Paul Laird EA

2945 Terra Verde Lane Oakley, CA 94561 paul@lairdtax.net Phone: (925)759-8339 | Fax: Call

January 1, 2024

Subject: Preparation of Your 2023 Tax Returns

Thank you for choosing Paul Laird EA to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement. Let me know if you would like an electronic copy.

Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing).

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return with you tax documents.

EITC/CTC/AOTC/HEAD OF HOUSEHOLD STATUS INTERVIEW

NOTE: Earned Income Credit cannot be claimed for a child who did not live with you at least six months during the tax year. The same is true for Child Tax Credits unless the custodial parent has released a "claim to exemption" for the child.

Name	of person providing informationDate
Gener	al Questions (to be answered by ALL clients)
	Have you ever been denied Earned Income Credit, Child Tax Credit, or Education Credit or has
Δ.	any of these credits been reduced by the IRS in prior years? YESNO
2.	
۷.	NO(if no skip question 3)
	If YES, do you have form 8332 signed by the child's custodial parent giving you permission to
	claim that child. YES NO
2	Is any dependent permanently disabled? YESNO
3.	If YES, do you have or can you get a statement from doctor verifying disability? YESNO
	· · · · · · · · · · · · · · · · · · ·
	Does your disabled dependent receive SSI or other disability payment? YESNO
Qualify	ying Child (must be answered by ALL clients)
1.	Is the information you provided in the "Dependents" section of the Client Information Sheet"
	true, complete, and accurate (including name, Social Security number, relationship to you, and
	number of months that the child lived with you during the year? YESNO
2.	Does anyone else live with any child that could claim them as a dependent? YESNO
	If YES what is the relationship of the child to the other person?
	Why aren't they claiming the child?
	of Household (To be answered only if you are filing Head of Household filing status)
	Have you ever been married? YESNO(if NO skip questions 2&3)
2.	, , , , , <u>——</u> <u>——</u>
3.	, , , , <u> </u>
4.	, , , , , , , , , , , , , , , , , , ,
	NO
5.	Are you married but living apart from your spouse (separated)? YESNO
	If YES, what was the date of your separation
	IF YES, have you lived together any since the above separation date? YESNO
	If YES, please provide the dates you were back living together, if during this tax year
6.	Have you lived apart from your spouse for the last six months of the tax year? YESNO
	If YES, What documents can you provide to verify that you lived apart from your spouse
	(examples lease agreement, utility bills, etc)
7.	Did you pay more than half the cost of maintaining your home for you and your dependents this
	tax year? YESNO
	What documents can you provide, if requested, to verify that you paid more than half the cost
	of maintaining your home (examples utility bills, grocery receipts, property tax bills, rent
	receints)?

2023 Tax Organizer Personal Information

	Name o whom all information should be addressed, if not t	he taxpayer		SSN	Has IP PIN	Dat	te of Birth		
Spouse Name of person t	o whom all information should be addressed, if not t	he taxpayer							
Name of person t	o whom all information should be addressed, if not t	he taxpayer							
	o whom all information should be addressed, if not t	he taxpayer			I				
Street address		Name of person to whom all information should be addressed, if not the taxpayer							
	, city, state, and ZIP								
	Occupation		Daytime Phone	Evening Phon	ne	Cell F	Phone		
Taxpayer									
Spouse									
Taxpayer emai	1								
Spouse email									
Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2023? Yes No									
Account Inf	formation for Deposits and Withdra	wals							
	Name of Bank	Bank Routing Number	Bank Account Number	Type of Accoun Checking Sav		se this A	ccount for Withdrawal		
Appointment Information Your 2023 appointment is scheduled for									

