

# Kembel Tax Service New Client Info

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Welcome to the family! We've been in business for over 25 years now. We've existed on Orange Avenue in Roanoke since 2003, and have now expanded to Salem. We're happy to meet with you at either location. Our addresses and phone numbers are:

1905 Electric Rd in Salem (In Ridgewood Farm shopping center)  
540-404-4720

3434 Orange Ave in Roanoke (across the street from Denny's and behind Dunkin Donuts)  
540-343-4006

In this packet, you'll find info for new clients. Please note how you heard about us.

After that, you'll find a checklist of tax deductions and credits that may apply to you. It also lists possible sources of income. Please be sure you have everything you need. You do not need to bring this page, it's simply meant as a reminder as to what might pertain to you.

Then you'll find a healthcare form. Thanks to Obamacare, we will need to verify how you had your health insurance again in 2017. **IF** you had insurance through the Marketplace, we **MUST** have your 1095A to file.

And finally there's a form representing our "engagement". You're officially engaging us to prepare your tax return. You're also acknowledging that it's **YOUR** responsibility to be able to support all your various deductions you tell us you have.

We will also **HAVE** to have a valid ID for the taxpayer, spouse, and any dependents that might file their own tax return. Please copy/scan those if they won't be in our office in person.

Please call either location to schedule an appointment. Thanks for visiting!

# KEMBEL TAX SERVICE

## NEW CLIENT DATA SHEET

How did you hear about us? \_\_\_\_\_ K92, Star 949, Q99 WDBJ 7, WSLs 10, FOX

Please provide us with valid ID's for Taxpayer/Spouse and dependents who wish to file a return.

TAXPAYER'S INFO		
Full Name: (as it appears on SS card)		
Social Security No:		
Birthdate:		
Occupation:		
Home Phone No:		
Cell Phone No:		
Email:		
Address:		
City:	State:	Zip:
Nickname (if any) _____		

SPOUSE'S INFO		
Full Name: (as it appears on SS card)		
Social Security No:		
Birthdate:		
Occupation:		
Cell Phone No:		
Email:		
Nickname (if any) _____		

In which **city/county** do you reside? \_\_\_\_\_ (please circle city or county)

DEPENDANT INFORMATION			
Name: (as appears on SS card)	Social Security No:	Relationship:	Date of Birth

Did you receive the \$7500 First Time Homebuyer Credit in 2008/2009?	YES OR NO
Did you refinance your primary home during 2017?	YES OR NO
If you received your healthcare at any time during 2017 through the ACA/Marketplace/Obamacare, we will need a 1095A.	

**At any time during 2017, did you or your spouse have signature authority over any foreign bank /investment accounts totaling \$10,000 or more? If yes, you will need to prepare an FBAR through FINCEN. These accounts might be family owned, but you are able to sign. This would also include Gambling & Fantasy Sports accounts. Please provide us with details concerning this, including Name, address, and account numbers of the financial institution.**

If you'd like to receive your refund via direct deposit, please provide us with the name, routing and account number of the account you'd like to use:

Name \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

In lieu of this, a voided check will suffice.

Per the IRS, refunds take approximately 21 days if using direct deposit. If receiving a check in the mail, they generally take 4-5 weeks to arrive.

Please review our accompanying Income/Deduction checklist for any items that may pertain to the preparation of your return.

All information given to Kembel Tax Service on this form and other information given pertaining to the preparation of this income tax return is true to the best of my knowledge. The responsibility for proof of reported income and any other expenses is mine.

If filing a joint return, each spouse authorizes Kembel Tax Service, Inc. to share information with each other.

**TAXPAYER (SIGNATURE)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPOUSE (SIGNATURE)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# INCOME TAX CHECKLIST

Interest (1099 INT)		Dividends (1099 DIV)	
Payer	Amount	Payer	Amount
	\$		\$
	\$		\$

OTHER INCOME SOURCES			
Rental Income	\$	Child Care /Babysitting	\$
Gambling/Lottery Winnings	\$	Pensions/Annuities	\$
Social Security	\$	Farming	\$
Jury Duty	\$	Self Employment	\$
Unemployment (1099-G)	\$	Royalties	\$
Alimony Received	\$	Estates and Trusts	\$
Prizes (1099-MISC)	\$	Other (describe)	\$

SALE OF STOCK AND/OR OTHER PROPERTY		
Description of Stock/Property	Cost	Sales Price
	\$	\$
	\$	\$
	\$	\$

**For Stock Sales, please provide us with your 1099 B and Cost Basis Statement**

EDUCATION CREDITS (Please provide 1098-T & receipts for expenses paid)	
Student Name	Year Started College

CHILD CARE EXPENSES			
Provider's Name	Address	Provider's Fed#/SS#	Amount Paid

Did you have health insurance, meeting the minimum guidelines as set forth in the Affordable Health Care Act during 2017?\_\_\_\_\_

What was the source of the coverage (employer, privately, marketplace, Medicaid/Medicare)\_\_\_\_\_

You will receive a 1095A, 1095B or 1095C as proof of your health insurance coverage. We need that to prepare tax return.

