



**Please complete prior to your tax preparation appointment**

I am a returning tax client

	<b>LEGAL First Name and MI</b>	<b>Last Name (Spouse if different)</b>	<b>Social Security #</b>
Taxpayer.....			
Spouse.....			
Street Address.....			Apt No.
City.....			County
State.....			ZIP Code
Phone.....	Home:	Cell:	<input type="checkbox"/> Yes- This is a new address

E-mail address.....  
*\*Email address for electronic copy*

	Taxpayer	Spouse
Occupation.....		
Date of Birth.....		
Over Age 65.....		
Blind.....		
If died this year, enter date of death.....		

**DEPENDANTS**

First Name and MI	Last Name (if different)	Relationship	Social Security Number	Date of Birth	Child Care Expenses
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

**FILING STATUS**

Single                     
  Married Filing Jointly                     
  Married Filing Separate                     
  Head of Household  
 Qualifying Widower with Dependant Child

Office Use Only: Scanned? Y/N Dr Lic Copy: Y/N Entered in SF? Y/N Dropped Off? Y/N Date: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
 Delivery Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ Uploaded: Y/N Notes: \_\_\_\_\_ Initials: \_\_\_\_\_

# INTAKE QUESTIONNAIRE

Last Name: \_\_\_\_\_ First \_\_\_\_\_

- Did your marital status change during 2019? Yes No
- Do you or your spouse retire in 2019? Yes No
- Did spouse pass away in the last two years? If so enter date of death \_\_\_\_\_ Yes No
- Were you or your spouse permanently and totally disabled in 2019? Yes No
- Do you have dependents? Yes No
- If so, did you incur any childcare expense? Yes No
- Did you qualify for earned income credit last year? Yes No
- Did you provide support for any other person during 2019? Yes No
- Did you receive payments from a pension or profit-sharing plan? Yes No
- Did you contribute to a 401k plan in 2019? Yes No  
    How much did you contribute? \_\_\_\_\_ Estimated Value \_\_\_\_\_
- Is your employer matching? Yes No
- Did you contribute to a pension plan in 2019? Yes No  
    How much did you contribute? \_\_\_\_\_ Estimated Value \_\_\_\_\_
- Did you contribute to a 401k plan in 2019? Yes No  
    How much did you contribute? \_\_\_\_\_ Estimated Value \_\_\_\_\_
- Have you ever contributed to an IRA, KEOH, 403B or SEP Plan? Yes No  
    How much did you contribute in 2019? \_\_\_\_\_ Estimated Value \_\_\_\_\_
- Did you receive a distribution from an IRA or other qualified plan that was Partially or totally rolled over into another IRA or qualified plan? Yes No
- Did you receive any disability payments in 2019? Yes No
- Did you buy, sell abandon, or refinance a principal residence or other real property in 2019? Yes No
- Did your itemized deductions exceed your standard deduction? Yes No
- Did you incur any business bad debts, casualties, or stock becoming worthless? Yes No
- Did you buy or sell any stocks or bonds? Yes No
- Did you pay interest on a student loan for yourself, your spouse, or your dependents? Yes No
- Did you incur any moving expenses? Yes No
- Did you pay alimony or collect alimony in 2019? Yes No
- Did you own a business, rental property, or interest in partnerships or corporations? *If so, Provide details, P & L schedule, and asset purchases.* Yes No
- Did you make FEDERAL quarterly estimated tax payments? If so, provide dates & amounts Yes No
- Did you make STATE quarterly estimated tax payments? If so, provide dates & amounts Yes No
- Do you have records to support your expenses? For deductions on travel and entertainment, Information must contain amount, date, place & purpose, description of gifts, and business relationship. Yes No

NOTES:

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## TAX CLIENT AGREEMENT- Tax Year 2019

Complete Tax Preparation for individuals is \$159.00 (**Electronic Delivery**) includes e-filed personal, single or joint, federal, and NC state return for one tax year. *You will NOT receive a paper copy of this return in the \$ 99.00 price but a secured email copy. Paper copy booklet add an additional \$ 25.00 **\*WE ACCEPT CASH OR CHECK ONLY! NO CREDIT CARDS! ALL PAYMENTS MUST BE RECEIVED BEFORE TAXES ARE E-FILED! NO EXCEPTIONS!***

Additional charges would include:

Each Additional State Return - \$69.00  
City Return - \$25.00  
File by Mail (no e-file) - \$59.00  
Copy of current year tax return - \$25.00 (\$30.00 mail/fax)  
Copy of previous year tax return - \$25.00 (\$30.00 mail/fax)  
Copy of supporting documentation - \$25.00 (\$30.00 mail/fax)  
Business - Negotiable with tax preparer  
Trust - Negotiable with tax preparer

The estimated cost of your return will be \_\_\_\_\_

### \*\*\* IMPORTANT NOTE \*\*\*

If I bring in new or revised information (e.g., 1099s, W-2s, additional deductions or other tax information) after the original submission of my supporting tax documents, I will be charged the following in addition to the above listed prices:

\$ 10.00 fee PER document (If received BEFORE taxes have been prepared but after original submission).

