



Daddy Don's Tax Service
Donald Jones Anspauch, Jr
Internal Revenue Service Enrolled Agent # 93602
8235 Santa Monica Blvd. Ste 210 West Hollywood, CA 90046
Tel: 323-656-7532 Fax: 323-654-8075
www.daddydon.com ttaxmann@aol.com

CLIENT INFORMATION INTAKE SHEET

Date: _____

Name: _____

New Client ___ **Returning** ___ **Occupation** _____

How were you referred to this office? _____

Date of Birth _____ **SS#** _____

Phone: Cell _____ **Work:** _____

Single _____ **Married/RDP** _____ **Children** _____

Individual _____ **Partnership** _____ **LLC** _____ **Corporation** _____

Spouse _____ **DOB** _____ **SS#** _____

Occupation _____ **Phone** _____

Home: Rent _____ **Own:** _____

Mailing Address: _____

Email _____ **Web Site:** _____



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Payment for Tax Services

WE PROUDLY ACCEPT VISA, MASTERCARD OR BANK DEBIT CARDS FOR PAYMENT.

The preliminary retainer of \$299.00/ per tax year will be processed against the card upon intake.

The remaining charges for the preparation of the tax returns will be billed to this card upon completion of the final tax return.

Full payment is required for release of tax preparation documents and professional fees upon completion of work.

By signing, I agree, to payment terms of \$299.00 per tax year to be charged to my card upon intake and the balance due to be charged to my card upon completion.

Name (Please Print): _____

Signature: _____

Date: _____

PLEASE INDICATE CARD TYPE:
____ VISA ____ MASTERCARD

Name as it appears on card: _____

Card Number: _____ Exp Date: _____

3 Digit Security Code _____



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This letter of engagement is entered into this _____, 2013 and between Daddy Don's Tax Service Inc, "Consultant", and, _____
"Client" _____

Client hires and retains consultant for the purpose of providing those professional consulting services and specified on Attachment A of this agreement.

Client agrees to pay consultant a retainer for professional fees for work as described on Attachment A. Final billing for professional fees for preparation, review and analysis of information to complete concise accurate tax returns.

Retainer and Professional Fee is \$ 250.00, (\$ 125.00 for State, \$125.00 for Federal), plus a \$49.00 processing fee. Additional fees will be due upon completion of returns.

- 1- Prepare tax returns for _____
- 2- Client understands, and further acknowledged that consultant is not a licensed attorney authorized to practice law in the State of California.

Consultant does not provide or give legal advice of any kind. Client understands it is the responsibility of the client to obtain independent legal advice in matters dealing with the law or the effect of legal decisions.

Any advice provided to client by consultant is limited to tax advice , and limited to the scope of this agreement for specific tax preparation services in Attachment A, which may include business consulting services as agreed.

CLIENT SIGNATURE

COMPANY REPRESENTATIVE



**Daddy Don's Tax Service
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**Attachment "A"
Specific Professional Services to be Performed**

Consultant agrees to perform the following specific professional services for client in connection with this agreement.

- 1- Collect all information necessary for preparation for tax return**
- 2- Prepare Federal and State returns**
- 3- Review any documentation necessary to complete returns**
- 4- File returns for processing by IRS/STATE.**
- 5- Provide any necessary support required by IRS/STATE**
- 6- Describe other services agreed to**
- 7- Tax information authorization (2848)**

Billing:

A retainer of \$ 250.00 per tax year (\$ 125.00 for Federal, \$ 125.00 for State) is required with a \$ 49.00 processing fee per tax year upon client intake.

This is the initial retainer for professional services, not the total fee charged for the completion of accurate and concise tax returns.

Any modification, amendments or changes to this agreement must be made in writing between the parties and attached to this original agreement. Verbal representations or agreements are not binding upon either party.

Client further agrees to fully cooperate with consultant or its assistants in providing timely responses to all requests in connection with the professional services provided for this by this agreement. All fees, costs, and charges are considered earned by consultant upon receipt.

Client understands that there is a NO REFUND OF FEE POLICY for professional services rendered. Client understands there is a 24 hour appointment cancellation policy. If client does not call to cancel a scheduled appointment within 24 hours from the date and time of appointment a charge of \$ 75.00 will be assessed to client.

Client acknowledges that they have read this entire agreement.

Client Signature

Date

DDTX Inc Company Representative

Date

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

Signature	Date	Title (if applicable)
Print Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number	Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer’s organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer’s immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
 - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
 - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation— Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date

Part 5 – Tax Years or Income Periods Covered by the POA

The representative(s) listed can represent you before us for the following tax years or income periods listed below.

