

CSRA Financial Services

2215 Tobacco Road, Suite B

Augusta, GA 30906

Telephone: (706) 772-5505

Client Information Sheet

Name: _____ DOB: _____ SSN: _____

Spouse: _____ DOB: _____ SSN: _____

Address: _____

City/State/Zip Code: _____

Telephone #: _____ Alternate Phone #: _____

Email: _____

Marital Status: Single ____ Married ____

Dependents:

Name _____ Relationship _____
SSN _____ Date of Birth _____

Name _____ Relationship _____
SSN _____ Date of Birth _____

Name _____ Relationship _____
SSN _____ Date of Birth _____

Name _____ Relationship _____
SSN _____ Date of Birth _____

Name _____ Relationship _____
SSN _____ Date of Birth _____

The following bank products/tax refunds are available. Additional fees apply with each product.

*Bonus Direct (Check Printed in Office) – 14 to 21 days (based on information provided by the IRS)

*Bonus Direct Deposit – 14 to 21 days (based on information provided by the IRS)

Bank product fees can be eliminated if you choose to pay upon completion of your tax return. Acceptable payment methods are as follows:

*Personal Check – By issuing CSRA Financial Services a check, you agree to have an ACH debit transaction completed. This will debit your account **immediately**. Returned checks are subject to the collection and processing fees of Global e-Telecom, Inc.'s NSF check policy.

*Bank Debit Card

*Credit Card - Visa, MasterCard, and American Express

CSRA Financial Services

1040 - INDIVIDUAL TAX RETURN ENGAGEMENT LETTER

CLIENT NAME _____ DATE _____
STREET ADDRESS _____
CITY, STATE ZIP _____

Subject: Preparation of Your Individual Tax Return

Dear CLIENT,

Thank you for selecting **CSRA Financial Services** to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your _____ federal and all state income tax returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit.

It is your responsibility to provide information required for preparation of a complete and accurate tax return. You should keep all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the return, so you should review it carefully before you sign.

In the event your return is selected for audit by a taxing authority, we can arrange to be available to represent you.

Our fee for preparation of your tax returns is posted in the office and is based on the various types of schedules that are needed in order to complete your return. All fees are withheld from your return when you utilize our bank program. In the event the U.S. Treasury Department does not pay your return, you are obligated to pay the fees of the services performed. Failure to pay authorizes **CSRA Financial Services** to turn over delinquent accounts to a collection agency of choice. The client agrees to be responsible for any additional fees acquired for this service.

We will only retain copies of income records (W2, W2G, and 1099R) you supplied to us along with our work papers for your engagement for a period of three years. After three years, our work papers and engagement files will be destroyed. **All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.**

In the event that the Internal Revenue Service does not agree with our calculations, **CSRA Financial Services** offers a personal guarantee that may pay penalties and interest on your return providing the following actions are taken by the taxpayer(s). CSRA Financial Services is notified and provided a copy of any and all letters from the IRS within 10 days of receipt of the IRS letter. Taxpayer(s) must provide all documentation requested from **CSRA Financial Services** or the IRS within a reasonable amount of time. Taxpayer(s) must understand they are completely responsible for all tax liabilities. Should **CSRA Financial Services** agree to pay any penalties and interest, **CSRA Financial Services** will only pay the initial amount and will not pay if the client decides to pay their tax liability over a period of time and accrues additional penalties and interest.

To protect you, the Client, this professional tax preparation firm follows accepted ethical procedures as specified by the Internal Revenue Code and/or applicable guidelines governing the conduct of professional tax preparers.

All information on the return or forms is true and accurate according to the information furnished by me to **CSRA Financial Services** Nothing has been added or deleted by the preparer that would understate my tax liability.

To indicate that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,

Wanda Sunkett

(Both husband and wife must sign for preparation of joint returns)

Accepted By:
(Primary Taxpayer) _____ Date _____

(Spouse) _____ Date _____

Wanda Sunkett | | Keenan Johnson | | (“we”, “us”, and “our”)
[Please select a Tax Preparer]

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Duration of Consent

I/We, _____ and _____ authorize _____ or do not authorize _____ CSRA Financial Services’ representative (check above) to use my/our personal information for the purpose of discussing my/our tax return contents and in determining if I/we can qualify to use a bank product provided by Refund Advantage Services.

If you do not authorize the use of your tax return information, we cannot take our fee from your refund. You are not required to utilize a bank product after we determine the options available to you, however, once your return is processed, we cannot reverse the application.

Taxpayer Signature: _____ Date: _____

Joint Taxpayer Signature: _____ Date: _____

NOTE: If you do not consent for use of your tax return information, you are signing this form as an acknowledgement of having the form presented to you as required by federal law.

I/We declare the duration of this consent of use to be valid for _____ 90 days, _____ 180 days, _____ until December 31, 2022, _____ other (specify length of time). **If you do not select one, the consent for use will be valid for one year.**

*Personal information includes but is not limited to any of the following: name, address, date of birth, social security number, income statements such as W2’s and 1099’s and credits calculated on your return as allowed by law.

CSRA Financial Services: Consent for Disclosure of Tax Return Information

Wanda Sunkett | | Keenan Johnson | | (“we”, “us”, and “our”)
[Please select a Tax Preparer]

Federal law requires this consent form be provided to you (“you” refers to each taxpayer, if more than one). Unless authorized by law, CSRA Financial Services cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal Law may not protect your tax return information from further use or distribution. CSRA Financial Services may disclose your return information to one or all of the following agencies for the sole purpose to file or to process your tax return and/or refund, TaxSlayer Pro (our tax software company) to assist in processing your return electronically, Refund Advantage (for those who elect to use a bank product), the Internal Revenue Service (IRS), and applicable state agencies as determined by the taxpayer(s).

You have indicated that you are interested in applying for an Electronic Refund Check (ERC) or a Refund Electronic Transfer (RET/Direct Deposit), collectively, a bank product from Refund Advantage. In order to have your bank product application processed by REFUND ADVANTAGE, we must disclose all of your 2021 tax return information to REFUND ADVANTAGE.

You are not required to complete this form. **(Please continue to read.)** Because our ability to disclose your tax return information may affect the service that we provide to you and its cost, we may decline to provide you with service or change the terms of service that we provide to you if you do not sign this form. If you agree to the use of your tax information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

If you would like us to disclose your 2022 tax return information to Refund Advantage for this purpose, please sign and date your consent to disclosure of your tax return information.

I/We, _____ and _____ authorize CSRA Financial Services’ representative (check above) to use my/our personal information for the purpose to use a bank product provided by Refund Advantage Services. You understand that if you are not willing to authorize us to share your tax return information with REFUND ADVANTAGE, you will not be able to obtain a bank product from REFUND ADVANTAGE. **I/We also acknowledge that I/we are not required to use a bank product to file our tax return.**

Taxpayer Signature: _____ Date: _____

Joint Taxpayer Signature: _____ Date: _____

I/We declare the duration of this consent of use to be valid for ____ 90 days, ____ 180 days, ____ until December 31, 2022, _____ other (specify length of time). **If you do not select one, the consent for use will be valid for one year.** Keep in mind we suggest allowing the duration of consent to be one year to ensure we can address any issues which may arise in the processing of your tax return.

*Personal information includes but is not limited to any of the following: name, address, date of birth, social security number, income statements such as W2’s and 1099’s and credits calculated on your return as allowed by law.