



Hewitt Services

12990 Pandora Drive, Suite 195
Dallas, TX 75238
Phone: (972) 591-0008 Fax: 1(877)-790-4187
www.HewittServices.net

Dear Client:

Thank you for choosing Hewitt Services for your tax preparation needs. Attached is our introductory packet. Please fill in the requested information as it applies to your tax situation. Social Security numbers are extremely important. We cannot electronically file your tax return unless the social security number, birthday, first and last name for each person listed on the return matches the Social Security Administration's records.

We have provided you with an "Engagement Letter" for your signature. The purpose of this letter is to help you understand the service that Hewitt Services is performing for you and your part in receiving that service. Because of our more than twenty years of tax experience, you can feel confident in receiving quality and timely tax preparation.

We have also provided you with a consent form. You are not required to complete this form. Please read it carefully and bring it with you even if you decide not to complete the form.

Please bring the following with you to your appointment:

- Completed Client Information Form - attached.
- A Tax Preparation checklist is available on the Hewitt Services website.
- Signed Engagement Letter - attached.
- Consent to Disclose Letter - attached.
- Copies of all tax documents:
 - Form(s) W-2 (wages, etc.).
 - Form(s) 1099 (interest, dividends, miscellaneous income, etc.).
 - Schedule(s) K-1 (income/ loss from partnerships, S corporations, etc.).
 - Form(s) 1098 (mortgage interest) and property tax statements.
 - Brokerage statements from stock, bond or other investment transactions.
 - Closing statements pertaining to real estate transactions.
 - Any tax notices received from the IRS or other taxing authorities.
- A copy of your last return.
- Copies of ID and Social Security Cards for every individual that will be presented on the tax return, including spouse and dependents.

Thank you again for choosing to do business with us.

Very Truly yours,

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Engagement Letter

The purpose of this letter is to confirm that you (and your spouse) have retained Hewitt Services to prepare your Individual Federal Income Tax Return. This letter sets forth the terms and conditions upon which this undertaking is based.

You (and your spouse) will be responsible for the following actions and information:

1. Providing complete information for the preparation of the tax return. If you are unable to provide all required information by April 1st a filing extension may be required.
2. Reviewing the completed tax return documents carefully to verify that the information contained in the return is true and correct.
3. Keeping adequate records to substantiate all items of income, deductions and credits. These records should be retained for three years from the filing date of the tax return.
4. Should the Internal Revenue Service contact you for any reason in connection with this tax return, please call us so that we may discuss the appropriate action to be taken.

Hewitt Services will be responsible for the following actions and information:

1. Preparing the return based on information and documentation provided by you. The documentation you provide will not be independently verified.
2. Using our professional judgment in resolving questions where the law is unclear. We will resolve such questions in your favor whenever possible.
3. Treating any information received from you as confidential and subject to disclosure only at your written request or as compelled by law.

Hewitt Services fee policy is as follows:

1. A minimum tax consultation fee of \$50.00 for each half hour will apply even if you decide not to finalize and/or e-file the tax return. No up-front payment is required when applying for a bank product. The return is usually available in 10-21 days. The tax return preparation charges are paid from the Refund proceeds by the Bank then paid to Hewitt Services. You remain responsible for all charges that may remain unpaid, if any after 21 days.
2. Tax preparation fees are based on the complexity of the return prepared and each form is individually priced. Payment is due at the time services are rendered.
3. A complete copy of your tax return will be provided at delivery. All of your corresponding information is returned to you at the conclusion of your initial appointment.
4. Hewitt Services retains a copy of your tax return and tax related documents in their electronic storage system. Should it become necessary to provide you with a copy of either your tax return or any tax related documents, a retrieval fee of \$45.00 will be charged.

Our services are rendered on the foregoing basis. If you have any objections or any questions, please discuss them with us. We appreciate and value your business and feel all aspects of our representation are appropriate subjects for discussion.

RECEIVED & UNDERSTOOD: _____

AGREED: Hewitt Services: by _____



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Info@HewittServices.net

Hewitt Services – Tax Payer Info Sheet

Preparer Name: _____

GENERAL INFORMATION	TAX YEAR
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Taxpayer: _____
First Name M.I Last Name Social Security Number

Present Horne Address & Apt. #: _____

City: _____ State: _____ Zip: _____

Taxpayer Birth Date: _____ Occupation: _____ Driver's License # _____ Year Exp: _____

Cell Phone #: _____ Carrier: _____ Alt # _____

Email: _____

Preferred Contact (circle one): Email Call Text

Filing Status (please choose one) Single Married Filing Joint Married Filing Separate Head of Household* Qualifying Widow(er)

• If you selected I lead of Household and have no dependents, list the name and SSN of the person who qualities you for this status.

