Please provide the following information for the client intake form. (If this form is not completed or the information is missing, this will result in your tax return being delayed.)

| <u>Taxpayer</u> | | | | | Spo | use | | | | | |
|-------------------------|-------------|-------------|------------|------------|------------------------|-----------|------|-------------|-------|------------------|--|
| *First MI Last | | | | *Fir | *First MI Last | | | | | | |
| Social Security Number | | | | Soci | Social Security Number | | | | | | |
| Date of Birth / | | | | Date | Date of Birth / | | | | | | |
| *Email | | | | | *Em | *Email | | | | | |
| *Phone Number | | | | | *Phone Number | | | | | | |
| Occupation | | | Occi | Occupation | | | | | | | |
| *Address | | | | | | | *Pro | eferred Tax | R | eturn Format | |
| | Stree | t | | Aı | ot # | Hard Copy | | | | | |
| | | | | | L | | | Electronic | Сор | у | |
| City | | | State | | Zip Coo | le | | Both | | | |
| *Driver's Li | icens | <u>se</u> | | | | | | | | | |
| | , | Type | | Numb | er | St | tate | Issued | | Expiration | |
| Taxpayer | | DL ID | | | | | | | | | |
| Spouse | | DL 🗌 ID | | | | | | | | | |
| *Bank Info | rmat | <u>ion</u> | | | | | | ☐ Pre | fer c | check option | |
| | | Ban | k Name | Ro | outing Numb | er | Acc | ount Numbe | r | Type | |
| Refund | | | | | | | | | | Checking | |
| ☐ Balance I | D ue | | | | | | | | | Savings | |
| Estimated P | aym(| <u>ents</u> | | | | | | | | | |
| | | | Federal Am | ount | Date Paid | (Fed) | Sta | ate Amount | Da | ate Paid (State) | |
| 1 st Quarter | | | | | | | | | | | |
| 2 nd Quarter | | | | | | | | | | | |
| 3 rd Quarter | | | | | | | | | | | |
| 4 th Quarter | | | | | | | | | | | |
| *Additional | Cor | nments | /Question | s: | | | | | • | | |
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Please check off any that apply and provide the corresponding forms.

Income Sources ☐ Same as previous year Wages or Salary (Form W-2) Received Alimony from Divorce Earned Interest (Form 1099-INT) Gambling (Form W2-G) Received Dividends (Form 1099-DIV) **Royalties** Retirement Plan Withdraw (Form 1099-R) Farm Income Social Security Benefits (Form SSA-1099) Disability Income Sold Stocks or Investments (Form 1099-B) Owned Rental Property State or Local Tax Refund (1099-G) Distribution from Coverdell ESA or 529 Plan Distribution from HSA or MSA Self-Employment (1099-MISC, 1099-NEC, 1099-K) Income from Property Sold (Installment Sales) Unemployment (1099-G) Received a K-1 from Partnership, S-Corp, Trust Other Misc. Income ☐ Same as previous year Expenses Interest Payments (Form 1098-M, investments) Contribution to Educational Saving Plan State and Local Taxes Contribution to Qualified Tuition Program Real Estate Contribution to HSA or MSA Business Use of Home Home Services (Housekeeper, Caregiver) Contribution to Retirement Plan Penalty for Early Withdraw (retirement/savings) Student Loan Interest **Armed Forces Moving Expenses** Tuition and Fees for High Education (Form 1098-T) Paid Alimony for Divorce Prior to 12/31/2018 **Do you have any medical expenses?** (Deductible medical expenses must exceed 7.5% of your AGI) Medical \$ Prescriptions \$ Vision \$ Dental \$ Other Information (*Please check all that apply and provide documentation if applicable*) Are you blind? Taxpayer/spouse/dependent is a non-U.S. citizen? Did you have/adopt a child? Can you be claimed as a dependent by someone else? Did you change your residence? Identity Protection Pin Number? Did you change marital/filing status? Did your spouse/dependent pass away?

If you have Dependents, please continue to the next page.

brokerage accounts, or investments) Please provide the highest balance for the year \$

Do you have an interest or signing authority over a financial account in a foreign country? (Bank accounts,

Did you make a charitable contribution? \$

Do you have assets in a foreign country?

Are you in the military?

Did you sell/trade/invest in any virtual currency?

If you do not have dependents, please continue to the Engagement Letter.

*<u>Dependents (Including Non-Child Dependents)</u> Please attach information for additional dependents.