5A – Calendar Year (e.g., 2010 or 2010 - 2012) ▶

5B – Fiscal and Short-Period Income Years (to list additional income years attach a list including all required information to this form)

Year Begins on: MM/DD/YEAR Required (e.g., 07/07/2010)	Year Ends on: MM/DD/YEAR Required (e.g., 06/30/2011)	Year Begins on: MM/DD/YEAR Required (e.g., 07/07/2010)	Year Ends on: MM/DD/YEAR Required (e.g., 06/30/2011)
▶		▶	
▶		▶	

Part 6 – Additional Privileges

I authorize the representative listed to perform additional selected acts described below:

- Add another representative Delete a representative Receive, but not endorse, refund check
- Other acts, specifically described: _____

Individuals Only – Authority To Sign Your Tax Return – You authorize your representative to sign your tax return in the event of (check all that apply):

- Incapacitating disease or injury.
- Continuous absence from the United States (including Puerto Rico) for a period of at least 60 days prior to the date required by law for filing the tax return.

Part 7 – Retention or Revocation of a Prior POA

When you file this POA, you automatically revoke all earlier filed POAs (Part 6) or all tax years or income periods you indicated (Part 7). To expedite your revocation, see instructions.

- Check this box if you want to retain a prior POA. **You must attach a copy of any POA you want to remain in effect.**

Part 8 – Nontax Issues (Check all that apply)

- Vehicle registration Court-ordered debt

If you complete this POA for nontax issues only, **do not** complete the rest of this form. Go to Part 10, sign, and date.

Part 9 – Authorization to Receive Confidential Information Only

- Check this box if you only authorize your representative to receive your confidential information for the specific tax year or income periods listed below, but not to act as your attorney-in-fact. You cannot select this option if you checked the box in Part 4.

9A – Calendar Year (e.g., 2010 or 2010 - 2012) ▶

9B – Fiscal and Short-Period Income Years (to list additional income years attach a list including all required information to this form)

Year Begins on: MM/DD/YEAR Required (e.g., 07/07/2010)	Year Ends on: MM/DD/YEAR Required (e.g., 06/30/2011)	Year Begins on: MM/DD/YEAR Required (e.g., 07/07/2010)	Year Ends on: MM/DD/YEAR Required (e.g., 06/30/2011)
▶		▶	
▶		▶	

Part 10 – Signatures Authorizing a POA

If you are a corporate officer, partner, guardian, tax matters representative, executor, receiver, administrator, or trustee on behalf of the taxpayer(s), you certify you have the authority to execute this by signing the POA on behalf of the taxpayer(s).

Print Name _____ Date _____

Signature ▶ _____ Title _____
(Individuals – Signature must match the name you used in Part 1) (required for fiduciaries and business entities)



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CHECK LIST:

YES

N/A

**Single/Married/Registered Domestic Partner/H.H
Children
W-2
1099
Other Income
Stock Sales
Interest Dividend Income
Pension, Social Security Income
Unemployment
Student/Teacher
Business Checking
Record of all Income
Payroll Forms 940,940 &DE3
Receipts for Expenses
Invoices
Payment by Cash/Cash Journal
Payment by Check/Cash/Credit Card
Income Deposited/Bank Statements
Cash Expense
Business Expense
Bookkeeping Quickbooks/Excel
Mortgage Interest
Property Taxes/Residential Energy Credits
Auto Registration Renewal
New Car/Boat Purchase
IRA Retirement Contributions
Health Savings Account
Moving Expenses
Earned Income Credit
Work related expenses
Business Equipment
Automobile Mileage Log
Charitable Donations
Medical Expenses
Rental Property**



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OFFICE PRIVACY POLICY

We know that the privacy of your personal and tax return information is important to you. We are committed to safeguarding the privacy of your information and want you to know the protective measures we take.

Non Public Information We Collect

In order to prepare and process your tax return we collect certain non-public information from you. In particular, we collect the following kinds of information.

Personal information you submit to us such as your name, address, social security number, phone number, and information about your family and dependents.

Financial information we receive from you or a third party such as your earnings, employment, tax withholding, interest income, and potential deductible expenses such as mortgage interest paid.

In the event that you pay with a credit card we collect your card number, card type and expiration date, and the name, address and phone number of the credit card holder.

Information Security

We maintain physical, electronic and procedural security measures that comply with applicable legal and regulatory standards to safeguard your non-public personal information. Access to such information is restricted to those employees who are trained in proper handling of client information and have a legitimate business need to access the information.

Information We Disclose

Affiliated and non-affiliated third parties may be given access to your information such as permitted by law or upon your expense authorization to process the transactions which you have engaged us to perform. For example we send tax return information to the Internal Revenue Service and, as appropriate, state and local taxing authorities. We may submit your information to a data processing company under contract with us to electronically process and transmit your information to the Internal Revenue Service or other taxing authority. If you pay by credit card, your credit information will be shared with the credit card processing company and subject to their privacy policy. And, if you have given us written consent at the time we prepare your tax return, we solicit you for other services which we may offer.

Our Commitment

Because Privacy is important we pledge to work with you to protect and safe guard the security of your personal customer information.