Page 2

Dan	endent	a 10 al	Othor	Ind	 -41
DEL	JEHUEHL	aliu	Other	1111	alion

Name:									SSN	l:
Dependent Information										
First and Last Name SSN				Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
ist dependents required to fi	le a retur	m								
Child and Other Depen	dent Ca	are Exp	enses							
Name of Care Provider					Address			SSN or E	EIN	Amount Paid
Estimates										
			ederal			sident State			Resident	
Overpayment applied from 2022	Date	Paid	An	nount	Date Paid	A	mount	Date Paid		Amount
First quarter					_					
Second quarter					_					
Third quarter					_					
ourth quarter					_					
Additional payments					_					

Name:	SSN:

Checklist	
•	ovided to help you gather necessary information for us to prepare your 2023 income tax return. Re the supporting documentation, to our office and let us know of any significant changes from your 2
General Information	on and Prior Year Documentation
	of identity for those claimed on the return (driver's license or state issued ID, Social Security card,
	ertificates for children. etc.)
	e tax returns from the prior two years
	ere were losses from business activities in prior years, include prior five years of returns instead of
[] Depre	ciation schedules from prior years for businesses, rentals, etc.
Current Year Inco	me Documentation
[] Wage	and tax statements (Form W-2)
[] Gambl	ling income (Form W2-G)
[] IRA di	stributions, pensions, and annuities (Form 1099-R)
[] Divide	nd income (Form 1099-DIV)
[] Interes	st income (Form 1099-INT)
[] Miscel	laneous income (Form 1099-MISC)
[] Nonen	nployee compensation (Form 1099-NEC)
[] Unemp	ployment compensation and other government payments (Form 1099-G)
[] Credit	card, debit card, and third-party network transactions (Form 1099-K)
	table payment transactions
	Security benefits (Form SSA-1099)
	ad retirement benefits (Form RRB-1099)
	e from partnerships, S corporations, estates, and trusts (Schedule K-1)
	Basis information for any partnerships and S corporations
	nentation of brokerage transactions and disposition of capital assets (Form 1099-B)
	eds from real estate transactions (Form 1099-S)
	mployed business income (Schedule C)
	ncome (Schedule F)
	rental income (Form 4835)
[] Incom	e from rental real estates and royalties (Schedule E)
Other Income (pro	ovide supporting documentation for income received for the following items)
	f assets or property
[] Cance	llation of debt
[] Other	income
Payments (provide	e supporting documentation for payments made for the following items)
	tor classroom expenses
[] Emplo	yee business expenses
[] Contrib	outions to a Health Savings Account
[] Expen	ses related to work relocation with the military
[] Alimor	ıy
[] Studer	nt loan interest
[] Refund	ded student loan interest payments
[] Studer	nt loan forgiveness
[] Tuition	and fees for higher education
[] Expen	ses related to child or dependent care
[] Contrib	outions to a Retirement Savings Account
[] Medica	al and dental expenses
[] Real e	state taxes

[] Other state and local taxes

2023		Page 4
	Checklist	
Name:		SSN:
Checklist		
	Mortgage interest Investment interest Cash contributions (provide organization name) Unreimbursed employee expenses Investment expenses Gambling losses Other payments	SSN:

