

Welcome to Charles Coker, CPA, LLC. To speed up the Income Tax Preparation Process, we'd like to collect some preliminary information as it will appear on the tax forms. This will only help us prepare your income taxes more accurately, and will be kept strictly confidential. Thank you for helping us make your life less taxing. PLEASE PRINT.

Primary Taxpayer Information

First Name: _____ Middle Initial: ____ Last Name: _____ SS Number: _____ Date of Birth: _____

Complete Home Address: _____ County: _____

Married or Single Filing Status: Single Married filing jointly Married filing separately Head of Household Qualifying Widower

Home Market Value: \$ _____ Home Phone Number: _____

Job Title: _____ Fax Number: _____ Work Phone Number: _____

*Email Address: _____ Cell Phone Number: _____

Employer Name & Address: _____

Referral Information

How did you hear about us?

Google / Internet Post Card / Mailing Fairlington Bulletin Other _____ Referred by: _____

Secondary / Spouse Information

First Name: _____ Middle Initial: ____ Last Name: _____ SS Number: _____ Date of Birth: _____

*Email address: _____ Work Phone Number: _____

Job Title: _____ Fax Number: _____ Cell Phone Number: _____

Employer Name, Address: _____

Dependent Information

Name: _____ Date of Birth: _____ SS#: _____ Relationship: _____

Name: _____ Date of Birth: _____ SS#: _____ Relationship: _____

Name: _____ Date of Birth: _____ SS#: _____ Relationship: _____

Electronic Filing Information / Direct Deposit of Refund

If you are getting a refund, that amount will quickly (approximately 15 business days) be deposited in the bank account you've identified here:

Name of Bank: _____ Routing Transit Number (RTN): _____

Account Number: _____ Type of Account: _____ Savings _____ Checking

Any additional informational, comments or services needed?

Are you interested in our other Services?	Yes /No	Any Additional comments or information?
Retirement Savings or Investment Planning	<input type="checkbox"/> <input type="checkbox"/>	
Financial Statements / Business Evaluation	<input type="checkbox"/> <input type="checkbox"/>	
Accounting / Bookkeeping Services	<input type="checkbox"/> <input type="checkbox"/>	
Business Consulting / Govt. Contract Support	<input type="checkbox"/> <input type="checkbox"/>	

Completed Return (pick-up or send)

We will contact you when your tax return is complete. Payment is required before we can release completed returns. You can sign and pick up your return in our Alexandria offices or we can send you signature pages electronically, then mail/email your completed documents to you. There is an additional fee to cover shipping and handling of USPS priority mailing of documents. Mail printed to: _____

Sign & Pick up Email copy to: _____
 Sign Electronically *Valid email address(es) required Both email and mail

Credit Card Authorization

For new clients (required) , or to facilitate your tax pick up process, we can bill your credit card for the cost of the tax preparation and/or consultation. We can also email you your signature pages. Complete this authorization section and sign it. We will include the credit card receipt with your return.

Name of Cardholder: _____ Type of card (circle one): Visa MasterCard American Express

Card#: _____ Expiration Date (MM/YY): _____ Credit(C) or Debit (D) _____

Signature / Authorization

It is your responsibility to provide all the information required for us to prepare your federal & state income taxes completely and accurately. You represent that the information you're supplying us is accurate and complete to the best of your knowledge. You have the final responsibility for the income tax returns and you should review them carefully before you sign and file them. You do not authorize the release of your name, personal or tax information to any third party, other than taxing authorities, without your permission. We will use our best judgment (and perform reasonable research) to resolve questions when the tax law is unclear. It is your responsibility to retain all original documents, canceled checks and other data. Our fees are based on a per form rate. Excessive research or consulting time will be charged at an hourly rate. You agree to pay our regular hourly rate for time spent with the accountant. All invoices are payable upon presentation. Tax returns will only be electronically filed when completely paid for. You agree to pay any and all collection costs including the cost of attorney fees and court costs plus expenses incurred for court preparation. If your returns are audited, we will be available to represent you at our regular hourly rate. If your return requires adjustments or corrections, we will assist you with the amended returns (at no cost to you if it is our responsibility). There will be no refunds of our tax preparation service fee. This engagement letter is for tax preparation and accountant consultation only, no other services are implied or assumed. Additional services will be covered under a separate agreement. We appreciate this opportunity to work with you. Sincerely, Charles Coker, CPA, LLC

Ø I give permission for my spouse to sign our tax returns for me: Yes or No

Your Signature _____ Spouse Signature _____ Date _____