

Tax Treatment 2025

Taxpayer 1

Returning clients, if contact information is the same as last year, enter your name & new info only.

Last Name	First Name	Middle Initial	SSN
DOB	Occupation	Cell Phone	Home Phone
Email Address			IP PIN (if applicable)*

Check any that apply: ☐ Blind ☐ Retired on permanent & total disability

* If you have an IP PIN, Tax Tx must have it for the e-file to go through.

Taxpayer 2

Returning clients, if contact information is the same as last year, enter your name & new info only.

Last Name	First Name	Middle Initial	SSN
DOB	Occupation	Cell Phone	Home Phone
Email Address			IP PIN (if applicable)*

Check any that apply: ☐ Blind ☐ Retired on permanent & total disability

* If you have an IP PIN, Tax Tx must have it for the e-file to go through.

What is your filing status?

- ☐ Single
- ☐ Married Filing Joint
- ☐ Married Filing Separate
- ☐ Head of Household/Qualifying Surviving Spouse
- ☐ Registered Domestic Partners

Are you eligible to be claimed as a dependent on another person's return?

- ☐ Yes, Taxpayer 1
- ☐ Yes, Taxpayer 2

Did your filing status change during 2025?

- ☐ Yes
- ☐ No

Address

Current Mailing Address - Street

City, State & Zip Code

Dates in 2025 lived at this address

If you moved during 2025:

Previous Mailing Address - Street

City, State & Zip Code

Dates lived at this address

Driver's License (or State ID) information

Returning clients, complete this section only if your ID expired in 2025, or expires prior to the filing deadline.

Taxpayer Name

License/ID #

☐ Driver's License

☐ State ID

State issued from

Issue Date

Expiration Date

Taxpayer Name

License/ID #

☐ Driver's License

☐ State ID

State issued from

Issue Date

Expiration Date

Presidential Election Campaign Fund

This fund helps pay for Presidential election campaigns. The fund reduces candidate's dependence on large contributions from individuals and groups and places candidates on an equal financial footing in the general election. If you want \$3 to go to this fund, check the box. If you are filing a joint return, your spouse can also have \$3 go to the fund.

If you check YES, your amount due or your refund amount does NOT change.

Taxpayer 1: ☐ Yes No ☐

Taxpayer 2: ☐ Yes No ☐

Please Note - Tax Preparation Timelines & Unforeseen Urgencies

Timeline

Tax return preparation can take three to five weeks (& sometimes more) from the time all tax information has been collected. Tax returns are prepared in the order materials are received. Please alert Tax Treatment if you need your returns completed by a certain date. Additional charges will apply.

Unforeseen Circumstances & Emergencies

You are selecting a solo-operated business for service. It is possible there will be disruptions to my ability to work due to illness myself, illness in my immediate family, or other weather or public health related situations/emergencies. Correspondingly, delays are distinct possibility, and if so, extensions may be required. A timely filing is not a guarantee of hiring Tax Treatment for tax preparation services.

California Tax Education Council

The California Tax Education Council (CTEC) regulates California Tax Preparers.

My CTEC registration no. is A162728.

According to their regulations, I am required to provide you with their website & my bond information:

Website: www.ctec.org

My Bond No.: LSM0168555 (RLI Insurance Company)

Please Note - Adobe PDFs are not always compatible with Apple's Preview

Please work in Adobe, if at all possible, if completing this electronically. Sometimes the values that come from Preview can be erratic/change when saving & sending.

If you do use Preview, please use the "Print to PDF" function to save & send to Tax Tx, and please double check that the values look correct once you have printed to PDF.

Please Note - No JPG/photo tax documents - PDFs only

If you are sending your tax documents electronically, please do not send .jpg (or any other photo format) files.

Please also do not send PDFs that have been converted from photos and still look like a photo.

Kind thanks in advance for your attendance to what works best for my work process.

If you don't have access to a scanner, please consider USPS or my "Document Drop-off" apt.