First Name M.I Last Name Social Security Number

Spouse: _____
First Name M.I Last Name Social Security Number

Spouse Birth Date: _____ Occupation: _____ Driver's License # _____ Year Exp _____

Cell Phone #: _____ Email _____

DEPENDENTS (Children, Grandchildren, Parents, Niece/Nephew

First name	M.I	Last Name	Social Security #	Date of Birth	Relationship	#of months in the Home

Are you or your dependent totally and permanently disabled? **YES** **NO**

If YES, give names _____ Initials _____

Did your child live with you but is claimed by someone else? **YES** **NO**

Can someone else claim you as a dependent? **YES** **NO**

Child Care Information

Provider's Name #1 _____ Provider's SSN or EIN: _____

Provider's Address _____ Amount Paid to Provider \$ _____

Provider's Name #2 _____ Provider's SSN or EIN: _____

Provider's Address _____ Amount Paid to Provider \$ _____

Please Check Your Sources of Income

W-2 How Many? ____ Initials ____	Alimony Received \$ _____	State Refund
1099-Misc How Many? ____ Initials ____	Self-Employed Business	Lottery/Gambling
1099-R Pension How Many? ____ Initials ____	Interest Earned ____ Initials ____	See additional sources of Income on reverse side
Dividends ____ Initials ____	Unemployment \$ _____	Sold Stocks. Mutual Funds. Real Estate
1099-K ____ Initials ____	Social Security	

Direct Deposit Credit Card Debit Card Visa MasterCard Withhold from Return Cash/Check

Bank Routing # _____ Returning Client New Client Referred by _____

Acct # _____ How did you hear about us? _____

Affordable Health Care Act		Do you have Healthcare Insurance coverage? YES NO	
		Does your spouse and/or all of your dependents have coverage? YES NO	
		Would you like assistance with choosing a plan? YES NO	
		Did you have health insurance through the marketplace? YES NO	

Other Miscellaneous Items and Expenses		
Farm Income	Partnership / S-Korp K-1)	Sold Business Equipment
Sell Your Residence	Estates / Trusts	Moving Expenses
Municipal Bonds	Income from Rentals	Other _____
	Installment Sale	

Other:		
IRA Contribution: _____	Traditional \$ _____	Roth \$ _____
Alimony Paid \$: _____	Recipient's SSN _____	
Did you pay estimated Federal (1040 ES) or State Taxes?	Federal \$ _____	State \$ _____

Information for Itemizes Deductions:			
Medical Bills	State/Sales Taxes Paid	Real Estate Taxes	Personal Property Taxes
\$ _____	\$ _____	\$ _____	\$ _____
Mortgage Interest:	Points	PMI	Charity Contributions (Cash/Non-Cash)
\$ _____	\$ _____	\$ _____	\$ _____
Casulaty Losses:	Energy Credit	Gambling Losses	Moving Expenses
\$ _____	\$ _____	\$ _____	\$ _____

Miscellaneous and Employee Business Expenses	
Uniform and Dry Cleaning..... \$ _____	Employment/Job Seeking Fees.....\$ _____
Work Tools..... \$ _____	Meals/Entertainment.....\$ _____
Union Dues..... \$ _____	Office-in-a-Home.....\$ _____
Safety Shoes and Gloves..... \$ _____	Business Travel.....\$ _____
Tax Return Preparation..... \$ _____	Out of Town/Temporary.....\$ _____
Cell Phone..... \$ _____	Vehicle Use (Auto,Truck) Miles...\$ _____
Investment Expenses..... \$ _____	For Work (Not Commute).....\$ _____
Education Expenses..... \$ _____	Miles Driven to 2nd Job.....\$ _____
Reimbursement from Employer..... \$ _____	Parking Fees, Tolls, Etc.....\$ _____
	Other.....\$ _____

For Self-Employed Only		Estimated Tax Payments _____	Gross Sales _____
Advertising: \$ _____	Rent or Lease _____		
Car/Truck Expense: \$ _____	Supplies _____		
Contract Labor: \$ _____	Taxes and Licenses _____		
Legal Fees: \$ _____	Meals, Entertainment _____		
Office Expenses: \$ _____	Cell Phone _____	Other _____	
Utilities: \$ _____	Rent Equip _____	Health Ins _____	
Travel: \$ _____	Other Ins _____	Other _____	
Education: \$ _____	Other _____	Other _____	
Seminars: \$ _____	Other _____	Other _____	

Have you received a letter or notification from the IRS in the past three years? YES NO	
If YES, explain briefly: _____	
Did you Attend School this calendar year? YES NO	or did your dependent? YES NO
Student Loan Interest \$	

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Taxpayer Signatue: _____ Date: _____ Spouse Signature _____ Date: _____