

## **Information Packet for Preparing Income Tax Returns**

We look forward to working with you to prepare your Income Tax Returns. Enclosed please find a packet of material to help make your tax filing as smooth as possible, while taking full advantage of allowable deductions and credits.

Please	e complete and return to us the following with your tax documents:
	Engagement Letter for Tax Preparation Services (pages 2-3)
	Tax Questionnaire (page 4)
	Reminder Checklist (page 5)
	Record of Estimated Income Tax Payments Made (page 6)
_ _ _	Direct Deposit/Debit Verification for refunds or direct debit of balance due payments (page 6) Foreign Bank Account Report (FBAR) (Complete only if you have a Foreign Bank Account) (page 7) Supplemental Identification Form (page 8)
	e retain the following for your information: Client Vault information Privacy Policy
you to	ule your appointment today. If you would like to review your return with your tax advisor, we strongly encourage schedule your virtual appointment as soon as possible. Even if you do not have all your documents ready, call for pointment today to reserve a time that works best for you.
our se	ng us your tax information in advance of your appointment really helps! You can upload your tax documents via ecure portal, send them via: mail, fax or overnight courier. You can even drop them off in person - please call - ir ce. If we do not have your documents at least 2 weeks prior to the appointment the appointment will be retuled.
Thank	you for the opportunity to serve you,
The Al	lliance Team

Proudly serving you in our offices or virtually in Pennsylvania, New Jersey, Maryland, Minnesota, and Tennessee.



Please <u>complete</u> and return.

### TAX RETURN PREPARATION SERVICES

This letter is to specify the terms of our engagement with you, to clarify the nature and extent of the services we will provide, and to confirm an understanding of our mutual responsibilities.

#### **Our Services:**

- We will prepare your Federal and State individual income tax returns based upon timely information you submit to us. We will not audit or otherwise independently verify the data you submit, although we may ask you to clarify certain items. As such, the data included in your returns is your representation. You have the final responsibility for the income tax returns and, therefore, you should review them carefully prior to signing and filing them.
- We will adopt whatever position you request on your returns so long as it is consistent with our professional standards and ethics. If you desire a legal opinion before choosing between alternative tax positions, you should retain legal counsel for this purpose.
- The engagement does not include any services not specifically within the scope of services provided for in this letter. However, under the rules of professional responsibility governing our practice, we may have to provide additional accounting or research services which are incidental to preparing your tax return. Incidental services of this nature will be included with the billing for your tax return. At your request, we would be pleased to consult with you regarding other income tax matters, such as proposed or completed transactions, income tax projections, and for research in connection with such matters. We will render additional invoices for such additional services at our standard billing rates.

#### **Electronic Filing:**

Your return may be electronically filed with the Internal Revenue Service Center and one or more state
authorities through a secured third-party filing service. Electronic filing of your return does not affect
your responsibility to review and approve the return before it is submitted. It is your responsibility
to timely provide the signed e-file authorization form to us in order for us to timely e-file your return.

#### Your responsibilities:

- Confirm that you did not have an interest in or signature or other authority over a financial account in a
  foreign country, such as a bank account, securities account, or other financial account. If you do have
  such an account, you agree to inform us of the balances and earnings in your accounts, as you are
  required to file Treasury Form FinCEN 114 if your aggregate balance is \$10,000 or greater at any point
  during the tax year. You may also be required to file form 8938 under certain circumstances. Please
  bring any foreign financial accounts to our attention, as failure to do so could result in severe civil and
  criminal penalties to be assessed against you.
- Inform us as to the status of health insurance coverage for your household.
- Confirm that any amounts claimed for Education Credits or Earned Income Tax Credits were properly incurred.
- If an extension of time to file is required, any tax due with these returns must be paid with that extension.

  Any amounts not paid by the filing deadline may be subject to interest and late payment penalties.

#### Our fees:

- Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.
- Fees for professional services rendered, including but not limited to income tax return preparation and planning, tax research and inquiries, and extension filing assistance, will be billed as incurred. Fees and expenses are due and payable upon presentation of our invoice to you. Our fee for representing you will be based upon time spent, billed at our standard rates. If we have not received payment in accordance with the stated terms, we reserve the right to terminate this engagement upon written notification to you.