Bring official tax documents and any information pertaining to:

- ☐ A copy of last year's tax return (if not prepared by Tax Treatment)
- ☐ W2's, salaries, tips, and employee compensation
- ☐ All other tax documents received by mail, including 1098s & 1099s
- ☐ Income from prizes, awards, commissions, etc.
- ☐ IRA, SEP, SIMPLE, or ROTH contributions, conversions or distributions
- ☐ Documents or information pertaining to HSA contribuions & distributions
- ☐ Pension & annuity income, and Social Security Benefits
- ☐ Your RMD (Required Minimum Distribution) amounts from any applicable retirement plans, and the 1099-R(s) reflecting the distribution(s).
- ☐ Taxable and nontaxable interest & dividend earnings
- ☐ Brokerage statements or records of the sales of stocks & bonds and the cost basis of each
- ☐ Vehicle License Fee (please furnish a copy of your registration renewal invoice)

Or, CA residents only, to have Tax Treatment look up the VLF for you, please provide:

Last 5 of VIN: _____ License plate # _____

- ☐ K-1 income from Partnerships & Trusts
- ☐ Form 1095-A Health Insurance Marketplace Statement
- ☐ Records of rental income & expenses if you rent property to others
- ☐ Forms 1098 reporting interest paid & copies of real estate tax bills
- ☐ Alimony paid or received, and recipient's name & social security #
- ☐ Adoption expenses
- ☐ Unemployment income and records on job search expenses
- ☐ Moving expenses if you moved to be closer to your job
- ☐ Copies of closing statements regarding the sale or purchase of real property
- ☐ Gambling winnings, jury duty, misc. pay
- ☐ Hobby income & records of any other misc. income earned or received
- ☐ State & Local Tax refunds
- ☐ Records of any virtual currency transactions, including cost basis & sales/exchanges
- ☐ Any letters received from the IRS/State this year
- ☐ Investment advisory fees paid this year = _____
- ☐ Safe Deposit Box fees paid this year = _____
- ☐ Sales tax amounts paid on large purchases this year such as a car or boat
- ☐ Coverdell Education Savings Account contributions
- ☐ Disability payments
- ☐ Energy efficient improvements made to your home this year (include copies of invoices)
- ☐ Energy efficient vehicles purchased this year (year, make, model, date of purchase)
- ☐ Gifts to anyone over \$19,000ea (or \$38,000 for couples), including funding tuition accounts
- ☐ Loans made at below-market interest rates
- ☐ Car loan interest paid (Form 1098-VLI, if provided to you)

2025 Quarterly Estimated Payments

Federal:

1st Quarter: (Due 4/15/2025)		
	Date of payment	Amount of payment
2nd Quarter: (Due 6/16/2025)		
	Date of payment	Amount of payment
3rd Quarter: (Due 9/15/2025)		
	Date of payment	Amount of payment
4th Quarter: (Due 1/16/2026)		
	Date of payment	Amount of payment

State:

1st Quarter: (Due 4/15/2025)		
	Date of payment	Amount of payment
2nd Quarter: (Due 6/16/2025)		
	Date of payment	Amount of payment
3rd Quarter: (N/A for CA, 9/15/25 for others)		
	Date of payment	Amount of payment
4th Quarter: (Due 1/16/2026)		
	Date of payment	Amount of payment

Amount rolled over/applied from your 2024 refund to 2025 taxes:

Federal amount	State amount

If filing in October, amount paid with extension of 2025 return:

Federal amount	State amount

Would you like to schedule your 2026 quarterly payments to be automatically debited?* ☐ Yes ☐ No

** Once scheduled, these payments cannot be changed in amount or payment source, only canceled.*

TaxTx can cancel them on your behalf, and schedule new payments in different amounts, though this may count toward billable TaxTx time, as outlined in the client agreement.

Dependent Information

If information is the same as last year, you only need to enter child's first name
& number of days lived with you in the tax year.