_					
u	ue	Sti	or	าทล	aire

Questionnaire						
Name:		SSN:				
Questionnaire						
Personal Inform	mation					
Yes No						
[][]	Did your marital status change during the year?					
	If "Yes," explain					
[][]	Did your name change during the tax year?					
	If "Yes," explain					
[][]	If your filing status is married, but you are filing separately from your spouse, did you and your	spouse				
	live apart for the last six months of 2023?					
[][]	Can you or your spouse be claimed as a dependent by someone else?					
[][]	Did your address change during the year?					
[][]	Were you, your spouse, or any dependents a victim of identity theft? If "Yes," explain					
[][]	Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?					
	If "Yes," provide Notice CP01A from the IRS.					
Provide	proof of identity to be eligible to e-file your tax return (driver's license or state-issued pho	to ID)				
Dependent Info						
Yes No						
[][]	Did you have any changes in dependents during the year?					
[1 [1	If "Yes," explain Can another person qualify to claim any of your dependents?					
[][]	Did you have any child or dependent care expenses during the year?					
[][]	Did you have any adoption expenses during the year?					
[][]	Did you have any children under age 19 or a full-time student under age 24 with more than \$2.	500 of				
	unearned income?					
Provide	documentation for proof of dependent credits (school records, medical records, daycare	records, etc.)				
Health Care Inf	formation					
Yes No						
[][]	Did any member of your household have healthcare coverage through the Marketplace (Obam	acare)?				
	If "Yes," provide copies of Form 1095-A.					
[][]	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medic	are Advantage				
	MSA during the year?					
Income Durch	ages Cales and Daht Information					
Yes No	ases, Sales, and Debt Information					
	Did you receive any tips not reported to your employer?					
[][]	Did you receive any disability income during the year?					
[][]	Did you cash in any U.S. savings bonds during the year?					
[][]	Did you start a new business or purchase any rental property during the year?					
[][]	Did you sell an existing business, rental property, or other property during the year?					
[][]	Did you purchase any business assets or convert any assets to business use?					
	If "Yes," provide the cost of the asset, the date it was placed in service, and the business u	se				
	percentage.					
[][]	Did you purchase any gasoline, diesel, or special fuels for off-road business use?					
[][]	Did you buy or sell any stocks, bonds, or other investments during the year?					
[][]	Did you sell a principal residence during the year?					
	If "Yes," provide closing documentation for the purchase and sale of the home.					
[][]	Did you have a principal residence or a piece of real property foreclosed on during the year?					
[][]	Did you abandon a principal residence or a piece of real property during the year?	h a a a				
[][]	Did you refinance your principal home or second home or take out a home equity loan during t	ne year?				
r 1 r 1	If "Yes," provide all escrow, closing, and other pertinent documentation and information. Did you receive any principal or interest during this year from property sold in prior years?					
[][]	Did you receive any principal of interest during this year from property sold in prior years?					

ue			

	Questionnaire
Name:	SSN:
Questionnaire	
	Did was and and was home and it for how in and
[][]	Did you rent out your home or use it for business? Did you sell, exchange, or purchase any real estate during the year?
[][]	Did you acquire a new or additional interest in a partnership or S corporation?
[][]	Did you have any debts canceled or forgiven this year?
[][]	Does anyone owe you money that has become uncollectible?
[][]	Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell
	vehicle, qualified commercial clean vehicle) during the year?
	If "Yes," provide the report the dealer or seller is required to provide to you.
[][]	Did you receive income or incur expenses associated with a fantasy sports league?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
	If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
[][]	Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)? If "Yes," attach Form 1099-K or Form W-2.
[][]	Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
	If "Yes," attach Form 1099-K.
[][]	Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or
	HomeAway)?
[][]	If "Yes," provide documentation. Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
[][]	If "Yes," provide documentation.
[][]	Did you receive any other income you have not provided information for with this organizer?
	If "Yes," explain
Itemized Deduct Yes No	ion Information
[][]	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the
	year?
[][]	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
	Did you receive any state or local income tax refunds from prior years?
[][]	Did you make any major purchases (vehicle, boat, etc.) during the year? Did you pay any real estate property taxes or personal taxes during the year?
[][]	Did you pay mortgage interest during the year?
[][]	Did you make cash donations to charity during the year?
[][]	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
[][]	Did you donate a boat or vehicle during the year?
	If "Yes," attach Form 1098-C.
[][]	Did you have gambling winnings or losses during the year?
[][]	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety
	equipment, etc.)?
[][]	Did you use your vehicle on the job other than for commuting to work?
[][]	Did you work out of town at any time during the year?
Retirement Infor	rmation
Yes No	
[][]	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
[][]	Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth,
[] []	Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
[][]	Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified
	retirement plan during the year?
[][]	Did you receive any Social Security benefits during the year?