You may terminate your engagement of our services at any time. Should you do so, however, you remain liable for all unpaid fees as discussed above. We reserve the right to withdraw from this engagement at any time because of unpaid fees, the guidance of our Professional Standards, or for any other reason. We will notify you in advance of any decision by us to withdraw, and will take all reasonable steps to assist in the orderly transfer of your tax services.

Your returns may be selected for review by the taxing authorities, and in the event adjustments are proposed by the taxing authorities, you may have a right to appeal that conclusion. In the event of such governmental tax examination, we will be available to represent you under a separate engagement letter.

If the foregoing fairly sets forth your understanding for tax return preparation services, please sign the enclosed copy of this letter in the space indicated and return it to our office. In the event you provide us with some of the information necessary to prepare tax returns, either your signing of a tax organizer, or the commencement of our services constitutes your acceptance of the terms of this letter, even if this engagement agreement is not signed.

Alliance Accounting Group	
Accepted by:	Date:



Thank you for the opportunity to be of service to you,

# Please complete and return.

# **TAX YEAR QUESTIONNAIRE**

Dur	ing the tax year:	YES	NO	Comment (if yes, provide
1	Did your home address, preferred email or phone number change?			
2	Did you sell and/or purchase a home?			Please provide HUD-1 statements
3	Were you a resident of or did you receive income from another state?			
4	Did your marital status change?			
5	Did you (or your spouse/partner) change employment?			
6	Were there any changes to the # of dependents you are claiming?			Name: DOB: SS#:
7	Did you perform any Roth conversion?			
8	If self-employed- did you use an area of your home for business?			Please provide: Office SQ FT: TOTAL HOUSE SQ FT:
9	Did you make or do you intend to make any retirement plan contributions?			401K/403B: IRA/SEP/SoloK:
10	Did you make estimated tax payments?			Please complete the attached <i>Record of Estimated Tax</i> (page 6)
11	Do you want direct deposit of your return or a direct debit of any tax due?			Please complete the attached <i>Direct</i> Deposit/Direct Debit Verification Form (page 6)
12	Did you have any foreign income or foreign bank accounts?			Please complete the attached FBAR Form (page 7)
13	Did you receive any amounts from an inheritance?			Please confirm that the cost basis of any assets you received is accurate
14	Are you a NY resident or will we be filing a NY state tax return for you? (including non-resident)			Please complete the attached Supplemental Identification Form (page 8)
15	Did you sell or transfer any virtual currency (e.g. Bitcoin)?			
16	Are you a Veteran who was honorably discharged from service?			
17	Did you contribute to a qualified education program (i.e. 529 plan)?			Provide donee's name, SSN, amount.
18	Did you purchase a qualified electric vehicle?			Please provide supporting purchase documentation.
19	Did you make energy efficient home improvements (i.e. wind or solar powered)?			Please provide supporting purchase documentation.

(our Namo(s)	Please <u>complete</u>
our Name(s)	and return.
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## **TAX YEAR REMINDER CHECKLIST Income**

Spouse/Partner

Items to Provide Please submit all necessary source documentation possible.

W-2s	
1099s/K-1s and other income	

## Deduction and Credit Items to Provide Please submit all necessary source documentation possible.

	Medical	Amount/Form Needed
Medical Insurance Pre	miums Paid (If not already pre-tax)	
Doctor Visits Paid (NOT	from HSA or FSA)	
<b>Prescription Expenses</b>	(NOT from HSA or FSA)	
Dental/Vision Expense	es (NOT from HSA or FSA)	
<b>Medical Miles Driven</b>		
<b>HSA Contributions</b>		Please provide Form 5498-SA
<b>HSA Distributions</b>		Please provide Form 1099-SA
	Home	Amount
Real Estate Taxes Paid		
Mortgage Interest Paid	d	Please provide Form 1098
Private Mortgage Insu	rance	Please provide Form 1098
Rent Expense (if NJ resid	lent)	
	Charitable	Amount
Cash/Check Charitable	Contributions	
(if amount greater that \$2	50 please provide letter from organization)	
Non-Cash Contribution	ns (ex. Goodwill) (amounts over \$500 require receipts)	
	Education	Amount
Tuition Paid		Please provide Form 1098-T
Student Loan Interest	Paid	Please provide Form 1098-E
Distribution from Qua	lified Education Plan	Please provide Form 1099-Q
	Work	Amount
Unreimbursed Job-rela	ated Expenses (PA residents only)	
Ch Child Name	ildcare Expenses per Child Provider: Name/Address/Tax ID#	Amount

Please	complete
and	return.