\$ 69.00 fee if my taxes have been e-filed or printed to be filed by mail, I agree to pay Capital Advisory Group an additional \$69.00 to re-file or re-print my return(s). We will not e-file your return without your signed consent. \_\_\_\_\_ Initials

My 2019 Tax Return will be filed electronically to allow faster processing by the IRS.

Tax returns will be electronically e-filed every Monday at 3:00 pm. It is my responsibility to review it for accuracy. If I find changes are needed, I will contact Capital Advisory Group by no later than Monday by 1:00 p.m.

I understand the electronic filing process and will contact my Tax Preparer should I have any questions or changes to my return.

**NOTE: For Joint Returns, both spouses must pick up the tax return and sign the IRS e-file forms.**

\*In order to complete these services, you will be asked to provide certain information. It is your responsibility to make sure the provided information is complete and accurate. *The services do not include any verification of the information you provide.* It is also your responsibility to maintain records of this information since you may need to satisfy tax authority inquiries.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Capital Advisory Group & Tax Planners of Lake Norman  
Privacy Policy**

Capital Advisory Group and Tax Planners of Lake Norman, Inc, like all providers of insurance and personal income tax preparation services, is required by law to inform our clients of our policies regarding privacy and client information. We are always committed to protecting your personal information and right to privacy.

**Types of Nonpublic Personal Information We Collect**

We collect nonpublic personal information about you that is provided to us by you, or obtained with your authorization. We collect and use this information to service your accounts and respond to your requests.

**Parties to Whom We Disclose Information**

For current and former clients, we do not disclose any non-public personal information obtained in the course of our practice, except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need that information to assist us in providing services to you. We may refer this information to an affiliated financial or tax professional where such referral is thought to be in your interest. Please advise us if instead you would require us to hold all information, including basic directory information, confidential under any circumstance. We restrict access to non-public personal information to those professionals necessary to helping you achieve your goals and we maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public information.

**How Do We Collect Data and How Long Will It Be Stored?**

Whenever we collect personal data in our office via paperwork, during a personal interview or via our website systems, this policy informs you about the extent to which we collect. We will not collect personal data without explicit consent via this signed privacy form. All personal data will normally be stored until it has fulfilled the purpose for which it was collected. However, if a prospective client wants his/her personal data removed from our databases, we will delete that data upon written request in accordance with applicable laws.

**Policies Regarding Our Website Systems**

Capital Advisory Group & Tax Planners of Lake Norman, Inc. is committed to continuous improvement. We may gather and analyze non-personal data regarding the use of our websites - including domain names, number of hits, pages visited, length of user sessions etc., to evaluate the usefulness of our sites. These numbers are used for statistical purposes only and are not shared with any organizations outside of Capital Advisory Group and Tax Planners of Lake Norman, Inc. The personal information gathered may be transferred to areas within Capital Advisory Group, Inc. and will not be shared with any organizations outside of Capital Advisory Group and Tax Planners of Lake Norman, Inc, Inc except where permitted by law. It will only be used according to the purpose described on the respective page where the data is collected. We will not share the personal information.

**Keeping up to date with our Privacy Policy**

As required by law, Capital Advisory Group and Tax Planners of Lake Norman, Inc will provide notice of our policy annually as long as you maintain an ongoing relationship with us. To receive a copy of the most up to date Privacy Policy, call us at (704) 947-6985. We may make changes to this policy at any time and will inform you of changes as required by law.

**Confidentiality and Security**

Our employees are required to follow procedures with respect to maintaining the confidentiality of our clients' non-public personal information.

*If at any time you are not satisfied with our procedures to protect your privacy, or if you have questions regarding the collecting and/or use of your personal data, please contact us. We will use all reasonable efforts to promptly address your concern. Your privacy, our professional ethics and the ability to provide you with quality insurance and tax preparation services are very important to us.*

\_\_\_\_\_

Client Name (please print)

\_\_\_\_\_

Client Name (please print)

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date