



Dear Client,

We appreciate the opportunity of working with you, and advising you, regarding your income tax.

The Internal Revenue Service imposes penalties upon taxpayers and upon us, as tax preparers, for failure to observe due care in reporting for income tax returns. **ALL SELF EMPLOYED INDIVIDUALS MUST PROVIDE THE DOCUMENTATION OF ALL INCOME AND EXPENSES BEING REPORTED.**

The law provides various penalties that may be imposed when taxpayers understate their tax liability. In order to ensure and understand our mutual responsibilities, we ask all our clients for whom we prepare tax returns to confirm the necessary arrangements.

We will prepare your Federal and required State Income Tax Returns from the information, which you provide to us. We will make no audit or verification of the data you submit, although we may need to ask for clarification on some of the information. It is your responsibility to provide us with ALL the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data necessary to prove the accuracy and completeness of the return to the IRS.

You have the final responsibility for the Income Tax returns and therefore, you should review them carefully before you sign them. Our work in connection with the preparation of your Income Tax Return does not include any procedures designed to discover misrepresentation or other irregularities, should any exist.

We will render such accounting and bookkeeping assistance, as we find necessary for preparation of the income tax returns.

Your returns may be selected for review by the IRS. 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 render additional invoices for the time and expenses incurred. Our fee for those services will be based upon the amount of time required at our standard billing rates. All invoices are due upon request.

All clients are required to pay for services rendered at the time of their visit. Our fee is not contingent on you getting a refund. If you select our fee to be paid from your refund, and we are not paid, you still owe us our fee. **Also, you are given a copy of your return upon completion. Any additional copies will be a \$25 charge.**

Special Note: Please be sure to inform us of any foreclosure, short sale, or debt forgiveness, as well as any unemployment or disability benefits received throughout the year.

It has been our pleasure to work with you. Thank you for choosing MB Accounting and Tax Service.

Sincerely,

Kristen Blazeovich Hobbs and Mary K. Blazeovich

Client Signature: _____

Spouse Signature: _____

FAX (813) 986-1300 • P.O. Box 1229 • Thonotosassa, FL 33592 • (813) 986-4493

mbtaxlady@aol.com

MB Accounting and Tax Service

MB Accounting and Tax Service
1000 10th St
St. Louis, MO 63101
Phone: (314) 433-1000

NAME: _____

SSN: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ WORK: _____

E-MAIL ADDRESS: _____

HEALTH INSURANCE (Y/N): _____ NAME OF COMPANY: _____

YOUR EMPLOYER: _____ PHONE: _____

EMPLOYER ADDRESS: _____
.....

SPOUSE NAME: _____

SSN: _____ DOB: _____

E-MAIL ADDRESS: _____

HEALTH INSURANCE (Y/N): _____ NAME OF COMPANY: _____

SPOUSE EMPLOYER: _____ PHONE: _____

EMPLOYER ADDRESS: _____
.....

CHILDREN: INFORMATION FOR ALL DEPENDENTS LIVING WITH YOU. PLEASE ASK FOR ADDITIONAL FORM IF NEEDED.

DEPENDENT 1: _____ MALE _____ FEMALE _____

RELATIONSHIP TO YOU (CHILD, STEPCHILD, PARENT, ETC.): _____

SSN: _____ DOB: _____ AGE (DEC 2015): _____

NUMBER OF MONTHS LIVING WITH YOU IN 2015? _____ IS THIS PERSON DISABLED (Y/N)? _____

DO YOU PAY DAYCARE (Y/N)? _____ DOES THIS INDIVIDUAL HAVE HEALTH INSURANCE (Y/N)? _____

NAME OF INSURANCE COMPANY _____

DEPENDENT 2: _____ MALE _____ FEMALE _____

RELATIONSHIP TO YOU (CHILD, STEPCHILD, PARENT, ETC.): _____

SSN: _____ DOB: _____ AGE (DEC 2015): _____

NUMBER OF MONTHS LIVING WITH YOU IN 2015? _____ IS THIS PERSON DISABLED (Y/N)? _____

DO YOU PAY DAYCARE (Y/N)? _____ DOES THIS INDIVIDUAL HAVE HEALTH INSURANCE (Y/N)? _____

NAME OF INSURANCE COMPANY _____

DAY CARE INFORMATION (IF APPLICABLE):

NAME OF DAY CARE: _____

FED ID #: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

CHILDREN WHO ATTEND: _____



X ALL THAT APPLY TO YOU

1. DO YOU OWN YOUR OWN HOME? _____
2. DO YOU HAVE MEDICAL INSURANCE YOU PAY FOR? _____
3. DO YOU HAVE COLLEGE LOANS YOU ARE PAYING FOR? _____
4. DID YOU TAKE ANY COLLEGE CONTINUING EDUCATION COURSES IN 2015? _____
5. DID YOU PAY FOR CHILD CARE FOR YOUR CHILDREN? _____
6. DO YOU HAVE ANY CHILDREN GOING TO COLLEGE? _____
7. DO YOU HAVE ANY ELDERLY PARENTS OR FAMILY LIVING WITH YOU? _____
8. DO YOU HAVE ANY ELDERLY PARENTS YOU SUPPORT WHO DO NOT LIVE WITH YOU? _____
9. DID YOU HAVE A HOUSE FORECLOSED OR SHORT SALED THIS YEAR? _____
10. DID YOU HAVE ANY FORGIVEN OR SETTLED CREDIT CARD DEBT? _____
11. DID YOU RECEIVE UNEMPLOYMENT BENEFITS FOR THE YEAR 2015? _____
12. DID YOU FILE OR HAVE A BANKRUPTCY DISCHARGED IN THE YEAR OF 2015? _____
13. DID YOU SELL A CAR, TRUCK, TRAILER, BOAT OR ANYTHING ELSE NEEDING A TAG? _____
14. DO YOU HAVE INVESTMENTS OR ACCOUNTS LOCATED OUT OF THE UNITED STATES? _____
15. DID YOU MOVE TO ANOTHER STATE IN 2015? _____
16. DID YOU DIVORCE OR MARRY IN THE YEAR OF 2015? _____

DIVORCE DATE: _____

MARRIAGE DATE: _____

17. DID YOU HAVE ANY CHILDREN BORN IN 2015? _____
18. DID YOU HAVE ANY CHILDREN LEAE HOME IN 2015? _____
19. DID YOU BUY A NEW VEHICLE IN 2015? _____



TAX RETURN REVIEW ACKNOWLEDGEMENT

I/WE _____

HAVE REVIEWED MY/OUR FINAL 2015 TAX RETURN WITH MB ACCOUNTING AND TAX SERVICES INC. I/WE AGREE, TO THE BEST OF MY/OUR KNOWLEDGE, ALL INFORMATION IS TRUE AND CORRECT. I/WE HAVE PROVIDED ALL INCOME, EXPENSES, AND ANY OTHER INFORMATION REQUIRED FOR PREPARATION OF MY/OUR 2015 FEDERAL AND STATE TAX RETURNS.

TAXPAYER SIGNATURE: _____

SPOUSE SIGNATURE: _____

TAX PREPARER SIGNATURE: _____

DATE: _____