Your Name(s)
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# **RECORD OF ESTIMATED INCOME TAX PAYMENTS MADE**

	FEC	DERAL	STATE			
	Date Paid	Amount Paid	Date Paid	Amount Paid		
Amount applied from Last Year						
1st Quarter- paid in April*						
2nd Quarter- paid in June						
3rd Quarter- paid in September						
4th Quarter- paid in January						
y additional payments made, or comments related to estimate payments:						
DIRECT DEPOSIT/DEBIT VERIFICATION						
If you wish to provide Direct Deposit or Direct Debit instructions, please enclose a VOIDED check from the account you wish to use <i>OR</i> complete the information below:						
□ Direct Deposit or Debit □ Direct Deposit a refund □ Direct Debit of owed □ No Direct Deposit or of refund or owed only amount only Direct Debit						
Bank Name:						
Account Number:						
Account Type (Check	ing or Savings):					
Routing Number:						

Your Name(s)		Please <u>complete</u> and return.			
Foreig	n Bank Account Repo				
Complete This Fo	orm Only If You Have Ford	eign Bank Accounts			
US Citizens (and US persons) who own or have signatory authority on one or more foreign bank accounts which, at any point during the year, reached a combined balance of over \$10,000 are obliged to file a Foreign Bank Account Report (FBAR) with the US Treasury Department. FBAR is not a tax, but rather a reporting obligation and individuals who qualify must file an FBAR regardless of whether such individual owes US taxes. FBAR, instituted in the 1970s, became more actively enforced post 9/11 given the attention to terrorist financing and failure to comply could result in severe civil and criminal penalties assessed against you.  Please provide us with the information listed below for any foreign bank accounts that you own or have signatory authority on that had a combined balance of over \$10,000 or more at any point during the year. Please list each account individually.					
	Account 1	Account 2			
Account Holder(s)					
Foreign Bank Name					
Street, City, and Postal Code of Bank Branch					
Country of Bank Branch					
Type of Account					

(Bank Acct or Securities Acct)

Additional FBAR related notes:\_\_\_\_\_

**Account Number** 

Highest Balance in \$US During the Calendar Year

V N / - \	Please <u>complete</u>
Your Name(s)	and make me
• •	and return.

# Supplemental Identification Form

Please provide us with a **photo copy of your Driver's License** <u>or</u> complete this form.

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Driver's Name	
Driver's License Number	
Issuing State	
Issuing Date	
Expiration Date	
Document Number*	

# Spouse (if joint return):

Driver's Name	
Driver's License	
Number	
Issuing State	
Issuing Date	
Expiration Date	
Document	
Number*	

<sup>\*(</sup>For NY issued documents only. Not required for non-NY issued documents)

## **CLIENT VAULT**

Due to the increased demand to securely exchange documents that contain sensitive information, we are encouraging you to use the Client Vault, our secure portal, to exchange income tax documents. The Client Vault is our secure online repository for storing your important financial and tax documents, as well as a secure means to exchange documents with you.

Rather than mailing, faxing, or emailing us your tax documents, we encourage you to scan and upload documents to the **Shared Documents** folder of your Client Vault. Once uploaded, we will organize them in a PDF file that will be available to you wherever you have internet access. With the Client Vault, you have a secure online location to store your important documents and you will have 24/7 access to them anywhere you have internet access.

To Access the Client Vault, go to www.AllianceWMG.com/account-access and click the image for Wealth Management System & Client Vault. It looks like this:



Your password expires after 1 year so you may be prompted to change it when you login.

If you have not used the Client Vault before, it is not a problem.

