



Thank you for your interest in being a client of Erfoudy Tax Services LLC
 This form is used to collect information about new clients and is for internal purposes
 Only The information you provide is confidential and will be treated accordingly.

TAX CLIENT INTAKE FORM

FILING STATUS

- ☐ Single
 ☐ Married Filing Joint
 ☐ Married Filing Single
☐ Head of Household
 ☐ Qualifying Widower

TAXPAYER INFO

Name _____ MN _____ Last Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____ Occupation _____

Date of Birth: _____ Social Security Number: _____

SPOUSE INFO

Name: _____ M/Name _____ Last Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____ Occupation: _____

Date of Birth: _____ Social Security Number: _____

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____



10368 Tyler St Zeeland, Mi 49464
 Phone: 616-414-2078
 Erfoudytaxservices@gmail.com

Tax Season :2025

Dependents

Have your or your Spouse been a Victim of Identity Theft? YES OR NO- If yes, please provide IRS PIN #

If you do not have the IRS PIN #, please call IRS at 1-800-908-4490

1- Full Name: _____ SSN: _____ DOB: _____ Months at home ____
 Relationship: _____ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No
 2- Full Name: _____ SSN: _____ DOB: _____ Months at home ____
 Relationship: _____ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No
 3- Full Name: _____ SSN: _____ DOB: _____ Months at home ____
 Relationship: _____ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No
 4- Full Name: _____ SSN: _____ DOB: _____ Months at home ____
 Relationship: _____ Student? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

More Dependents: ...

Child Care Expense

1- Child Name _____ FED ID Number _____ Amount Paid \$ _____

Name and Address of Daycare Provider (s) _____

2- Child Name _____ FED ID Number _____ Amount Paid \$ _____

Name and Address of Daycare Provider (s) _____

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____



Dependency Claim Policy

This policy outlines the procedures and requirements for taxpayers claiming dependents to ensure compliance with IRS regulations and to protect the integrity of Erfoudy Tax Services LLC.

Policy Statement

Erfoudy Tax Services LLC is committed to accurate and compliant tax filing. Taxpayers filing through our services must meet all IRS criteria for claiming dependents. In cases where a taxpayer does not qualify, we will provide guidance to ensure proper corrections.

Eligibility Requirements

Taxpayers must satisfy the following IRS Dependency Tests:

1. Relationship Test: • The dependent must be a qualifying child (e.g., biological, step, or foster child, sibling, or descendant) or qualifying relative.
2. Residency Test: • The dependent must live with the taxpayer for more than half the year, with exceptions for temporary absences.
3. Age Test: • The dependent must be under 19 at the end of the year, under 24 if a full-time student, or permanently disabled regardless of age.
4. Support Test: • The taxpayer must provide more than 50% of the dependent's total financial support for the year.
5. Income Test: • Qualifying relatives must earn below the annual income threshold set by the IRS. Documentation Requirements to claim a dependent, taxpayers must provide: • Proof of relationship (e.g., birth certificates, adoption records, or guardianship papers). • Proof of residency (e.g., school, medical, or government-issued documents).
 - Evidence of financial support (if applicable).

Erfoudy Tax Services LLC reserves the right to request additional documentation for verification.

Review and Verification Process

- All dependency claims will be reviewed against the IRS standards outlined in Publication 501.
- Taxpayers must complete and sign an acknowledgment form confirming that all information provided is accurate.
- If the taxpayer is found ineligible to claim a dependent, a notice will be issued detailing the reasons and next steps.

Non-Qualification Process

If a taxpayer does not qualify to claim a dependent:

1. Notification: The taxpayer will be informed promptly, and the reasons for ineligibility will be explained.
2. Return Adjustment: An amended return will be prepared, if necessary, to correct any dependency-related errors.
3. Education: The taxpayer will be provided resources to understand the rules for claiming dependents in future filings.

Penalties and Compliance

- Taxpayers who submit false dependency claims may face IRS penalties, including audits, fines, or disqualification from claiming credits for multiple years.
- Erfoudy Tax Services LLC will not knowingly submit returns containing unqualified dependency claims.

Acknowledgment Form Before submission, all taxpayers must sign a Dependency Claim Acknowledgment Form affirming that:

1. They have provided accurate and truthful information.
2. They understand the consequences of false claims.

Policy Enforcement

This policy is strictly enforced. Erfoudy Tax Services LLC reserves the right to decline services to clients who fail to meet dependency qualification requirements or provide fraudulent information.

