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Thomas J. Bopp  
***Tax Accountant***

We would like to thank you for choosing Bopp Financial Services for your tax preparation needs. We are giving you a New Client Packet. You will find this packet contains:

1. Tax Questions – Please, fill this out as completely as possible. Please bring this packet with you to your appointment.
2. Tax Information Checklist
3. Engagement Letter – This letter is the contract between you and Bopp Financial Services for tax preparation services. Please, read and both Taxpayer and Spouse (if applicable) sign and date.
4. Privacy Policy – This is for you to keep for your information. It explains how we use information you provide us.

Please, bring this packet with you to your appointment, along with the last 3 years of tax returns, Driver’s License or State Issued Identification Card for Taxpayer and Spouse, Social Security Cards for every person on the tax return, Birth Certificates for all dependents, any tax documentation (W2’s, 1099’s, etc.), and a list of any question you may have. We look forward to seeing you on

(Appointment Date) \_\_\_\_\_ @ (Appointment Time) \_\_\_\_\_

Very Respectfully

A large, stylized handwritten signature in black ink, appearing to be "T. Bopp", is written over the "Very Respectfully" text.

Thomas J. Bopp  
Bopp Financial Services  
Owner / Tax Accountant

## Engagement Letter

Thank you for choosing Bopp Financial Services to assist you with **2024** 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 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. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Accounting services will be billed in addition to your tax preparation work. 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, return(s) and should review all returns carefully before signing.

The law imposes penalties when taxpayers underestimate their tax liability. Be very diligent about including all your sources of income. Please call us if you have concerns about such penalties.

If there is an error on the return which results from incorrect information supplied by you, you are responsible for the payment of any additional taxes which would have been properly due on the original returns(s) and any interest and penalties charged by the IRS. If we have made an error, other an error caused by incorrect information you supplied, we will be responsible for payment of penalties. We will not pay any additional tax due since that tax would have been payable had the tax return been correctly prepared. We do not pay interest because you have had use of the monies in the interim.

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.

**FEES** for individual tax returns will be computed according to our current fee schedule, plus ant out-of-pocket expenses. Organizing records and compiling figures for entry on the tax return (accounting services) will be billed at \$100.00 per hour. Such charges are in addition to the tax return preparation fee schedule.

**Full payment of your tax preparation fee and any additional charges is required before we will electronically file your return or release the paper return to you. We reserve the right to ask for retainer fees to be paid in advance of work done from new clients and from any client with whom we have experienced payment problems.** Rates are subject to change and are usually updated annually.

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 records and our work papers for your engagement for three years, after which these documents will be destroyed.

Our engagement to prepare your 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). If you have

not selected to e-file your return with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

**Please note: Our responding to any and all IRS or State letters subsequent to filing your tax return is not included in the tax preparation fee and will be billed at current rates at the time of service, unless an exception applies (see above).**

**Extension Requests:** Please contact us if you would like an extension of time to file your return. This may be necessary if you do not submit all of your tax return to us by April 1. Even if you file an extension request, you may be assessed penalties and interested if you have paid less than 100% of your current tax liability by the filing deadline. Extension are granted for filing your return, not for paying your tax. **We do not automatically file extensions.**

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 it to us with your tax information. If you are emailing your tax information, please use secure email. Please be responsible for any data that may be compromised if you do not send it to us in a secure manner.

We appreciate your confidence in us. Please call us at (631) 448-1098 if you have any questions.

Sincerely,  
Thomas J. Bopp.  
Bopp Financial Services

(Both spouses must sign for preparation of joint returns)

Accepted by:

\_\_\_\_\_ Date \_\_\_\_\_  
Taxpayer Spouse

# **Bopp Financial Services**

## **Tax Information Checklist**

To assist us in finding every allowable deduction and credit you are entitled to, use the following list to help you organize your tax documents and information. Then send or bring them to us, along with your completed ***Tax Questionnaire***.