	Questionnaire						
Name:	5	SSN:					
Questionnaire							
Questionnane							
Education Infor	rmation						
[] []	Did you pay tuition expenses that were required for attending college, university, or vocational s for yourself, your spouse, or a dependent during the year (even if classes were attended in ano year)?						
[][]	Did anyone in your household attend a post-secondary school during the year? Did you make a contribution to or receive a distribution from an Education Savings Account or Cartinon Program during the year? Did you pay student loan interest for yourself, your spouse, or your dependents during the year						
[][]	If "Yes," provide the amount of interest that was refunded. Did you receive forgiveness on a qualifying federal student loan?	:					
Foreign Tax Info							
Yes No	Did you have a financial interest in or signature authority over a financial account or asset locat	ad in					
[][]	a foreign country?	eu III					
[][]	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?						
[][]	Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?						
[][]	Did you have any income from, or pay taxes to, a foreign country?						
	Did you receive a Schedule K-3 from a partnership or S corporation? Did you have ownership in a foreign corporation at any time during the year?						
[][]	Did you own property in a foreign country?						
Refund, Withho Yes No	olding, and Estimated Tax Information						
[][]	If you have an overpayment of 2023 taxes, do you want the refund applied to your 2024 estima	ted taxes?					
[][]	Did you make any estimated payments toward your 2023 taxes?	tou taxoo.					
[][]	Did you apply an overpayment of your 2022 taxes to your 2023 estimated taxes?						
[][]	Do you want to have any refund or balance due directly deposited or withdrawn?						
	If "Yes," provide a canceled checking or savings slip.						
[][]	Do you anticipate your income or withholdings to be different for 2024?						
Miscellaneous I Yes No	Information						
	Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial intere any digital asset?	st in					
[][]	Did you incur a gain or loss due to damaged or stolen property, while living in a federally declar disaster area? If "Yes," provide the incident date, value of the property, amount of insurance reimbursement.						
	the declaration number assigned by FEMA.	no, and					
[][]	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?						
[][]	Did you make gifts to any one person in excess of \$17,000 during the year? Yes No [] [] If "Yes," are you splitting the gift with your spouse?						
[][]	Did you incur moving expenses with the military during the year?						
[][]	Did you make any energy-efficient improvements to your main home during the year?						
[][]	Are you a business owner who paid health insurance premiums for your employees during the	year?					
[] []	Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two related transactions during the year? Yes No						
	[] [] If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Tra Business, filed?						
[][]	Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the	year?					

Page 8

2023	Questionnaire	
Name:	adolio.iii.aii o	SSN:
Questionnaire		
[][]	Did you make any purchases subject to use tax during the year? If "Yes," provide details.	
[][]	Did you receive any notices from the IRS or state taxing authority? If "Yes," explain	
[][]	May the IRS discuss your tax return with your preparer? Would you like a copy of your tax return sent to you electronically instead of receiving a printe	d copy?
Preparer Notes		

ame: SSN:							
Heal	thcar	e Information					
		Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at A		
/ES	NO			•			
	Ш	Did anyone other than you or your spouse pay for healthcare covera	ge for anyone listed above	9?			
		Did you pay for healthcare coverage for anyone not listed above?					
-		overage for any part of the year: the policy obtained?					
		Employer Medicare Medicaid Marketplace (Exchange)				
-		have coverage part or all of the year: S if the following applies to any member of the household					
		Was your previous insurance policy canceled in 2023?					
		Was coverage offered by your employer or your spouse's employer?					
		Are you a member of a federally recognized Indian tribe?					
		Are you eligible for services through an Indian healthcare provider?					
		Are you a member of a healthcare sharing ministry?					
		Did you live in the United States the entire year?					
		Are you enrolled in TRICARE?					
		Did you apply for CHIP coverage?					
		Do any of the following apply to you? Do NOT indicate which one.					
		Became homeless					
		Evicted in the past six months, or facing eviction or foreclosure					
		Received a shut-off notice from a utility company					
		Recently experienced domestic violence					
		Recently experienced the death of a close family member					
		Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property					
		Filed for bankruptcy in the last six months					
		 Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt 					
		Experienced unexpected increases in essential expenses due to	caring for an ill. disabled.	or aging family mem	eher		