By implementing this policy, Erfoudy Tax Services LLC ensures compliance, protects the firm's integrity, and provides clear guidelines for taxpayers.

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____



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BUSINESS INFORMATION

NAME OF BUSINESS: _____

This is for DBA (DOING BUSINESS AS) OR LLC. Register

OWNERS NAME: _____

That will be listed on DBA or LLC.

Employer ID number (EIN): _____

LIST THE BUSINESS ADDRESS DBA OR LLC IS REGISTERED TO:

ADDRESS : _____ City _____ State _____ Zip Code _____

Your DBA will be good for 10 years and then you must renew it again

****YOU MUST GET EITHER ONE OF THESE ASAP IF YOU DON'T HAVE ONE AND IT IS NEEDED FOR YOUR COMPANIES 1099'S****

Taxpayer _____

Date _____



Business Expenses

Income	Amount \$	Cost of Goods Sold	Amount \$
1. Gross receipts or sales		1. Beginning of year inventory	
2. Returns and allowances.		2. Purchases	
3. Other income		3. Cost of items used For Business	
		4. Cost of labor	
		5. Materials and supplies	
		6. Other costs	
		7. End of year inventory	
Expenses	Amount	Expenses	Amount
1. Advertising		21. Other taxes	
2. Bad debts (N/A cash benefits)		22. Licenses	
3. Commissions and fees		23. Travel	
4. Employee benefits		24. Meals and entertainment	
5. Health insurance		25. Utilities	
6. Other insurance		26. Wages	
7. Mortgage interest		27. Management fees	
8. Other interest		28. Consulting expenses	
9. Legal and accounting fees		29. Payroll service	
10. Allocation of tax preparation fees		30. Employee vehicle expense	
11. Office expense		31. Employee mileage reimbursement	
12. Pension and profit-sharing plans		32. Client gifts (limited to \$25 each)	
13. Rent, vehicles		33. Education and seminars	



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14. Tools		34. Other: (Description)	
15. Supplies		35. Rent Equipment	
16. Materials		36. Gas	
17 Uniforms & Boots		37 Repairs & maintenance, equipment	
18. Repairs & maintenance, vehicles		38.	
19. Misc Items		39.	
20. Mileage		40.	

List if You have more Expenses Related to work (Business) _____

Taxpayer Signature _____

Date _____



Tax Preparation Service Agreement

Thank you for choosing ERFOUDY TAX SERVICES LLC. to provide you excellent tax service. Below is a service agreement between yourself and Erfoudy Tax Services LLC. We will perform the following services:

Schedule C Agreement - Long Form Agreement

..... I Understand that I am aware of a schedule C is being placed on my 1040 tax I also understand that extra income is place on my 1040 tax return from my side business 1099 form that was reported over to the IRS or that is being reported today for my business. By providing the documents for my taxes being files today I agree that everything that in being data entered on my 1040 is true and correct and provided by me to Erfoudy Tax Services LLC. To complete the data entry for my tax return for this tax year. I do understand that the deductions and expenses are true and right for my profit and loss form. I do understand that it is required for me to get the proper documentation for my business and that upcoming year to correctly file my Tax Return I must obtain a DBA and or LLC paperwork in order to file for next year long form. In case the IRS request information for the purpose listed above I have all my paperwork in case of an audit. In the event of a review and or an audit letter from the IRS requesting information, Erfoudy Tax Services LLC. Will give me a list of items to help collect to complete and audit, there is a fee to help with an audit we will make sure you have all the paperwork together to send over to the IRS to pass your audit we are here to help you with no worries. The fee will be \$300.00 this is due up front before we can complete any work. When getting IRS letter, you understand that also you are agreeing that you will call and set up and appointment with Erfoudy Tax Services LLC.as soon as you get a letter from IRS if you don't comply in this manner, if you don't comply Erfoudy Tax Services LLC will never be responsible for any paperwork sent by the IRS that is stating that you owe them for any monies due, and that you are responsible for all fees the IRS is requesting even after audit is done. Erfoudy Tax Services LLC will not be responsible for any debt, or any tax Returns prepared by Erfoudy Tax Services LLC. And or owner neither the staff members. It is your job to make sure you keep and contact with us when you get any mail from the IRS. By signing this form, you are also agreeing that you understand that you agree to all the above agreements with all the fees that are due. If such thing happen that you agree to all the above statements with no argument.