Please attach your daycare statement that includes the Name_EIN/SSN_Address, and Amount per child.

| | | | | | | Mon |
|---|-----------------------|--------------|--------------------|-----------------|----------------|-------|
| rst, Middle Initial, Last | Date of Birth | SSN | Relationship | Student | Day Care | in Ho |
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| T • 1 1 C 4 | | | | | | |
| <u> Iarital Status</u> | | | | | | |
| Never married | | | | | | |
| Spouse deceased | | | | | | |
| Divorced or separated | | | | | | |
| Separation agreement | 1 1 1 | 1 | 41 64 | | | |
| Married but lived apart f | rom spouse during th | e last 6 moi | iths of the year | | | |
| you are married, but did novide any of the following | | spouse froi | n the last 6 month | s of the tax | year, can you | l |
| Not applicable | | | | | | |
| 1 vot applicable | | | | | | |
| Lease agreement | | | | | | |
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| Lease agreement | ıber | | | | | |
| Lease agreement Utility bills | | | | | | |
| Lease agreement Utility bills Letter from a clergy men | | | | | | |
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| Lease agreement Utility bills Letter from a clergy mem Letter from social service Other: n you provide documentate Utility bills Property tax bills Grocery receipts | ion to show that you | ı provide n | nore than 50% of t | - he househo | old's support? | , |
| Lease agreement Utility bills Letter from a clergy mem Letter from social service Other: n you provide documentate Utility bills Property tax bills Grocery receipts Rent receipts or mortgag | tion to show that you | ı provide n | nore than 50% of t | - he househo | old's support? |) |
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| Lease agreement Utility bills Letter from a clergy mem Letter from social service Other: In you provide documentate Utility bills Property tax bills Grocery receipts Rent receipts or mortgag Maintenance and repair be Other household bills: id you receive any nontaxate Family Support Food stamps | e interest statements | | | he househo | old's support? | |

ENGAGEMENT LETTER

We appreciate the opportunity of serving you and advising you regarding your income taxes and/or accounting needs. To ensure a complete understanding between us, we are setting forth pertinent information about the services that we propose to provide for you.

Tax Work:

We will prepare your federal and state income tax returns based on information you furnish to us. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify some of it. In order to file your tax returns in a timely manner, we need all required information no later than 21 days prior to the tax filing deadline. You may be required to request an extension if we do not receive all required information by the above date.

Files received in full within the 21 days prior to the filing deadline but not less than 10 days prior will be subject to a \$100 late submission fee if you wish to make the filing by the deadline. Should you fall into this time frame (21 days) you will have the option of paying the late submission fee or filing an extension. Any files received within the 10 days prior to the filing deadline will be required to file an extension. Files with extension will be completed in the order they were received with complete documentation. Extensions will be billed at \$75 for personal returns and \$125 for business returns and payment is due at the time of the extension. Extension fees are non-refundable but will be credited in full to the final bill upon completion of the tax return.

If you need accounting services, such as adding up receipts or reviewing bank statements to create a spreadsheet, there will be a surcharge of \$175 per hour if you provide the records between January 1st and April 15th. This is due to the time it takes to work through the records.

We will use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You represent that there is adequate substantiation to support deductions for any expenses claimed on the return. You are ultimately responsible for the accuracy of your return and should review it carefully before signing it.

You should retain all the documents, canceled checks, and other data which form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will request a retainer before performing such services.

If there is an error on the return resulting from incorrect information supplied by you, or due to your subsequent receipt of amended or corrected tax forms (W-2's, 1099's, K-1's), you are responsible for the payment of any additional taxes which would have been properly due on the original return(s), along with any interest and penalties charged by the IRS.

Accounting and Consulting:

Our services come in the form of a tax return preparation and accounting services, and those may include consultations, meetings and/or phone calls. Our tax preparation fees are based upon several factors. We have spent many years becoming very knowledgeable and educated in tax and accounting matters. In addition, we are required to continue our education annually to maintain our licenses. When you contact us,

it is because you need our knowledge and assistance with something, this is when our time becomes billable. If you contact us with a "general" question that we can quickly answer, we consider this a courtesy service and you will not be billed for our time. Phone calls requiring research, business or personal planning, tax compliance, etc. will be billed in accordance with our billing policy.

Billings:

Any estimate we give is based upon information you <u>initially</u> provide to us. Actual fees may vary as circumstances change and/or new corrected information is made available. All fees and costs incurred to prepare your income tax returns are due and payable before the returns are released from our office.

