

1. EVERYONE PLEASE FI	EVERYONE PLEASE FILL OUT THIS CONTACT INFORMATION SECTION		
TAX PAYER NAME			
BEST PERSON TO CONTACT			
PHONE #			
E-MAIL ADDRESS			

Thank you for choosing Anderson & Gilbert to assist you with your 2024 taxes. 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 2024 federal and state 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.

We will perform accounting services only as needed or requested by you to prepare your tax returns. 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 inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties. 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 ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. If you later decide to take your information back and not use our services, we will charge the greater of \$120 or actual costs to cover our expenses. Payment for tax preparation is due, in full, at the time of document pickup and prior to e-filing.

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, as these items may later be needed to prove accuracy and completeness of a return. We will retain electronic copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2024 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

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. For insurance purposes, we cannot begin working on your tax information until we have a signed engagement letter.

We appreciate your confidence in us. Please call (603)357-1928 if you have questions or concerns.

	Please provide a copy of your last 2 prior year's tax returns, driver's licenses and complete sections 2-5.					
2. * ONLY NEW CLIENTS NEED TO FILL OUT BOX 2 AND 3						
▼	TAXPAYER	<b>SPOUSE</b> (EVEN IF MARRIED FILING SEPARATELY)				
NAME						
SSN						
DOB						
OCCUPATION						
ADDRESS						



LIST ALL CHILDREN & OTHER DEPENDENTS THAT YOU MAY BE ABLE TO CLAIM BELOW

3. NAME	SSN	DOB	RELATIONSHIP	HOW MANY DAYS LIVING IN HOME IN 2024	STUDENT?
					YES 🗆
					NO□
					YES 🗆
					NO□
					YES 🗆
					NO□

## \*\* <u>NEW & RETURNING CLIENTS</u> - please provide information on any changes to your situation in box #4. \*\*

**4.** PLEASE LIST ANY BIRTHS, DEATHS, JOB CHANGES, MARRIAGES, DIVORCES, REAL ESTATE PURCHASES OR SALES, ADDRESS OR PHONE # CHANGES SINCE 2024 & ANY COMMENTS FOR 2025

AT ANY TIME DURING 2024, DID YOU : (A) RECEIVE (AS A REWARD, AWARD, OR PAYMENT FOR PROPERTY OR SERVICES); (B) SELL, EXCHANGE, GIFT OR OTHERWISE DISPOSE OF A DIGITAL ASSET (OR A FINANCIAL INTEREST IN A DIGITAL ASSET)?**YES** INO I

Provide Form 1095-A, if you had health insurance through the Market Place

ACCEPTED BY:  $\rightarrow \rightarrow$  (Both taxpayer and spouse must sign for preparation of joint returns.)

Taxpayer Signature		Spouse Signa	ture
Taxpayer Printed N	ame	Spouse Printe	d Name
Date	Telephone Number	Date	Telephone Number

295 Park Ave Keene, NH 03431 tel. (603) 357-1928 fax (603) 357-5024 <u>reception@agtaxfolks.com</u>