1. Complete a federal or state tax return, review all documents and suggest the best filing method for you. This includes filing your return by paper (mail in) or e-file (file electronically). In addition, we will provide you with a complete copy of your return in your portal that you will receive by email. All information included in your return is provided by you so, if need be, please make sure you can provide proof of any/all documents.

2. Once your taxes have been accepted by the IRS after 24-48 hours, please use the following website to receive any updates: irs.gov/refunds and click "check my status refund". Any questions regarding your refund should be directed to the IRS they can also be reached at 1-800-829-1040. Erfoudy Tax Services LLC. no longer has any control or updates regarding your tax refund. We can only assist with mail received directly from the IRS in writing. Erfoudy Tax Services LLC. DOESN'T HAVE CONTROL / UPDATES REGARDING YOUR TAX REFUND

3. Payment is due in full at the time service is rendered also bank fee Payments will also be deducted from your tax return the day you receive your tax return in your bank account. Which will be shown on your document you will sign today called Bank fees.

4.Erfoudy Tax Services LLC. works by APPOINTMENT ONLY. Please do not show up at our place of business without an appointment. After tax season our office hours will decrease, you must contact us by phone, text or email to set up your appointment. You may also go to our website to see the date our office will be closed or open.

Taxpayer Signature _____

Date _____



Virtual Tax Preparation Policies

Accuracy and Completeness:

Clients must provide complete and accurate information to ensure compliance with tax laws and regulations. Erfoudy Tax Services LLC is not responsible for errors or omissions due to incomplete or inaccurate data provided by the client.

Confidentiality

All client information is treated as strictly confidential and is protected under applicable laws. We do not share your data with third parties without your explicit consent.

1. Document Submission:

Please ensure all necessary documents (e.g., W-2s, 1099s, receipts) are submitted on or before the agreed deadline. Late submissions may result in processing delays.

2. Payment Policy:

Fees for services are due upon completion of your tax return. Payment methods accepted: cash, credit/debit card, or check.

3. Amendments and Correctio

If amendments are required after submission due to client-provided errors, additional charges may apply.

4. Refund Policy:

Service fees are non-refundable. In case of disputes, we will work to resolve the matter promptly.

Communication Guidelines - Methods: Communication is conducted via email, phone, or video calls. - Response Time: Expect responses to inquiries within 24-48 hours. ****Document Submission****: - Secure Portal: All sensitive documents must be uploaded through a secure client portal. - Formats: Documents should be in PDF or image formats. ****Deadlines****: - To ensure timely filing, all documents must be submitted by date, e.g., April 15th _____. ****Privacy and Security****: - Client information is handled in compliance with IRS guidelines and securely stored. - No client data is shared without explicit written consent. ****Fees and Payment Terms****: - Service fees depend on the complexity of the return and will be disclosed upfront. - Payment is due before submission to the IRS. ****Filing Authorization****: - Clients must sign Form 8879 (IRS e-file Signature Authorization) before submission. ****Refunds and Adjustments****: - Refunds for services are not provided once the tax return is submitted. - Adjustments to filed returns may incur additional fees.

5. IRS Notices:

If you receive any notices from the IRS or state agencies regarding returns, we prepared, notify us immediately for assistance.

Acknowledgment: By signing below, I acknowledge that I have read, understood, and agree to the policies stated above.

Client Signature: _____ Date: _____

Office Use Only

Received By: _____ Date: _____

signature _____ Date _____

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Taxpayer Name: _____ SSN _____

Spouse Name _____ SSN _____

I have engaged your firm to prepare my individual (1040) Federal and State income tax returns for the year ended December 31st 20.....

I understand that it is my responsibility to provide you with all the information required to complete my tax return. In that regard I state that, to the best of my knowledge and belief.