Last Name	First Name	Middle Initial	SSN
Relationship		DOB	No. of days in yr. lived with you
Will this dependent file their own tax return? ☐ Yes ☐ No			

Last Name	First Name	Middle Initial	SSN
Relationship		DOB	No. of days in yr. lived with you
Will this dependent file their own tax return? ☐ Yes ☐ No			

Last Name	First Name	Middle Initial	SSN
Relationship		DOB	No. of days in yr. lived with you
Will this dependent file their own tax return? ☐ Yes ☐ No			

Last Name	First Name	Middle Initial	SSN
Relationship		DOB	No. of days in yr. lived with you
Will this dependent file their own tax return? ☐ Yes ☐ No			

Yes ☐ No ☐ Are any of your dependents **not** U.S. Citizens or Residents?

Yes ☐ No ☐ Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2025?

Yes ☐ No ☐ Did you have any children under age 19 or full-time students under age 24 at the end of 2025, with investment income greater than \$1,350?

Yes ☐ No ☐ If yes, do you want to include your child's income on your return?

Yes ☐ No ☐ Did you provide over half the support for any other person during the tax year?

Child & Dependent Care Expenses

Enter expenses for children/dependents under age 13. If your child turned 13 in 2025, enter expenses incurred/paid prior to turning 13. Costs incurred for schooling and overnight camps do NOT qualify; do not enter those expenses here.

Pre-K expenses *do* qualify & should be entered here.

If you have expenses that were paid with an employer-provided FSA, please still enter them here & notate "Paid w/ FSA."

☐ Yes ☐ No **Were all the expenses below incurred so that you or your spouse could work, look for work, or attend school full-time?**

Name of person/place providing the care	Amount Paid	Provider# or SSN
Name of child/dependent who received the care	Provider Phone #	
Provider Mailing Address - Street	Provider City, State & Zip	
Was the care provided at the above address? ☐ Yes No ☐		

Name of person/place providing the care	Amount Paid	Provider# or SSN
Name of child/dependent who received the care	Provider Phone #	
Provider Mailing Address - Street	Provider City, State & Zip	
Was the care provided at the above address? ☐ Yes No ☐		

Name of person/place providing the care	Amount Paid	Provider# or SSN
Name of child/dependent who received the care	Provider Phone #	
Provider Mailing Address - Street	Provider City, State & Zip	
Was the care provided at the above address? ☐ Yes No ☐		

Affordable Care Act Information

Did everyone in your family have health insurance coverage all 12 months in 2025?

- ☐ Yes
☐ No
☐ Partially

Taxpayer 1

Insurance Provider	Dates Covered in 2025

- ☐ Government Coverage
☐ Through Employer

- ☐ Covered CA* Plan
☐ Individual Plan (Not through Covered CA)

Taxpayer 2

Insurance Provider	Dates Covered in 2025

- ☐ Government Coverage
☐ Through Employer

- ☐ Covered CA* Plan
☐ Individual Plan (Not through Covered CA)

Dependent 1

Insurance Provider	Dates Covered in 2025

- ☐ Government Coverage
☐ Through Employer

- ☐ Covered CA* Plan
☐ Individual Plan (Not through Covered CA)

Dependent 2

Insurance Provider	Dates Covered in 2025

- ☐ Government Coverage
☐ Through Employer

- ☐ Covered CA* Plan
☐ Individual Plan (Not through Covered CA)

Dependent 3

Insurance Provider	Dates Covered in 2025

- ☐ Government Coverage
☐ Through Employer

- ☐ Covered CA* Plan
☐ Individual Plan (Not through Covered CA)

! PLEASE NOTE ! If anyone in your family was covered through Covered CA (or other state exchange), I **must have** the associated tax Form 1095-A in order to correctly prepare and file your return.

*Or other state exchange, if you are a resident of another state

Health Savings Account Contributions

Did you have a qualifying HDHP in 2025?

- ☐ Yes - a family plan
☐ Yes - an individual plan

Amount you contributed in 2025	Dates covered by a HDHP in 2025

Medical Expenses

Do not enter insurance premiums withdrawn pre-tax from your paycheck.

This is not an exhaustive list of qualifying expenses, but is meant to help you brainstorm. If you have others, please use the "Other" lines so Tax Tx can verify deductibility. It is not required that you break expenses out into these sub-categories. You may lump them all together into one sum, except for the Premiums, which must be listed separately.