You will receive a full pdf of your return. Any additional hard copies may incur a service charge of \$30.00. We reserve the right to hold the completed returns until your account is paid in full. **An E-file authorization** signature and payment in full is required before any tax return can be electronically filed or released.

If your return is for a closely held corporation, partnership, limited liability company, or other entity, the person signing that return agrees to be personally liable for our fees if the entity does not pay. Finance Charges will accrue at 2% per month after 30 days of the invoice date. Uncollected invoices will be subject to submittal with collections and incur a collection fee plus Finance Charges.

Credit Card transactions will be subject to a 2.75% transaction fee.

Communication:

We find communication to be a key element when we are working with any client, new or returning. An integral part of this is to lay out our expectations for our clients and ourselves.

Clients are expected to timely provide tax documents, statements and any other records at least 21 days prior to the tax deadlines. Clients will request an extension within a reasonable time frame of at least 14 days prior to filing deadline. If a request for additional information or documents is requested from client, client will provide requested information within 10 days, or provide an update. Client understands it is not the responsibility to provide additional requests for the same documentation after initial request has been made.

West Ridge Accounting Services will communicate with client regarding their tax filing by either a phone call or email. Clients may make an appointment to review tax return without incurring additional fees. We will communicate with clients if additional time is needed and an update of current status when available.

Payments:

We reserve the right to require retainers at our discretion. New clients may be requested to remit a retainer. New client status will remain in effect for the first twenty-four (24) months of service. The retainer is an estimate of work to be performed; and additional amounts may be due.

Accounts unpaid for 60 days will require that we cease rendering service until your account is brought current. 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, we shall not be liable for any damages/penalties incurred as a result of our ceasing to render services.

The client has ten (10) days from the invoice date, to voice any concerns or questions regarding the invoice or any portion or element thereof. After the ten (10) day period all invoices shall constitute acceptance of the invoice as submitted and payment in full will be expected within the required time frame. Any courtesy billing adjustments given are honored for fourteen (14) days. After fourteen (14) days, the invoice must be paid at the full rate and the courtesy adjustment shall be null and void. Any Non-Sufficient Funds check, paper or electronic, will be charged an additional \$40 fee.

Either party may terminate this agreement upon giving a (10) days written notice. Should this agreement be terminated prior to completion of services, we will prepare a final bill showing the total fees incurred for services rendered. This amount will be due and payable upon presentation.

Dispute Resolution:

If any dispute arises among the parties in this letter, 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 Dispute Resolution before resorting to litigation. Costs of any mediation proceeding shall be shared equally by all parties.

Please be advised that certain communications involving tax advice between you and our firm may be privileged and not subject to disclosure to the IRS. If you disclose the contents of those communications to anyone or turn over information about those communications to the government, you may be waiving this privilege. To protect your rights, please consult with us or your attorney prior to disclosing any information about our tax advice.

We would like to express our appreciation for this opportunity to serve you.

Yours very truly,

West Ridge Accounting Services, LLC

Acknowledgment

Having read and fully understood the engagement letter, I/we agree to engage West Ridge Accounting Services, LLC in accordance with the terms indicated. I/we understand the tax returns are to be prepared from information I/we provide and that the final responsibility for a complete and accurate return/services rests with me/us. It is also my/our responsibility to review and understand the information on the returns prior to signing and filing them.

This Agreement may be accepted by return signature or by electronic confirmation. By accepting this Agreement, the Participant consents to the electronic delivery of prospectuses, annual reports and other information required to be delivered by U.S. Securities and Exchange Commission rules (which consent may be revoked in writing by the Participant at any time upon three business days' notice to the Company, in which case subsequent prospectuses, annual reports and other information will be delivered in hard copy to the Participant).

| Print Name (Taxpayer) | Signature | Date |
|------------------------------|---------------|----------|
| Print Name (Spouse) | Signature | Date |
| Company Name (if applicable) | Signature | |

We must have a signed Engagement Agreement on file in our records before we can commence the work requested.

We may terminate our representation of you if you insist that we pursue objectives that we consider imprudent, unprofessional, or unethical or if we feel further representation is not warranted for personal reasons. Regardless of the reason for termination, you are obligated to pay for services provided and costs incurred through the date of termination.

Protection Plan

The Protection Plan (the "Plan") is offered by West Ridge Accounting Services and its subsidiaries' franchisees ("WRAS", "we", "us", "our"). The Plan is available only at participating WRAS offices and effective upon payment of tax preparation and all additional fees incurred at the time your return is completed, which must be no later than October 15th of the year of the return due date.

