



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.

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 following arrangements.

We will prepare your Federal and required State Income Tax Returns from the information, which you provide us. We will make no audit or verification of the data you submit, although we may need to ask for clarification of 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 receipt.

All clients are required to pay for services rendered at the time of their visit. Our fee is not contingent on your 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.

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.

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

Sincerely,

Mary K. Blazeovich/Kristen Blazeovich Hobbs

Client Signature: _____ Spouse Signature: _____

NAME: _____

SSN: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ WORK: _____

E-MAIL ADDRESS: _____

HEALTH INSURANCE? _____ NAME OF COMPANY: _____

YOUR EMPLOYER: _____ PHONE: _____

EMPLOYER ADDRESS: _____

.....
SPOUSE NAME: _____

SSN: _____ DOB: _____

E-MAIL ADDRESS: _____

HEALTH INSURANCE? _____ NAME OF COMPANY: _____

SPOUSE EMPLOYER: _____ PHONE: _____

EMPLOYER ADDRESS: _____

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CHILDREN: INFORMATION FOR ALL DEPENDENTS LIVING WITH YOU

DEPENDENT 1: _____ MALE _____ FEMALE _____

RELATIONSHIP (I.E. CHILD, STEPCHILD, PARENT, ETC.): _____

SSN: _____ DOB: _____ AGE: _____

NUMBER OF MONTHS LIVED WITH YOU IN 2017? _____ IS THIS PERSON DISABLED? _____

DID YOU PAY DAYCARE? _____ DOES THIS INDIVIDUAL HAVE HEALTH INSURANCE? _____

NAME OF INSURANCE COMPANY: _____

DEPENDENT 2: _____ MALE _____ FEMALE _____

RELATIONSHIP (I.E. CHILD, STEPCHILD, PARENT, ETC.): _____

SSN: _____ DOB: _____ AGE: _____

NUMBER OF MONTHS LIVED WITH YOU IN 2017? _____ IS THIS PERSON DISABLED? _____

DID YOU PAY DAYCARE? _____ DOES THIS INDIVIDUAL HAVE HEALTH INSURANCE? _____

NAME OF INSURANCE COMPANY: _____

DAY CARE INFORMATION:

NAME OF DAY CARE: _____

FED ID #: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

CHILDREN WHO ATTEND: _____

CHECK 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? _____

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. DID YOU HAVE A HOUSE FORECLOSED OR SHORT SALED THIS YEAR? _____

9. DO YOU HAVE ANY FORGIVEN OR SETTLED CREDIT CARD DEBT? _____

10. DID YOU RECEIVE UNEMPLOYMENT BENEFITS FOR THE YEAR OF 2017? _____

11. DID YOU FILE OR HAVE A BANKRUPTCY DISCHARGED IN THE YEAR OF 2017? _____

12. DID YOU SELL A CAR, TRUCK, TRAILER, BOAT OR ANYTHING ELSE NEEDING A TAG? _____

13. DO YOU HAVE INVESTMENTS OR ACCOUNTS LOCATED OUT OF THE UNITED STATES? _____

14. DID YOU MOVE TO ANOTHER STATE IN 2017? _____

15. DID YOU DIVORCE OR MARRY IN THE YEAR OF 2017? _____

DIVORCE DATE: _____

MARRIAGE DATE: _____

16. DID YOU HAVE ANY CHILDREN BORN IN 2017? _____

17. DID YOU HAVE ANY CHILDREN LEAVE HOME IN 2017? _____

18. DID YOU BUY A NEW VEHICLE IN 2017? _____



Tax Return Review Acknowledgement

I/We _____

have reviewed my final 2017 tax return with MB Accounting and Tax Service and I/We agree, to the best of my/our knowledge, all information is true and correct. I have provided all income, expenses, and any other information required for preparation of my 2017 federal and state tax return.

As a self-employed individual, I understand it is my responsibility to keep all receipts and records used for the completion of my tax return, in case of review or audit.