Taxpayer 1 Health Insurance Premiums		Taxpayer 2 Health Insurance Premiums	
Taxpayer 1 Dental/Vision Premiums		Taxpayer 2 Dental/Vision Care Premiums	
Long-term Care Premiums		Dependent Insurance Premiums	
Doctor's Fees	Dentist	Prescriptions	Therapy
Chiropractor	Acupuncture	Physical therapy	Glasses/Contacts
Lab/Xray Fees	Hospitalization	Medical Appliances	Drug/Alcohol Tx
Medical Transportation	# of Medical Miles Driven	Parking or Lodging	Inpatient Meals
Abortion	Artificial Limbs/Teeth	Bandages	Breast Pumps & Supplies
Crutches	Guide Dog/Service Animal	Hearing Aids	Birth Control
Pregnancy Tests	Sterilization	Wheelchair	Wig (w/doc. rec.)
Medical Home Improvements - Please Describe			
Nursing Home Care or Nursing Services - Please Describe			
Special Education Expenses - Please Describe			
Other: Please Describe			
Other: Please Describe			
Other: Please Describe			
Other: Please Describe			

Cash Contributions:

Name of Charity	Amount Paid
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Name of Charity	Amount Paid
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Name of Charity	Amount Paid
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Name of Charity	Amount Paid
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Name of Charity	Amount Paid
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Name of Charity	Amount Paid
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Name of Charity	Amount Paid
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[illegible]

Name of Charity	Amount Paid
-----------------	-------------

Name of Charity	Amount Paid
-----------------	-------------

Name of Charity	Amount Paid
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Personal Charitable Contributions Continued

For property donations over \$250 in value, you must have "adequate written records" & a charity acknowledgement.

For property donations over \$5,000 in value, you must have an appraisal.

Donated Goods/Property:

Name of Charity & Location City and State		Description of Property	
Value of Donated Goods	Date Donated	Date Acquired	Acquisition Cost

Name of Charity & Location City and State		Description of Property	
Value of Donated Goods	Date Donated	Date Acquired	Acquisition Cost

Name of Charity & Location City and State		Description of Property	
Value of Donated Goods	Date Donated	Date Acquired	Acquisition Cost

Name of Charity & Location City and State		Description of Property	
Value of Donated Goods	Date Donated	Date Acquired	Acquisition Cost

Tax Preparation Fees paid in 2025

If applicable, you may simply enter Tax Treatment as Payee and I will look up the amount for you.

Taxpayer 1

Payee	Date	Amount Paid

Taxpayer 2

Payee	Date	Amount Paid

Property Tax

Please provide a copy of your 2025 property tax bill(s). The full amount due may not be entirely deductible. Certain special assessments & loan programs, for example, should not be included.

On Primary Residence	On Additional Residences
Other: Please Describe	
Other: Please Describe	

Prior Year State Income Taxes (i.e., back taxes: 2023 or earlier) paid in 2025

If you filed late, or if you are paying state taxes on an installment agreement.

2023 or prior year state taxes filed & paid in 2025	Prior year state taxes on an Installment Agreement
Other: Please Describe	

Casualty and Theft Losses

ALLOWED FOR CALIFORNIA TAX PURPOSES (No federal deduction)

Please bring a copy of the police &/or insurance report.

Item/Incident			Date of Incident (DOI)
Original Cost of Item	Original Purchase Date	Amount reimbursed, if any	Fair Market Value on DOI
Item/Incident			Date of Incident (DOI)
Original Cost of Item	Original Purchase Date	Amount reimbursed, if any	Fair Market Value on DOI

Employee Expenses

ALLOWED FOR CALIFORNIA TAX PURPOSES (No federal deduction)

Expenses incurred in 2025 to perform work for your employer that were **not** reimbursed by that employer.

Do not include expenses for which you simply did not submit reimbursement requests. Expenses that were eligible for reimbursement by your employer are not deductible as an itemized deduction. You must submit them to your employer.

Do not include freelance expenses for work for which you were paid as a contractor, or any expenses that pertain to self-employment income.