If for any reason you are not satisfied with the terms of this Plan, within seven (7) days from the date of purchase you may rescind and obtain a full refund of the fee you paid for the Plan. Contact the manager of the WRAS office where your tax return was prepared to process this refund.

1.0 Description of the Plan

1.1) Eligibility

Subject to the limitations and exclusions below, the Plan is available only to WRAS customers ("You", "Your", the "Customer", the "Client) related to those filed and accepted original individual U.S. resident federal, state, or local tax return prepared by WRAS ("tax return", "tax returns") for the 2024 tax year.

Any reimbursements for penalties and interest resulting from a WRAS error in tax preparation pursuant to the Plan cannot be transferred by you to others. The Plan, including but not limited to all rights and/or all obligations hereunder cannot be transferred or assigned without the prior written consent of WRAS, and any such attempted assignment or transfer shall be void.

1.2) Services

Subject to the limitations and exclusions below, the Plan remains in effect during the life of the tax return (the applicable Federal and State statutes of limitation for the return) and may include tax authority notice support and representation when properly submitted according to the terms hereof.

Subject to the limitations and exclusions stated within the Plan, the Plan may include reimbursement of penalties and interest incurred.

2.0 Client Responsibilities

2.1) Total Income

You represent to us that you have reviewed the items on your return to ensure it includes all sources of income, and that items or issues on such returns have not been, or are not currently, under examination by tax authorities as of the date you pay for the Plan or the date any unpaid balance is paid, whichever is last. If additional income is found which was not presented on the Personal Tax Organizer after your return has been accepted by the IRS, your claim may be denied.

2.2) Documentation

While receipts are not required for tax return preparation, you must make these documents available to the Taxing Authority and WRAS when requested. If you are unable to provide these documents, your claim may be denied.

2.3) Substantiation

WRAS prepared your return based on information provided by you and does not verify the accuracy of that information. It is your responsibility to substantiate the basis for any claimed credits, deductions, expenses, or tax positions. If WRAS determines the credit, deduction, or expense is reasonable and allowed per IRS regulations, but still rejected by the IRS, your claim may be denied.

2.4) Reasonable Notification

As described below in Section 4, you must notify and provide all pages of the initial government notice to WRAS within 20 days from the date of the initial notice regarding such tax returns, and prior to any call, conference, or audit with any government agency. If you don't contact us within 20 days from the date of the first notice, your claim may be denied.

2.5) IRS Engagement

You must allow WRAS, at its sole discretion and expense, to challenge the determination that additional taxes, penalties and interest are owed. If your return is audited, WRAS will make available an agent (but not an attorney) to represent you before the tax authority should such tax authority question the accuracy of your return.

2.6) Affordable CARE Act (related tax issues)

If you purchased marketplace insurance, you must provide WRAS the applicable Form 1095A and confirm what months you received coverage and how much you paid.

2.7) Power of Attorney

You will execute a Power of Attorney to WRAS or its agents to receive any representation described within the Plan. WRAS or its agents will provide the applicable Power of Attorney to be executed by you.

3.0 Plan Limitations and Exclusions

The Plan does not apply to:

- 3.1) 1040-NR or amended returns (1040-X) unless the WRAS error at issue is the result of an error in the original tax preparation;
- 3.2) non-individual returns such as employment (including taxes assessed on Form 4137 for income other than allocated tips), corporate, state and local small business, partnership, trust, and estate; unless the business plan has been purchased
- 3.3) errors made by WRAS or others on any returns or other forms used to file for tax credits, prebates or rebates such as property tax, Economic Impact Credit (stimulus payments), Advance Child Tax Credits, homestead or renters' credits (an "Ancillary Form"), unless the error at issue occurred on a federal, state or local income tax return prepared by WRAS and that data was then used by WRAS to prepare the Ancillary Form;
- 3.4) the calculation of estimated tax payment vouchers or additional taxes owed as a result of an erroneous refund of your estimated tax payments by the IRS or a state or local taxing authority
- 3.5) any return you know to be in error, not based on accurate or complete information, to have additional taxes owed, or under tax authority examination or audit as of the date of purchase of the Plan:
- 3.6) any return relating to previous years;
- 3.7) returns for which errors have been identified by WRAS prior to an assessment of additional taxes by tax authorities and can be corrected by WRAS within 30 days after purchase of the Plan;
- 3.8) additional taxes, penalties and interest that are assessed as the result of:
 - I. incorrect, incomplete, inconsistent, false or misleading information that you have given to WRAS in relation to the preparation of your return;
 - II. your failure to timely pay the taxes as shown to be due on your return;
 - III. additional taxes assessed as the result of your desire to take a particular position on your return that is asserted to be incorrect by tax authorities. In the event you

