)?)
- Did you enroll in Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, provide any Form(s) 1095-A received.
- Did you make any contributions or receive distributions from a Health savings account (HSA) or Archer MSA?

**CREDITS/ DEDUCTIONS (Check if Yes), provide documentation supporting the credit or deduction**

- Itemizing, Provide Worksheet
- EV Purchase (Electronic Vehicle)
- Insulation or Material system, Exterior windows or doors, Metal Roof, Circulation Fan, HVAC/Heat pumps, Boiler/Furnace, Solar Water Heater, Wind Property, Geothermal Pump, Fuel Cell Pump,
- IRA or Self Employed Retirement Contribution
- Education Credits
- Estimated Tax Payments
- Foreign Tax Credits

**DOCUMENTS TO PROVIDE or UPLOAD to Portal (Check if Yes)**

- Identification Driver's License or Other Gov't Identification for Taxpayer & Spouse; Copy of Social Security Cards
- W-2 from employers
- W-2G gambling winnings
- 1099 (Int/Div/SA/C/G) interest, dividends, Social Security, SSI, unemployment, cancellation of debt, tax refunds.
- 1099B Information regarding any sales of property, stocks, bonds, etc.—including date of sale and price, and purchase date and cost
- 1099R retirement distributions, IRA withdrawals
- 1099S Documents on any purchase, refinancing, or sale of personal home (Closing Disclosure or HUD-1 statement)
- 1099S Documents on any purchase, refinancing, or sale of inve:
- K-1's from partnerships, S corporations, trusts, estates, etc.
- Other Amount of any prizes, awards, winnings, jury-duty pay, hc
- Other Information regarding receiving, selling, exchanging or otherwise disposing of any financial interest in digital assets
- Other Income of dependent child if it exceeds \$2,200 and includes any interest/dividend/other unearned income
- Alimony Amount of alimony paid or received with name & SSN of related party
- Rental **If you have rental properties, complete our Rental Property Worksheet or provide your own**
- Business **If you are self employed, complete our Business P&L Worksheet or provide your own**

\*If you have an LLC/ even if inactive you MUST provide the P&L Worksheet

Additional Comments

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TaxPayer Initials \_\_\_\_\_  
Date: \_\_\_\_\_

Spouse Initials \_\_\_\_\_  
Date: \_\_\_\_\_