TAXPAYER: _____

SPOUSE: _____

TAX PREPARER: _____

DATE: _____

Turn over →

IF YOU HAVE CHILDREN YOU ARE CLAIMING AS YOUR DEPENDENT PLEASE ANSWER THE FOLLOWING QUESTIONS REQUIRED BY IRS LAW.

Is the individual you are claiming your son, daughter, adopted child (or child lawfully placed with you for legal adoption), stepchild, eligible foster child, or a descendant of any of them (such as a grandchild)? (MUST HAVE PROOF OF PAPERWORK.)

_____ YES _____ NO

Is the individual your brother, sister, half-sister, stepbrother, stepsister, or a descendant of any of them (such as niece or nephew)?

_____ YES _____ NO

What was your dependent's age at the end of 2017? (Add additional dependents if applicable)

Dependent #1: _____

Dependent #2: _____

Dependent #3: _____

Dependent #4: _____

Dependent #5: _____

Dependent #6: _____

Was your dependent a full-time student during 2017? (Add additional dependents if applicable)

Dependent #1: _____ Name of school attended: _____

Dependent #2: _____ Name of school attended: _____

Dependent #3: _____ Name of school attended: _____

Dependent #4: _____ Name of school attended: _____

Dependent #5: _____ Name of school attended: _____

Dependent #6: _____ Name of school attended: _____

Was your dependent permanently and totally disabled at any time during 2017? If yes, which dependent?

Did your dependent live with you in the United States for more than half of 2017? (This means the 50 states and the District of Columbia. It does not include U.S. possessions, such as Guam and the Virgin Islands, or Puerto Rico.)

_____ YES _____ NO

Is your dependent the qualifying child of more than one person (in cases of divorce or shared custody)?

_____ YES _____ NO

Does your dependent have a valid social security number(s)?

_____ YES _____ NO

Do you have paperwork to provide proof of guardianship of dependent who is not biologically yours?

_____ YES _____ NO

If you are not the parent of the dependent do you have legal paperwork to show you have guardianship and/or custody?

_____ YES _____ NO

DEPENDENT 3: _____ MALE _____ FEMALE _____

RELATIONSHIP (I.E. CHILD, STEPCHILD, PARENT, ETC.): _____

SSN: _____ DOB: _____ AGE: _____

NUMBER OF MONTHS LIVED WITH YOU IN 2017? _____ IS THIS PERSON DISABLED? _____

DID YOU PAY DAYCARE? _____ DOES THIS INDIVIDUAL HAVE HEALTH INSURANCE? _____

NAME OF INSURANCE COMPANY: _____

DEPENDENT 4: _____ MALE _____ FEMALE _____

RELATIONSHIP (I.E. CHILD, STEPCHILD, PARENT, ETC.): _____

SSN: _____ DOB: _____ AGE: _____

NUMBER OF MONTHS LIVED WITH YOU IN 2017? _____ IS THIS PERSON DISABLED? _____

DID YOU PAY DAYCARE? _____ DOES THIS INDIVIDUAL HAVE HEALTH INSURANCE? _____

NAME OF INSURANCE COMPANY: _____

DEPENDENT 5: _____ MALE _____ FEMALE _____

RELATIONSHIP (I.E. CHILD, STEPCHILD, PARENT, ETC.): _____

SSN: _____ DOB: _____ AGE: _____

NUMBER OF MONTHS LIVED WITH YOU IN 2017? _____ IS THIS PERSON DISABLED? _____

DID YOU PAY DAYCARE? _____ DOES THIS INDIVIDUAL HAVE HEALTH INSURANCE? _____

NAME OF INSURANCE COMPANY: _____

DEPENDENT 6: _____ MALE _____ FEMALE _____

RELATIONSHIP (I.E. CHILD, STEPCHILD, PARENT, ETC.): _____

SSN: _____ DOB: _____ AGE: _____

NUMBER OF MONTHS LIVED WITH YOU IN 2017? _____ IS THIS PERSON DISABLED? _____

DID YOU PAY DAYCARE? _____ DOES THIS INDIVIDUAL HAVE HEALTH INSURANCE? _____

NAME OF INSURANCE COMPANY: _____