- Driver's License(s)
- Social Security Card(s)
- Dependent's Social Security Card(s) and Dates of Birth
- Form W-2 (Wage Statement)
- Form 1444 (Economic Stimulus Payment)
- Form 1099-MISC (Self-Employment Business or Farm Income and Expenses)
- Form 1099-R (Pension and Retirement Income)
- Form 1099-INT (Interest Income)
- Form 1099-DIV (Dividend Income)
- Form 1099-G (State Income Tax Refund)
- Form 1099-G (Unemployment Income)
- Form 1099-B (Sales of Stocks or Bonds) (Include dates and purchase price and sale price of stocks and bonds)
- Form SSA-1099 (Social Security Income)
- Form W-2G (Lottery or Gambling Winnings)
- Schedule K-1 (Income from Partnerships, S-Corporations, Trusts, and Estates)
- Income and Expenses from Rentals
- Alimony Paid or Received
- Commission Received
- Commission Paid
- Lottery or Gambling Losses
- IRA Contributions
- Form 1098 (Mortgage or Home Equity Loan Interest Paid)
- Real Estate and Personal Property Taxes Paid
- Record of Purchase or Sale of Real Residence
- Casualty or Theft Losses
- Child Care Expenses and Provider Information
- Medical, Eye Care, and Dental Expenses
- Cash and Non-Cash Charitable Donations
- Form 1098-T (Tuition and Education Fees)
- Form 1099-E (Student Loan Interest)
- Educator Expenses (For Teachers)
- Estimated Taxes Paid
- Foreign Taxes Paid
- Copy of Last Year's Federal and State Tax Return (If available)

# Bopp Financial Services

## Tax Questionnaire

### Income Tax Preparation Client Information Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. For Joint Filings, put a “T” before taxpayer’s information and an “S” before spouse’s information. Today’s date \_\_\_\_\_ If more space is needed, use the space below or attach blank pages.

<b>SECTION 1</b>	<b>PERSONAL INFORMATION</b>
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Taxpayer’s First Name	MI	Last
Social Security Number	____ - ____ - ____	
Marital Status:   Single   Married   Separated   Divorced   Widow		
Street Address		Apt#
City	State	Zip
Home Phone	Work Phone	
Blind: Yes   No	Date of Birth: Month _____ Day _____ Year _____	
Occupation	\$3 to Presidential Campaign Fund Yes   No	
Can you be claimed as a dependent on another’s return   Yes   No		

Spouse’s First Name	MI	Last
Social Security Number	____ - ____ - ____	
Street Address		Apt#
City	State	Zip
Home Phone	Work Phone	
Blind: Yes   No	Date of Birth: Month _____ Day _____ Year _____	
Occupation	\$3 to Presidential Campaign Fund Yes   No	
Can you be claimed as a dependent on another’s return   Yes   No		

<b>SECTION 2</b>	<b>FILING STATUS (THIS SECTION IS FOR THE TAX PREPARER)</b>
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<input type="checkbox"/> Single (Never married, unmarried as of December 31, 2024, or legally separated)	
<input type="checkbox"/> Married Filing Jointly (Married as of December 31, 2024)	
<input type="checkbox"/> Married Filing Separately	Spouse’s Name and SS#
<input type="checkbox"/> Head of Household (Leave blank if you do not know if you qualify)	
<input type="checkbox"/> Qualifying Widow(er) (Leave blank if you do not know if you qualify)	

Did your spouse die in 2022, 2023 or 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, did you remarry <input type="checkbox"/> Yes <input type="checkbox"/> No
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### DEPENDENT INFORMATION

#### **SECTION 3**

1 <sup>st</sup> Dependent's First Name		MI	Last
Social Security Number	_____ - _____ - _____	Date of Birth	
Relationship (son, daughter, etc.)		Dependent's gross income in 2024	
Number of months they lived in your home in 2024		Full-time Student Yes No	
2 <sup>nd</sup> Dependent's First Name		MI	Last
Social Security Number	_____ - _____ - _____	Date of Birth	
Relationship (son, daughter, etc.)		Dependent's gross income in 2024	
Number of months they lived in your home in 2024		Full-time Student Yes No	
3 <sup>rd</sup> Dependent's First Name		MI	Last
Social Security Number	_____ - _____ - _____	Date of Birth	
Relationship (son, daughter, etc.)		Dependent's gross income in 2024	
Number of months they lived in your home in 2024		Full-time Student Yes No	
4 <sup>th</sup> Dependent's First Name		MI	Last
Social Security Number	_____ - _____ - _____	Date of Birth	
Relationship (son, daughter, etc.)		Dependent's gross income in 2024	
Number of months they lived in your home in 2024		Full-time Student Yes No	

### INCOME

#### **SECTION 4**

Do you have any Social Security Benefits? Yes No If Yes, Amount: \$
Do you have any interest income NOT listed on a 1099INT? Yes No If Yes, Amount: \$
Do you have any dividends from stocks NOT listed on a 1099DIV? Yes No If Yes, Amount: \$
Do you have any income from a business you own? Yes No If Yes, Amount: \$
Did you sell any stocks or bonds in 2024? Yes No If Yes, Amount: \$
Did you have any rental income from property you owned? Yes No If Yes, Amount: \$
Any other income such as prizes, gambling winnings, jury duty, etc.? Yes No If Yes, Amount: \$

