

PERSONAL INFORMATION:

New clients: Please provide your previous two years of tax returns and copies of your driver's license/state ID.

Taxpayer info:

Name: _____ Email: _____

Occupation: _____ SS#: _____ Birthday: _____ Phone: _____

Address: _____ City, State, Zip: _____ County: _____

Spouse Info:

Name: _____ Email: _____

Occupation: _____ SS#: _____ Birthday: _____ Phone: _____

Dependent Info: Check if dependent lived with taxpayer all year. List only dependents that you are eligible to claim this year. If there are more than 3 dependents, please list under comment section.

☐ Name: _____ SS#: _____ Birthday: _____☐ Name: _____ SS#: _____ Birthday: _____☐ Name: _____ SS#: _____ Birthday: _____

Marital Status: Married Single Divorced (Year of divorce: _____)

Driver's License (Taxpayer): Issue Date: _____ Expiration Date: _____

Driver's License (Spouse): Issue Date: _____ Expiration Date: _____

Bank Details: Pro Financial recommends all refunds and balance amounts go through ACH via your bank account.

- ☐ Please provide a voided check or bank account and routing number.
- ☐ *Returning Clients:* If your bank account is the same as last year, please provide the last 4 digits of the account number and bank name: _____

A copy of your tax return and all source documents will be available to you on our Smartvault portal, this is included in your tax preparation fee. (If you are not signed up for Smartvault, please visit our website at www.pfsgj.com/portal to sign up.) Other options are below:

- ☐ Pick up a paper copy of your tax return, \$50 fee.
- ☐ Priority mail a paper copy of your tax return to you along with your source documents, \$60 fee.
- ☐ Priority mail your source documents only, \$18 fee.
- ☐ Pick up your source documents only, no fee
- ☐ *All documents left in the office will be shredded on October 29, 2025*

ANY MAJOR LIFE CHANGES IN 2024

- ☐ Got married
- ☐ Had a baby

- ☐ Bought a house

- ☐ Sold a house
- ☐ Got divorced

- ☐ Retired
- ☐ Death

SOURCES OF INCOME

Employed

- ☐ W-2 forms for you and your spouse

Unemployed

- ☐ Provide form 1099-G

Self-Employed

- ☐ Forms 1099-MISC or NEC
- ☐ Profit and Loss statement
- ☐ Business-use asset information (cost, date placed in service, etc.) for depreciation
- ☐ Do you have an office in home? **Yes** **No**
- ☐ Did you receive income from ride sharing, freelancing, fashion sharing or crowdfunding?

Rental Income

- ☐ Please complete the Rental P&L (for each property) found at www.pfsgj.com/client-documents
- ☐ Did you acquire any new rental properties in 2024? If so, please provide the closing statement

Retirement Income

- ☐ Pension/IRA/annuity income (1099-R)
- ☐ Social security/RRB income (1099-SSA, RRB-1099)

Savings & Investments or Dividends

- ☐ Interest, dividend income (1099-INT, 1099-OID, 1099-DIV)
- ☐ Year-end brokerage statements (1099-B)
- ☐ Do you have a financial interest in or signature authority over a financial account or asset in a foreign country?
- ☐ Dates purchased and purchase price of the assets sold

Other Income & Losses

- ☐ Gambling income: \$_____ (Provide W-2G's) | Gambling losses: \$_____
- ☐ Did you receive, sell, exchange, gift or otherwise dispose of a digital asset?
- ☐ K-1 forms from: Trusts, Estates, Partnerships, Sub S Corps
- ☐ Record of alimony paid/received with Ex-spouse's name and SSN
 - o Date of original divorce decree: _____
- ☐ Cancellation of debt (1099 A and/or C forms)

TYPES OF DEDUCTIONS

Home Ownership

- ☐ Forms 1098 or other mortgage interest statements
- ☐ Real estate taxes paid on your personal residence during 2024: \$_____

Energy Efficient Home Improvements

- ☐ Most common improvements that are eligible are:
- Air Conditioners, Heating Equipment, Water Heating Equipment, Electric Panel Upgrade, Insulation Materials, Windows, Exterior Doors, Home Vehicle Charger
 - (please [Click Here](#) to view the complete list of available improvements)
 - If you had any of the above items installed in 2024, please provide the invoice and documentation for each item.
- ☐ Cost for solar equipment installed in 2024: \$_____
- Include documents showing all rebates and incentives received