Amount	Description
Amount	Description
Amount	Description
Amount	Description
Amount	Description
Amount	Description
Amount	Description

Educator Expenses (up to \$300/Educator)

Out-of-pocket expenses incurred in 2025 by K-12 educators, which includes teachers, instructors, counselors, principals, or aids in a school for at least 900 hours during a school year.

Qualified expenses include books, supplies, equipment, other materials used in a classroom, and professional development courses related to the curriculum taught by the educator.

Amount	Description
Amount	Description
Amount	Description
Amount	Description

Moving Expenses

ALLOWED FOR CALIFORNIA TAX PURPOSES (No federal deduction)

You may be able to deduct moving expenses if you moved for work and your new job is at least 50 miles farther from your old home than your old job was from your old home.

Did you move for work? ☐ Yes No ☐

No. of miles between old home & new		No. of miles between old home & old place of work	
No. of miles between old home & new place of work		Date Moved	Date began at new work
Travel costs		Shipping & Storage costs	
Mileage costs		Amount Paid to movers	

Sale of Residence

Please furnish copies of your closing Settlement Statements for both original purchase and current sale.

Purchase Price	Date of Purchase
Sales Price	Date of Sale
Fees Paid to Real Estate Agents	Sales Tax withheld on Sale
Improvement # 1 -- Description	Improvement #1 -- Amount & Date Paid
Improvement # 2 -- Description	Improvement #2 -- Amount & Date Paid
Improvement # 3 -- Description	Improvement #3 -- Amount & Date Paid
Improvement # 4 -- Description	Improvement #4 -- Amount & Date Paid

If you sold your home this year and a portion of it was used as a home office, the following additional information is also required:

Depreciation taken as a deduction in prior years	Improvement costs which relate only to the home office
Number of years the home office was used for business	State taxes withheld on sale

Educational Expenses

~ Please remember to bring your Form 1098-T ~

For Student Loan **Interest** payments, please bring your 1098-E & do not complete this section.

Name of Student	Name of Institution
Institution Address - Street	City, State & Zip
Amount Paid	

Degree Candidate? ☐ Yes No ☐ What degree? _____

Enrolled at least 1/2 time? ☐ Yes No ☐

Name of Student	Name of Institution
Institution Address - Street	City, State & Zip
Amount Paid	

Degree Candidate? ☐ Yes No ☐ What degree? _____

Enrolled at least 1/2 time? ☐ Yes No ☐

Retirement Contributions

Do not enter contributions deducted on your 2024 tax return (even if paid in 2025).

Please furnish a copy of Form 5498 provided by your account holder, if received. Most often, those forms are sent or corrected after the filing deadline, and thus, we must rely on your own contribution records.

Taxpayer 1

SEP/SIMPLE	ROTH IRA	Traditional IRA	Solo (non-employer) 401(k)
403(b)	Other: Please Describe		

Taxpayer 2

SEP/SIMPLE	ROTH IRA	Traditional IRA	Solo (non-employer) 401(k)
403(b)	Other: Please Describe		

Cryptocurrency Transactions

At any time during 2025, did you A) receive (as a reward, award, or payment for property or services), or B) sell, exchange or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

☐ Yes No ☐

If yes, please be prepared to provide information regarding cost, purchase date, sale/exchange date & proceeds.

Foreign Bank Accounts/Trusts

At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country?

☐ Yes No ☐

If yes, did the aggregate value of all your foreign accounts exceed \$10,000 at any time during the tax year?

☐ Yes No ☐

During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

☐ Yes No ☐

During the tax year, did you at any time have an interest in or any authority over any foreign accounts or assets (i.e., stocks, bonds, mutual funds, etc.) held in foreign financial institutions that exceeded \$50,000 in value?

☐ Yes No ☐

PLEASE READ AND INITIAL BELOW

Tax Treatment/Laine Ballard has made me aware that U.S. taxpayers are required to report their worldwide income, that is, income from both U.S. and foreign sources. In addition, taxpayers who own, have an interest in, or have signature or other authority over assets in a foreign country may be required to report the existence of the asset.