<b>SECTION 5</b>		<b>DEDUCTIONS</b>	
Do you have any childcare expenses? Yes No If Yes, Amount: \$			
Name of Care Provider		Phone	
Address			
Address		Employer I D # or Social Security #	
Do you have any student loan interest deductions? Yes No If Yes, Amount: \$			
Do you have any IRA deductions? Yes No If Yes, Amount: \$			
Did you pay interest and property taxes on your home? Yes No If Yes, Amount: \$			
Did you pay any alimony? Yes No If Yes, Amount: \$			
Did you have un-reimbursed medical and dental expenses? Yes No If Yes, Amount: \$			
Did you move in 2025? No Yes How many miles from your old home to your new home:			
<b>SECTION 6</b>		<b>GENERAL QUESTIONS</b>	
Are any dependents listed in <b>SECTION 3</b> permanently disabled? Yes No			
Where you a student at any time during 2025? Yes No How long?			
How much did you pay for tuition, fees, books and other school supplies? If Yes, Amount: \$			
Did you file a federal tax return last year? Yes No		A state tax return? Yes No	
Did you itemize your deductions last year? Yes No			
<b>* Items 58,59,60 and 61 must be completed:</b>			
<b>* Do you owe any back taxes?</b> Yes No If Yes, Amount: \$			
<b>* Do you owe any back child support payments?</b> Yes No If Yes, Amount: \$			
<b>* Do you owe any money on a defaulted student loan?</b> Yes No If Yes, Amount: \$			
<b>* Did you receive a federal tax refund last year?</b> Yes No If Yes, Amount: \$			
If you are in the following occupations, special deductions may apply: Teacher Fire fighter Police Long haul trucker Clergy Actor/ Artist			
Number of Form W2's attached		Number of Form 1099R attached	
Number of Form 1099 INT attached		Number of Form 1099G attached	
Number of Form 1099 DIV attached		Number of <u>other</u> Forms attached	
<b>SECTION 8</b>		<b>REFUND INFORMATION</b>	
Please prepare the following returns: <input type="checkbox"/> Federal <input type="checkbox"/> State (Name of state or states):			
Please electronically file the following returns: <input type="checkbox"/> Federal <input type="checkbox"/> State(s)			

If you are due a refund, how do you want to receive the money? (Check one of the boxes below):

**A.**  By Refund Anticipation Loan (RAL) (1 to 3 Days) - Participating bank advances money until refund is received. (Preparation and bank fees are deducted from refund.)

**B.**  By Electronic Refund Deposit (8 to 15 Days) – Refunds are deposited into your bank account after preparation and bank fees are deducted. Please provide the following bank account information:

Your Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_ Account Type: Checking Savings

Bank Routing Transit Number (RTN) \_\_\_\_\_ (leave blank if uncertain).

*(Please attach a voided check or deposit slip from your account for verification)*

**C.**  By Electronic Refund Checking (7 to 14 Days) – Preparation and bank fees are deducted from refund and a bank check will be available for pick up, at this location or mailed to your home.

**D.**  By IRS Direct Deposit to your bank account (12 to 19 Days) – All fees must be paid in advance.

**E.**  By check mailed from IRS (19 to 26 Days) – All fees must be paid in advance.

**F.**  By check mailed from IRS without electronic filing (6 weeks to 12 weeks) – All fees must be paid in advance.

**G.**  Refund to be used as a down payment and deposited into the following business account:

(Name of business):

**H.**  No Refund Due – Will pay by Credit or Debit Card: Charge \$ \_\_\_\_\_ to my card: VISA MC AMEX DISC

Card # \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

Please complete all blanks exactly as shown on card and on billing statements:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Signature (Required) \_\_\_\_\_

I (We, if filing Jointly) acknowledge that the above information provided by me is true and accurate to the best of my knowledge. I hereby relieve Bopp Financial Services, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these tax documents. I (we) guarantee payment of the preparation fee and any related charges.

Primary Taxpayer's Signature

Date

Print Name

Spouse's Signature

Date

Print Name

Tax Preparer Signature:

Date

Print Name: Thomas J. Bopp

# ***Bopp Financial Services***

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Thomas J. Bopp  
Owner/Accountant

## **Privacy Policy**

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- Interviews regarding your tax situation
- Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data.
- Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099-R, 1099-INT and 1099-DIV, and stock transactions.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or permitted by law.

We restrict access to personal information concerning you, except to employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Very Respectfully,  
Thomas J. Bopp  
Bopp Financial Services  
Owner/Accountant