Charitable Donations

- ☐ Cash amounts donated to qualified charities: \$_____
- ☐ Total non-cash charitable donations: \$_____
- ☐ Miles driven for charitable purposes: _____ Miles

Children and/or Dependent Expenses

- ☐ Child care costs: provider's name, address, tax ID and amount paid
- ☐ Do you have dependent care benefits (W2 box 10)

Educational Expenses

- ☐ Forms 1098-T from educational institutions
- ☐ Form 1098-E if you paid student loan interest
- ☐ Form 1099-Q for qualified education programs/ Funds used from 529 accounts
- ☐ K-12 tuition paid to parochial, private, public school or for home schooling
- School:_____ City, State:_____ Tuition Paid:\$_____

Medical Expenses

- ☐ Amounts paid out of pocket for healthcare insurance (not paid by employer): \$_____
- ☐ Out of pocket medical expenses paid for eye glasses, doctors, dentists, hospitals, etc: \$_____
- ☐ Form 1095-A if you and/or one of your dependents enrolled in an insurance plan through the Marketplace

Retirement & Other Savings

- ☐ Form 5498-SA showing HSA contributions
- ☐ Health Savings Account and long-term care reimbursements (1099-SA or 1099-LTC)
- ☐ IRA contribution:
- Taxpayer:
 - Roth Traditional IRA
 - Amount contributed: \$_____
 - Spouse:
 - Roth Traditional IRA
 - Amount contributed: \$_____

OTHER INFORMATION

- ☐ Federal estimated tax payments paid:
- Apr. 2024 - \$_____ June 2024 - \$_____ Sept. 2024 - \$_____ Jan. 2025 - \$_____
- ☐ State estimated tax payments paid:
- Apr. 2024 - \$_____ June 2024 - \$_____ Sept. 2024 - \$_____ Jan. 2025 - \$_____

- ☐ Did you purchase a new hybrid, alternative motor or electric motor energy efficient vehicle during the year?
- Was Credit taken at time of purchase? Yes No
- ☐ 529 contributions: Please provide the Bright Start, Bright Directions, and/or College Illinois year end statements
- Non IL clients, please provide your state equivalent year end statements

Identity Protection Pin # - If you received an IP Pin # from the IRS please provide the letter the IRS mailed you or write the number below. If you need help retrieving the letter, please [Click Here](#), then click the blue button to log in.

Taxpayer IP Pin #: _____ Spouse IP Pin #: _____

Dependent IP Pin #: Name: _____ IP Pin #: _____

Dependent IP Pin #: Name: _____ IP Pin #: _____

Dependent IP Pin #: Name: _____ IP Pin #: _____

Comments:

Engagement Agreement

Thank you for selecting Pro Financial Services Group, Inc to prepare your 2024 tax returns.

This engagement agreement provides the terms and conditions, as well as the nature and extent of the income tax services, we will provide and confirms your agreement to all terms as outlined.

Pro Financial will prepare your 2024 federal and state income tax returns from information that you have provided. We will not audit or verify the data you submit to us, although we may ask for clarification of some items. You will assume responsibility for the accuracy of all data and the maintenance of said records. It is also your responsibility to provide all necessary information, in a timely manner so we can complete your income tax returns as soon as possible.

The fees for the services to be rendered will be based upon our standard form rates. We will bill at our current hourly rate for additional services as required, which may include extra conferences, bookkeeping, responding to legal matters and any other necessary work. We do reserve the right, in some matters to request a retainer fee to be paid in advance.

Our invoices are due and payable upon completion of your income tax returns. If you cancel or discontinue our services once we have begun work, you agree to pay us for such work performed based upon our current hourly rates. As additional consideration for us to provide you tax services, you agree that the extent of our liability for damages to you for any actions will not exceed the total amount paid by you for our services.

If your returns are audited by any taxing authorities, we will be available to represent you at an additional fee. You will be responsible for any additional taxes, interest, and/or penalties assessed. Any additional services, including, complying with subpoena requests, will be billed at our current hourly rate of \$175 per half hour. The hourly rate for any services required between February 1st through April 15th is \$225 per half hour.

Your signature below indicates that the engagement terms as described above are understood and accepted. We wish to express our appreciation for this opportunity to work with you. I/we authorize Pro Financial Services Group, Inc. to complete my/our tax returns.

Tax returns will not be started unless both boxes below are checked.

☐ **I have read the client checklist and have marked all items that pertain to my 2024 taxes**

☐ **All tax related documents have been submitted to PFSGI**

Providing additional documents after PFSGI has completed your tax returns may result in an additional fee

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____