1. I have provided true, accurate and complete information regarding my income as listed on the attached schedules, computer disks, and tax organizers, W-2s, 1099s and/or attached written summaries. I understand that it is my responsibility to provide all the information necessary to complete the returns. I will retain for 7 years all the documents, receipts, cancelled checks and other records required to substantiate the item of income and expenses claimed on my return.
 2. I have provided Truc, correct and complete information regarding amounts I have provided to you to claim as lax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts.
 3. I understand that if a question arises regarding the interpretation of tax law, and a conflict exist between the lax authority's interpretation of the law and other supportable positions, that you will use your professional judgment in resolving the issue
 4. I understand that tax authorities may examine the return, that documentation should be retained to support the information provided to you, especially business travel & entertainment deductions, business use % of autos and other assets, and barter activities, and that penalties may be imposed on returns that are late, underpaid or incorrect.
 5. I understand that you will not audit or otherwise verify any information that you may require clarification or additional information, that you are not responsible for disallowed deductions, or the inclusion or additional unreported income or any resulting taxes, penalties or interest.
 6. I understand that I will be charged an additional fee if you are asked to assist or represent me in the tax examination or INQUIRY. I understand that, in the event of preparer error, I am responsible for additional tax that may be due, but the extend of your responsibility is to pay for any penalty that the IRS or above state revenue department may assess.
 7. I will contact you immediate if I discover additional information that will lead to a change in return, or if I receive any letter from IRS or state taxing authorities.
 8. I understand that your policy is to put all tax advice in writing, and that I will not rely upon any unwritten advice because it may be tentative incomplete or not fully viewed.
 9. I understand that your bill will be due and payable upon completion of these returns, and those additional services will not be performed until the bill for these services is paid in full. I understand that your bill will be based upon standard billing which are available upon request.
 10. I understand that you will not file a Federal, State or local tax extension without my request to do so.
 11. If there are other services or tax returns that I expect you to prepare, such as Corporation, Partnership, Estate, gift, sales, fiduciary, property, or other states or cities I will note them at the bottom of this letter.
 12. There is no refund policy upon actual preparation of tax return.
 13. No information will be released unless a Notice of Disclosure is received.
- I have read, understand and accept the condition of the engagement Letter above and the attached privacy policy.



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Farm Income & Expenses

Principle Product: _____

Employer ID number: _____

Accounting method: ☐ **Cash** ☐ **Accrual**

Check if you materially participated in farm operations: ☐ **Taxpayer** ☐ **Spouse**

Income	Amount
1. Sales of livestock and other resale items	
2. Cost of above.	
3. Sales of livestock, produce, etc. you raised	
4. Cooperative distributions (1099-PATR)	
5. Cooperative distributions, taxable portion	
6. Agricultural program payments	
7. Agricultural program, taxable portion	
8. Commodity Credit Corporation Loans	
9. Crop insurance loans	
10. Custom hire	
11. Other:	

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Expenses	Amount	Expenses	Amount
1. Car and truck expenses		19. Machinery and equipment rental	
2. Chemicals		20. Land rental	
3. Conservation expense		21. Other	
4. Custom hire (machine work)		22. Repairs and maintenance	
5. Employee benefit programs		23. Seeds & plants purchased	
6. Employee health insurance		24. Storage and warehousing	
7. Feed purchased		25. Supplies purchased	
8. Fertilizers and lime		26. Payroll taxes	
9. Freight and trucking		27. Other taxes	
10. Gasoline, fuel, and oil		28. Utilities	
11. Other insurance			
12. Mortgage interest			
13. Other interest			
14. Labor hired			
15. Legal & Professional fees			
16. Allocated tax preparation fees			
17. Pension & Profit Share Plans			
18. Vehicle rental			

Taxpayer Signature _____

Date _____



Consent to Use of Tax Return Information

Printed name of tax preparer _____ ("we", "us" and "our")

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation 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 from the date of signature.

For your convenience, we have entered an arrangement with Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation ("Processor"), using banking services of Green Dot Bank, to provide qualifying taxpayers with the opportunity to apply for refund processing services offered by and through Processor. To determine whether these services may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these services may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information. By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2023 tax return to determine whether to present you with the opportunity to apply for refund processing services through Processor.

Printed Name of Taxpayer: _____

Taxpayer Signature: _____ Date _____

Printed Name of Joint Taxpayer: _____

Joint Taxpayer Signature: _____ Date _____

Date:

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.



Thank You for Choosing Erfoudy Tax Services LLC For Your Filing needs.

We Are Grateful for the Opportunity to Serve You and Assist with your tax-related matters.

Your trust and confidence in our services mean a lot to us.

If you have any Questions or need further assistance, please don't hesitate to reach out.

We look forward to providing you with a seamless and efficient tax filling experience.

Sincerely,

ERFOUDY TAX SERVICES LLC

YOUR PARTNER IN SIMPLIFIED TAX SOLUTIONS