I (We) have reported to you any and all foreign assets in which we have either ownership or signature authority. This includes, but is not limited to, funds in foreign financial institutions, real estate, rights to foreign pension plans, rights to distributions from foreign estates or trusts, life insurance with cash surrender values, or any other foreign assets. It does not include stocks in foreign countries held by U.S. brokerage companies.

Taxpayer 1	Date
Taxpayer 2	Date

Rental Income & Expenses

Property Address - Street	City, State & Zip Code
Dates in 2025 property was rented or available for rent	Days of personal use
Property Owner (Taxpayer 1, 2, or Joint)	Rental Income 2025

Did you perform more than 250 hours of rental services (with contemporaneous records of said services) with respect to this rental and keep separate books & records for the rental *and* you would like to discuss claiming the rental as a qualified S199A business?

☐ Yes No ☐

- Property Type:**
- ☐ Single family residence
 - ☐ Multiple-family residence
 - ☐ Vacation/short-term rental
 - ☐ Commercial
 - ☐ Land
 - ☐ Other

Expenses:

Advertising	Travel	Miles	Cleaning & Maintenance
Commissions	Mortgage Insurance	Other Insurance	Legal & Professional Fees
Management Fees	Mortgage Interest (Form 1098)	Other Interest	Repairs
Supplies	Property Tax	Other Taxes	Utilities
Other: Please Describe			
Other: Please Describe			
Other: Please Describe			
Other: Please Describe			

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| ☐ | ☐ | Is your ownership percentage 100%? If No, what is it? _____ |
| ☐ | ☐ | In 2025 did you rent this property for less than fair rental value any days during the year? |
| ☐ | ☐ | Did you purchase this property in 2025? If Yes, date of purchase: _____ |
| ☐ | ☐ | Did you sell this property in 2025? If yes, please enter date sold & sales proceeds: _____ |
| ☐ | ☐ | Did you actively participate in the property's management during 2025? |
| ☐ | ☐ | If prior year returns weren't done by TaxTx, does this property have unallowed passive losses from prior years? |

Use Tax

California & many other states require that you report and pay use tax from purchases you make from out-of-state companies that don't charge you sales tax. Payment of use tax is generally the responsibility of the purchaser and is intended to protect sellers from being at a competitive disadvantage. You should check your records to determine whether you owe any use tax if you made purchases during the year from out-of-state online retailers, catalogs, or TV shopping networks,

Amount of Use Tax you owe to your state

If you wrote \$0 or left the amount above blank, please check one of the following:

- ☐ No use tax is owed
- ☐ You paid your use tax obligation directly to the CDTFA

California Contributions

California makes it easy to make contributions to the following organizations on your CA tax return. Please indicate the amount you would like to contribute, if anything.

CA Seniors Special Fund \$_____

Alzheimer's Disease/Related Disorders Fund \$_____

Rare and Endangered Species Preservation Program \$_____

CA Breast Cancer Research Fund \$_____

CA Firefighters' Memorial Fund \$_____

Emergency Food for Families Fund \$_____

CA Peace Officer Memorial Foundation Fund \$_____

CA Cancer Research Fund \$_____

School Supplies for Homeless Children Fund \$_____

State Parks Protection Fund/Parks Pass Purchase \$_____

Protect Our Coast and Oceans Fund \$_____

Prevention of Animal Homelessness and Cruelty Fund \$_____

California Senior Citizen Advocacy Fund \$_____

Native California Wildlife Rehabilitation Fund \$_____

Mental Health Crisis Prevention Fund \$_____

CA ALS Research Network Fund \$_____

CA Pediatric Cancer Research Fund \$_____

Parkinson's Disease Research Fund \$_____

Copies of your returns

Tax Treatment will provide an electronic copy of your tax returns.

Would you **also** like a paper copy?

☐ Yes

No ☐

If yes, please indicate if it should be sent somewhere **other than** your home address:

Name

Street

City, State & Zip

Password Protection

Tax Treatment is required by law to encrypt your emailed PDF tax return, unless you opt out.

