



**INDIVIDUAL INCOME TAX ENGAGEMENT LETTER**

Client Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2023 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. 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 returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. 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 these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. Payment will be processed when you receive and return the signed e-file forms via your SmartVault. Please indicate below how payment should be processed.

CREDIT CARD: Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

ACH: Acct Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

By signing below, you hereby acknowledge and consent to the merger of Lange Tax & Financial Services with GJM Advisory. We want to express our appreciation for this opportunity to work with you.

Client Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

2023	1040	US	Tax Organizer
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**GJM Advisory**  
**10014 W 190th Pl**  
**Mokena IL 60448**

Telephone number: **(708) 478-5005**  
 Fax number: **(708) 478-5225**

This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please enter all pertinent 2023 information.

**NOTE:** If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

**NOTE:** If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

YES NO

## PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2023?

## DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2023?

Did you have any children under age 19 or full-time students under age 24 at the end of 2023, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

Did you pay child care expenses for dependents under 13 or over 13 if the dependent is disabled? If yes, please provide the letter from the care provider that includes their name, address, Fed ID#/SS# and amount paid.

Did you spend more than \$250 for tuition, books and fees to an IL K-12 school or homeschool? If yes, please provide letter from the school indicating the amount, grade level and child's name.

## HEALTH CARE COVERAGE

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please upload.

## INCOME

Did you receive or sell any employee stock options in 2023?

Did you do any online sales or receive electronic funds and received a 1099 for these receipt of funds?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income or unemployment income? Look for the unemployment 1099 forms online.

Did you have any foreign income, pay any foreign taxes or have foreign bank accounts?

## PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2023?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Did you receive (as a reward, award or compensation) or sell, exchange, gift or otherwise dispose of a digital asset or financial interest in one? If yes, please provide details on last page. *An example is cryptocurrency, such as bitcoin.*

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

YES

NO

## RETIREMENT PLANS

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.) or plan to by April 15, 2024?

Did you transfer, do a back-door ROTH conversion or rollover any amount from one retirement plan to another retirement plan? If yes, please be sure to provide the 1099R form.

## EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? **If yes, provide 1098T and history of payments and charges from the schools online history.**

## ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Do you have a mortgage on your home? If yes, provide 1098 including refinance closing documents if applicable.

Did you make charitable donations via check, credit or debit card? If yes, please provide the receipts from the charity.

## ESTIMATED TAXES

Did you apply an overpayment of 2022 taxes to your 2023 estimated tax (instead of being refunded)?

If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax (instead of being refunded)?

Do you expect your 2024 taxable income and withholdings to be different from 2023?

## MISCELLANEOUS

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Are you an elementary or secondary educator who incurred expenses up to \$300? If yes, please provide the receipt totals.

**If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.**

YES NO

**MISCELLANEOUS (continued)**

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Was your home rented out or used for business?

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency or do you have an ID PIN issued by IRS? If yes, please provide the new PIN letter you received.

Did you or your spouse make any gifts to an individual that total more than \$16,000, or any gifts to a trust?

Did your bank account information change within the last twelve months?

Do you have an HSA (Health Savings Account) and a HDHP (High deductible health plan)? *If yes, please provide forms 1099-SA Distribution form and 5498-SA Contribution details. If you made contributions direct to the HSA bank, please let us know. If you would like to max out this account prior to April 15, 2024, please let us know.*

**SMALL BUSINESS INFORMATION**

Did you start a small business? If yes, provide details on the final page.

Did your business receive any Employee Retention Credit funds?

Did you rent a portion of your home or acquire, sell or change a property to a rental?

**Please enter all pertinent 2023 information.**

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....  
 1=electronic payment of balance due .....  
 1=electronic payment of estimated tax .....


**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account	Type of Invest.