# DEDUCTIONS

MEDICAL EXPENSES				CONTRIBUTIONS						
Annual Insurance & Medicare Premiums (Combined Total) <small>Do not include premiums paid thru work</small>				\$	Churches (must have receipts)				\$	
Annual Long Term Care Premiums				\$	Other charities (must have receipts)				\$	
Prescriptions				\$	Property Donated (Goodwill, Salv. Army etc) Need receipts if any donation over \$250				\$	
Eyeglasses				\$						
Doctors				\$	Charitable Auto Mileage (total miles)				#	
Dentists				\$	Other (describe):					
Hospital				\$						
Ambulance				\$						
EMPLOYEE BUSINESS EXPENSES FOR WORK										
Medical Auto Mileage (total miles)				#	Type of Vehicle (year/make/model)					
Other Medical Travel Expenses				\$	Total Miles Driven				#	
Hearing Aids & Batteries				\$	Total Business Miles Driven				#	
Reimbursements				\$	Daily Commuting Miles				#	
Other (describe):									Meals and Entertainment	
MORTGAGE INTEREST PAID					2016 Tax Prep				\$	
Home Mtg. Interest Paid (Form 1098)				\$	Dues/Investment Fees				\$	
Home Mtg. Interest Paid to Individuals <small>(List in box below the name, address, &amp; SS# of the individual interest is paid to)</small>					\$	ADJUSTMENTS TO INCOME				
					Alimony Paid				\$	
					Interest Paid on Student Loans				\$	
					Debt Forgiven (cancellation of debt)				\$	
TAXES PAID					Educator Expenses for teachers				\$	
Real Estate Tax Paid					\$	College Savings Plan (529 or Prepaid)				\$
Personal Property Tax Paid <small>(personal vehicles, trailers, campers, boats, etc)</small>					\$	Contributions to IRA (Roth)				\$
						Contributions to IRA (Traditional)				\$

Did you move more than 50 miles, and did/do you expect to work at least 39 weeks in new location?

# **KEMBEL TAX SERVICE ENGAGEMENT LETTER 2017**

You have requested that KTS prepare your tax return. You are responsible for providing us complete and correct information for the preparation of your return. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. Please review the returns carefully before signing them. KTS will return all original documents along with a client copy of the return.

It is your responsibility to maintain documentation necessary to support any data used in preparing your tax returns for 3 years after the date filed. This includes auto/travel/entertainment expenses as well as charitable contributions. We are not responsible for any penalties or interest assessed by the IRS on deductions that you cannot substantiate. It is our policy to keep records related to this engagement for 3 years after which they are destroyed.

We do not automatically file extensions for clients. It is your responsibility to notify us in writing/email/fax that you wish us to extend your tax return, and receive an acknowledgement from us. Failure to file an extension will make you liable for penalties. Furthermore, filing an extension does not relieve you of your obligation to pay your taxes by the due date (usually April 15). Failure to pay on time will also result in additional taxes and interest.

**Tax Preparation and Late Fees:** Payment for taxes/services is due when work is completed. Payment is also due when work has been done, but has not been completed by no fault of KTS, and /or we have not had contact with you for 60 days. You can apply to take KTS fees from your refund however this is not a guarantee of payment in full if there are outstanding balances due to third parties. If we are unable to take all or part of the fees then you will be responsible for paying the balance. After 30 days, payment is past due and is subject to a \$20.00 late fee. Checks returned for non-sufficient funds are subject to a \$25.00 fee. If court action is required, court fees, attorney fees, and a \$50.00 collection fee will be added to the total amount owed to Kembel Tax Service.

**Responsible Parties:** By signing below you are agreeing to payment for your tax return or services rendered. If you choose to file Married filing Separately (MFS) and have brought information for both returns, then whosoever signs this form below is responsible for payment of both returns. You are also signing that you are authorized to request taxes/services on behalf of the other party.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Responsible Party (if different from taxpayer or spouse)**

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

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

# 2017 Healthcare Worksheet

Below are possible ways to receive health insurance:  
Employer plan, private policy, Tricare, Medicare, Medicaid, Veteran Affairs,  
Marketplace/Obamacare/ACA or no insurance

Please explain below what type of health insurance coverage each person  
listed on your tax return had in 2017

Taxpayer Name

Type of coverage

Months covered

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Spouse Name

Type of coverage

Months covered

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Dependent Names

Type of coverage

Months covered

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NOTE: If you had Marketplace/Obamacare/ACA we will need the 1095A you should have received by mail, BEFORE we can complete your return.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_