The password will be: the number sign (#) + the 1st three letters of your last name (lowercase, lowercase, UPPERCASE)
+ the 1st five of your SSN + the number sign again, unless you choose otherwise.

For example, my own password would be like so: #baL78910#.

☐ That all sounds great, thank you.

☐ I will be using Intuit Link for file sharing with Tax Tx. Please furnish my copies there (w/o password protection).

☐ When receiving the emailed returns, I would like to opt out of having password protection on the PDF of my tax return.

☐ I would like the password protection, but prefer the password to be:

Preferred Password

Signing your returns

Signatures will be processed by email through Docu-Sign, unless you select otherwise below.

No, thanks, I prefer the old-fashioned methods (select one):

☐ Mail the signature forms to me with a return envelope, or

☐ I will come in to the Tax Tx office to sign (Please schedule a "Sign & Pay & Pick-up" apt. online)

Returning your tax documents &/or paper copies of your return (if applicable)

Do you want your signature to be required for delivery?

☐ Yes

No ☐

Paying Tax Treatment:

Deposit

A deposit of \$200 paid when you submit your tax materials is super appreciated (& subtracted from your final bill).

Balance Due

Your final fee will be determined based on your tax return, and you will be billed when the returns are complete.

Fees are due & payable when your invoice is sent to you. Tax returns will not be filed electronically until all fees are paid.

- How would you like to pay Tax Treatment?
- ☐ Check/cash
- ☐ Zelle*
- ☐ Direct Debit/ACH (You must complete page 23)
- ☐ Venmo @txlaine

*Note: Zelle has monthly & daily limits for what can be sent & received, so payments at high traffic times may run into hurdles (& need to be resent, or split into multiple transactions).

Your tax refunds or amounts due:

- If you are due a refund, how would you like to receive it?
- ☐ Direct Deposit
- ☐ Rollover to 2026 Taxes
- ☐ Prepaid Debit Card
- ☐ Don't Know Yet
- If you have an amount due, how would you like to pay?
- ☐ Have TaxTx submit an e-payment for me with the e-file
- ☐ I/We'll take care of it
- ☐ Installment Plan
- ☐ Don't Know Yet

For direct deposits/e-payments:

Routing Number	Account Number
Name of Bank	OR: ☐ Same as last year

Is the account above a checking or savings account?

- ☐ Checking
- ☐ Savings

Is the account above a personal or business account?

- ☐ Business
- ☐ Personal

Your signature. Our agreement.

Thank you for selecting Tax Treatment to assist you in preparing your personal income tax returns. This letter confirms the terms of our engagement and the nature, timing, and limitations of the services that will be provided.

Your 2025 federal and state tax returns will be prepared based on the information furnished by you to Tax Treatment. It is your responsibility to submit all your income and deductions to enable me to prepare accurate returns. I will assume the information you submit to me is accurate and complete, to the best of your knowledge. I will not audit or otherwise verify the data you submit, although it may be necessary to request clarification or further data/documentation.

I will assume, unless I am otherwise advised, that you have maintained the documentation required by law to support the information you provide. If you are not clear regarding what documentation is needed for any given item of income or deduction, I am happy to discuss it with you.

It is your responsibility to review the returns carefully before you send me the signed e-file authorizations. You should review the returns for accuracy to determine that there are no misstatements or omissions. Please call immediately should you find an error so that it may be corrected.

After final drafts have been submitted to you for review, if you'd like to submit additional information regarding income & deductions, Tax Treatment will charge a fee for the additional time required to recreate the tax package, and will likely need to finish your returns after the filing deadline.

Tax Treatment will use professional judgment in resolving issues when the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, I will resolve such questions in your favor whenever possible. The tax law provides various penalties that may be imposed when a taxpayer understates their liability.

The filing deadline for the tax returns is April 15, 2026. In order to meet this filing deadline, I must receive your information in substantially complete form by February 28 for new clients and March 03 or 10 for returning clients.