- receive a refund of any assessment that WRAS has paid you under the Plan, you must reimburse WRAS for such refund; and
- IV. your choice not to claim a deduction or credit, conflicting tax laws, or changes in tax laws after January 1, 2025.
- 3.9) Failure to fully comply with any of the responsibilities listed in Section 2 will relinquish WRAS of any responsibility of providing the services listed in this document. You understand and agree that we are not engaged in rendering legal services or advice, and the Plan does not include legal services or advice.

4.0 Claim Process and Determination

- 4.1) Provide a copy of your tax authority notice and any related documents to your local WRAS office within 20 days.
- 4.2) Your local WRAS office will investigate the issue, making available an agent (but not an attorney) to represent you before the tax authority, if necessary, and assist you in responding to the tax authority notice. You will execute a Power of Attorney to the agent to receive any audit representation. The agent will provide the applicable Power of Attorney to be executed by you. A refusal to execute a valid Power of Attorney as needed to represent and assist you before the tax authority, as necessary, will relinquish WRAS of any responsibility of providing the services listed in this document.
- 4.3) WRAS will process your claim under the Plan, at which point one of two of the following outcomes will occur:
 - I. Your claim is denied by WRAS:
 - a. If your claim is <u>denied</u> by WRAS, you will receive, in writing, an explanation of the reason for denial. At which point, WRAS will, by extension of denial of your claim, deny any responsibility described under the Plan as it applies to the tax return included in the claim. Unless otherwise done at the sole discretion of WRAS, a submitted claim cannot be changed in any way.
 - II. Your claim is approved by WRAS:
 - a. If your claim is <u>approved</u> by WRAS, WRAS may, at its sole discretion, reimburse you for some or all your additional penalties, and/or interest. It remains your responsibility to pay the tax authority separately and independent of the claim's determination. Approval of a claim does not mean that WRAS will reimburse you for any additional tax owed. Unless otherwise done at the sole discretion of WRAS, a submitted claim cannot be changed in any way.
- 4.4) WRAS may choose to challenge the tax authority's assessment of penalties, interest, or additional taxes owed.
- 4.5) Payment by WRAS pursuant to this Plan may be processed by check.
- 4.6) If WRAS's payment to you is \$600 or more, you will receive form 1099-MISC from WRAS. Federal law states that if your tax liability is paid by someone else, the amount of that payment becomes taxable income to you. Therefore, you will need to include payment received under the Plan on your tax return for the year in which the payment is issued. WRAS is not responsible for the payment of any taxes you may owe on such income.

For New Hampshire Residents Only

In the event you do not receive satisfaction under the Plan, you may contact the New Hampshire Insurance Department, Consumer Division, which provides oversight for consumer guaranty contracts, at 21 South Fruit Street, Suite 14, Concord, NH 03301 or 603-271- 2261. This number is only for clients who purchased the Plan.

Arbitration if a Dispute Arises Between You and WRAS

If a dispute arises between you and WRAS, including any dispute that relates to the Plan, the dispute shall be settled by binding arbitration. The arbitration procedures are set forth in the Engagement Letter between you and WRAS in the section titled "Dispute Resolution."

| Please initial next to an | <mark>option below:</mark> | |
|---|---|--|
| I would like to stay e | nrolled in the Protection Plan. Perso | onal (\$50) Business (\$100) |
| I would like to opt ou | at of the Protection Plan. | |
| If you choose to opt out of the you receive a letter, notice, or | protection plan, please note the pricaudit: | ces you are agreeing to should |
| | our for tax returns for Individuals, \$2 of \$500 followed by \$200/hour | 200/hour for all others |
| terms, conditions and disclosuREQUIREMENT THAT AND THROUGH BINDING ARE This Agreement may be accepted by retaconsents to the electronic delivery of presecurities and Exchange Commission re | urn signature or by electronic confirmation. By a cospectuses, annual reports and other information alles (which consent may be revoked in writing by a which case subsequent prospectuses, annual re | CUDING THE SAND WRAS BE SETTLED accepting this Agreement, the Participant in required to be delivered by U.S. by the Participant at any time upon three |
| Print Name (Taxpayer) | Signature | Date |
| Print Name (Spouse) | Signature | |
| | | |

Signature

Date

Company Name (if applicable)