Please send an email to: info@alliancewmg.com we will send you an email invitation to set up your Client Vault.

Once you are logged in, you will see a tab at the top of the page labeled **Vault**. This is what you use to store, send and receive documents. To send a file to us, simply choose the **Shared Documents** folder, click **Upload Files** and follow the prompts. We will automatically receive notification of any documents uploaded into the **Shared Documents** folder.

Please note we cannot see or retrieve the documents placed in the My Documents folder we can only see the documents in the Shared Documents folder. Please don't place your tax documents in My Private Documents folder; this folder is being provided for you to safely and securely store your personal documents.

If you are unable to login to the Client Vault or have any other issues, please call or send an email to: info@alliancewmg.com.



Maintaining the trust and confidence of our clients is a high priority. That is why we want you to understand how we protect your privacy when we collect and use information about you, and the steps that we take to safeguard that information. This notice is provided to you on behalf of Alliance Wealth Management Group, LLC ("AWMG").

**Information We Collect:** In connection with providing investment products, financial advice, or other services, we obtain non-public personal information about you, including:

- Information we receive from you on account applications, such as your address, date of birth, Social Security Number, occupation, financial goals, assets and income;
- Information about your transactions with us, our affiliates, or others; and

**Categories of Information We Disclose:** We may only disclose information that we collect in accordance with this policy. AWMG does not sell customer lists and will not sell your name to telemarketers.

**Categories of Parties to Whom We Disclose:** We will not disclose information regarding you or your account at AWMG, except under the following circumstances:

- To entities that perform services for us or function on our behalf, including financial service providers, such as a clearing broker-dealer, investment company, or insurance company, other advisers;
- To third parties who perform services or marketing, client resource management or other parties to help manage your account on our behalf;
- To your attorney, trustee or anyone else who represents you in a fiduciary capacity;
- To our attorneys, accountants or auditors; and
- To government entities or other third parties in response to subpoenas or other legal process as required by law or to comply with regulatory inquiries.

**How We Use Information:** Information may be used among companies that perform support services for us, such as data processors, client relationship management technology, technical systems consultants and programmers, or companies that help us market products and services to you for a number of purposes, such as:

- **To protect your accounts/non-public information** from unauthorized access or identity theft;
- **To process your requests** such as securities purchases and sales;
- To establish or maintain an account with an unaffiliated third party, such as a clearing broker-dealer providing services to you and/or AWMG;
- To service your accounts, such as by issuing checks and account statements;
- **To comply** with Federal, State, and Self-Regulatory Organization requirements;
- **To keep you informed** about financial services of interest to you.

**Regulation S-AM**: Under Regulation S-AM, a registered investment adviser is prohibited from using eligibility information that it receives from an affiliate to make a marketing solicitation unless: (1) the potential marketing use of that information has been clearly, conspicuously and concisely disclosed to the consumer; (2) the consumer has been provided a reasonable opportunity and a simple method to opt out of receiving the marketing solicitations; and (3) the consumer has not opted out. AWMG does not receive information regarding marketing eligibility from affiliates to make solicitations.

**Regulation S-ID**: Regulation S-ID requires our firm to have an Identity Theft Protection Program (ITPP) that controls reasonably foreseeable risks to customers or to the safety and soundness of our firm from identity theft. We have developed an ITPP to adequately identify and detect potential red-flags to prevent and mitigate identity theft.

**Our Security Policy:** We restrict access to nonpublic personal information about you to those individuals who need to know that information to provide products or services to you and perform their respective duties. We maintain physical, electronic, and procedural security measures to safeguard confidential client information.

**Closed or Inactive Accounts:** If you decide to close your account(s) or become an inactive customer, our Privacy Policy will continue to apply to you.

**Complaint Notification:** Please direct complaints to: Steven M. Fox at AWMG, 23 Royal Road, Suite 101, Flemington, NJ 08822; 908-751-7093.

**Changes to This Privacy Policy:** If we make any substantial changes in the way we use or disseminate confidential information, we will notify you. If you have any questions concerning this Privacy Policy, please contact us at: AWMG, 23 Royal Road, Suite 101, Flemington, NJ 08822; 908-751-7093.