If an extension is required, I will use the information available to me at the time to prepare the extension. To prepare a valid, accurate extension, I need as much information as is available and the deadline for furnishing that information is March 31. Tax Treatment needs your express approval to file an extension on your behalf and requires a \$100 deposit on the tax preparation fee before your extension will be filed. An extension only provides you with an extension of time to file, not an extension of time to pay. Taxes paid after the filing deadline will result in penalties and interest, though the penalties and interest will be less if you do file the extension than if you don't.

If a joint return is prepared, tax returns and copies of all supporting documentation will be made available to either spouse without the consent or notification of the other spouse.

By signing this agreement, you authorize Laine Ballard/Tax Treatment to execute the Online Account View Access Authorization on the Franchise Tax Board's website. You understand Tax Treatment will have view-only access to all the tax year information available on the FTB's website that is associated with you. This authorization remains in effect until you revoke it in writing.

If you receive correspondence from the IRS, State, or Local agencies, please contact Tax Treatment immediately. You will be advised of your best course of action at no charge. If you would then like Tax Treatment to respond for you, the regular consulting rate will apply. There will, of course, be no charge if the notice is a result of Tax Treatment's error. Responding to letters from taxing authorities is included under the Audit Theory coverage.

You are invited to contact me during the year with your tax questions. You will receive 15 minutes of my time on the house per taxpayer per year. Beyond that, hourly charges will apply. Your applicable fees April 16, 2026 - January 31, 2027 will be tallied throughout the year & added to your 2026 tax preparation invoice next year.

Your tax returns may be selected for audit by the taxing authorities. Generally, the Internal Revenue Service can audit your return within three years after filing. For many states, this period is longer. Keep your records for at least seven years following the date your return was due or extended. I do not keep original documents; they are returned to you after completion of the returns. It is your responsibility to retain your records for possible examination by the taxing authorities. If you are audited, Tax Treatment will provide two free hours of audit preparation advice, including phone time. For further information or to purchase further audit coverage, please review Tax Treatment's Audit Theory policy.

Tax Treatment's fees are due and payable when your invoice is sent to you. Tax returns will not be filed electronically until all fees are paid.

By signing below you agree that services and terms outlined above are in accordance with your understanding and you accept this agreement.

Taxpayer 1 Signature	Date

Taxpayer 1 Printed Name

Taxpayer 2 Signature	Date

Taxpayer 2 Printed Name

Authorization for Direct Payment to Tax Treatment via ACH

Direct Payment via ACH is the transfer of funds from either a consumer account or your business account for the purpose of making a payment to Tax Treatment for services rendered.

For calendar year 2026, I/we authorize the \$200 deposit to be debited at the time my/our tax materials are submitted to Tax Treatment (unless otherwise noted below) and I/we authorize the remaining balance due to be debited once I/we have signed my/our tax returns through DocuSign (unless otherwise noted below).

☐ I/we would like to select an alternate/specific date for the debit:

Date for \$200 deposit*	Date for balance due**

*Please do not enter a date later than 3/10/2026 for those filing in the spring & 9/10/2026 for extended returns.

**Please do not enter a date later than the tax filing deadline of 4/15/2026 (or 10/15/2026, if applicable).

I/We authorize Tax Treatment to electronically debit my/our account (and, if necessary, electronically credit my/our account to correct erroneous debits) as follows:

- | | |
|-----------------------------------|--|
| ☐ Checking | ☐ Business account* |
| ☐ Savings | ☐ Personal/Individual account |

Routing Number	Account Number
	OR: ☐ Same as page 20
Name of Bank	

**I certify that I am an authorized representative of the company indicated above and that I have the authority to enter into this agreement on the company's behalf.*

I/We understand that this authorization will remain in full force and effect unless I/we notify Tax Treatment by email @ Laine@taxtx.com that I/we wish to revoke it. I/we understand that Tax Treatment requires at least five business days prior notice in order to cancel this authorization. I/we also understand that Tax Treatment will reply to our request to revoke the authorization by email and that if I/we do not receive a reply from Tax Treatment (typically within 72 hours), it means Tax Treatment did not receive my/our request.

Taxpayer 1 Signature	Date
Taxpayer 1 Printed Name	
Taxpayer 2 Signature	Date
Taxpayer 2 Printed Name	