



Arlene D. Anderson, EA  
Susan L. Gilbert, CPA

Thank you for choosing Anderson & Gilbert to assist you with your 2020 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 2020 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 \$90 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 you 2020 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.

**\*\*\*NEW CLIENTS - Please provide a copy of your last 2 prior year's tax returns and complete this form in full.**

CONTACT INFORMATION FOR BEST PERSON TO ANSWER QUESTIONS	
BEST PERSON TO CONTACT	
PHONE #	
E-MAIL ADDRESS	
DRIVER'S LICENSES	PROVIDE A <u>COPY</u> FOR TAXPAYER & SPOUSE (IF APPLICABLE)

	TAXPAYER	SPOUSE
NAME		
SSN		
DOB		
OCCUPATION		
ADDRESS		



→ DURING 2020 DID YOU RECEIVE, SELL, EXCHANGE OR OTHERWISE ACQUIRE ANY FINANCIAL INTEREST IN ANY VIRTUAL CURRENCY? YES  NO

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

NAME	SSN	DOB	RELATIONSHIP	STUDENT?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

**\*\*\*RETURNING CLIENTS - please provide information on any changes in your situation in the space below.**

(births, deaths, job changes, marriages, divorces, address or phone number changes) and any Comments for 2020.

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

Accepted By: → → → **(Both taxpayer and spouse must sign for preparation of joint returns.)**

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Taxpayer Printed Name

\_\_\_\_\_  
Spouse Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number