

LAST FOUR DIGITS OF SOCIAL: _____

INITIALS: _____



www.shellark.com

Office: (404) 396-8282 | Efax: (404) 393-7955

DOCUMENTS REQUIRED FOR SUBMISSION

- 1. COMPLETE CONFIDENTIAL FINANCIAL PROFILE
- 2. READ AND SIGN ENGAGEMENT LETTER
- 3. PROVIDE COPIES OF SUPPORTING DOCUMENTS

PERSONAL VERIFICATION

- Copy of Driver’s License, State Identification or Passport
- Cancelled Check for Direct Deposit

DEPENDENT VERIFICATION

- Copy of Dependents Social Security Card
- Copy of Dependents Care Expenses from a Qualified Childcare Provider (if applicable)

INCOME

- _____ W-2
- 1099 (MISC, G, INT, SSA)
- Self Employed (**Complete Self Employed Income Verification Form**)

TUITION AND FEES

- Form T-1098 from Qualifying University
- Receipt from other Educational Institution

HOME

- Form 1098 Mortgage Interest Statement

REFUND OPTIONS

WHERE’S MY REFUND

Y/N

- Bank Product Check (7-10 Business Days w/additional bank fees) _____
- Bank Product Direct Deposit (7-10 Business Days w/ additional bank fees) _____
- IRS Check (14-21 Business Days w/ no bank fees) _____
- IRS Direct Deposit (14-21 Business Days w/ no bank fees) _____

**IRS Refund options require upfront payment before submission*

DIRECT DEPOSIT

Bank Name: _____ Routing#: _____ Acct #: _____

LAST FOUR DIGITS OF SOCIAL: _____

INITIALS: _____



www.shellark.com

Office: (404) 396-8282 | Efax: (404) 393-7955

Confidential Financial Profile

**for office use only*

PREPARING AGENT: _____

DATE RECEIVED: _____

CLIENT INFORMATION

Filing Status: Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow

Name:		Social Security Number:	
Date of Birth:		Marital Status:	
Home Address:			
City/State/Zip:		Rent/Own:	Years at Residence:
Home Phone:		Cell Phone:	
Fax:		Email:	
Driver License#:	State Issued:	Issue Date:	Exp. Date:

SPOUSAL INFORMATION

Name:		Social Security Number:	
Date of Birth:	Home Phone:	Cell Phone:	
Fax:		Email:	
Driver License#:	State Issued:	Issue Date:	Exp. Date:

DEPENDENT INFORMATION

1 st Dependent Name:		Social Security Number:	
Date of Birth:	Relationship:	Months Lived With You:	
Dependent Care:		EIN/SSN:	
Dependent Care Address:			

LAST FOUR DIGITS OF SOCIAL: _____

INITIALS: _____

DEPENDENT INFORMATION

2 nd Dependent Name:		Social Security Number:	
Date of Birth:	Relationship:		Months Lived With You:
Dependent Care:			EIN/SSN:
Dependent Care Address:			

SELF EMPLOYED INCOME VERIFICATION

Company Name

EIN (if applicable)

Company Street Address, City, State & Zip Code

\$ _____
Income Received (**amount entered if previously stated**)

Date Employed

Profession

By signing this form, I certify under penalty of perjury that the information I am reporting is complete and accurate. I understand that purposely giving false or misleading information will delay the processing of my tax return.

Profession

Spouse Signature

Date

FINANCIAL OBJECTIVES

ARE YOU INTERESTED IN..

Y/N

Credit Repair? _____

Protecting Your Family with Auto, Home, Health & Life Insurance Products? _____

LAST FOUR DIGITS OF SOCIAL: _____

INITIALS: _____



www.shellark.com

Office: (404) 396-8282 | Efax: (404) 393-7955

ENGAGEMENT LETTER

Thank you for choosing Shellark, LLC to assist you with your _____ 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 data you submit.

We will perform accounting services only as needed to prepare your tax returns. 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, of course, inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Our fee will be based on a per form basis. Invoices are due and payable upon presentation. In the event you incur IRS or FMS debt, you are still held responsible to pay your tax preparation fees. To the extent permitted by state law, an interest charge, debt collection, and a report to the three bureaus may be added to all accounts not paid within thirty (30) days.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign this letter in the space indicated below and return this Confidential Financial Profile form along with all supporting documents via email, fax or mail.

We value your business and appreciate your confidence in us. Please call if you have any questions.

Sincerely,

Shellark, LLC

Accepted By: (Both spouses must sign for preparation of joint returns.)

Taxpayer

Date

Spouse

Date