ERFOUDY TAX SERVICES LLC

CLIENT TAX INTAKE FORM

& IRS DUE DILIGENCE QUESTIONNAIRE

Individuals | Self-Employed (Schedule C) | Truck Drivers PRO

Phone: (616) 414-2078 **Web: www.erfoudytaxservices.com**

Tax year: 2026

Thank you for trusting Erfoudy Tax Services LLC with your tax preparation. We truly appreciate your business. Please complete every section that applies to you by **clicking a field and typing** (press Tab to move to the next field). Save the file and send it back to us with copies of your tax documents. Questions? Call us at **(616) 414-2078**.

Your answers are used only to prepare your tax return. Please answer every question honestly - the IRS requires us to ask these questions and keep our notes on file.

1. TAXPAYER INFORMATION — *You*

First name | M.I. | Last name | Social Security No. | Date of birth (MM/DD/YYYY)

Occupation / job title | Cell phone | Other phone | Email address

Street address | Apt # | City | State | ZIP code

Driver license / state ID no. | State | Date issued | Expires | IRS Identity Protection PIN (if any)

Prior-year AGI (for e-file verification) | Best time to reach you | Preferred contact (call / text / email)

☐ Age 65 or older ☐ Legally blind ☐ U.S. citizen or resident alien ☐ Give $3 to Presidential Election Campaign Fund

2. SPOUSE INFORMATION — *Complete if married*

First name | M.I. | Last name | Social Security No. | Date of birth (MM/DD/YYYY)

Occupation / job title | Cell phone | Email address

Driver license / state ID no. | State | Date issued | Expires | IRS Identity Protection PIN (if any)

☐ Age 65 or older ☐ Legally blind ☐ U.S. citizen or resident alien

3. FILING STATUS (as of December 31)

Choose one:

◯ Single ◯ Married filing jointly ◯ Married filing separately ◯ Head of household ◯ Qualifying surviving spouse

If your marital status changed this year, give the date and reason

Can another person claim you (or your spouse) as a dependent on their tax return? ◯ Yes ◯ No

4. DEPENDENTS & QUALIFYING CHILDREN — *Children, relatives, others you support*

Dependent's full name	SSN / ITIN	Date of birth	Relationship	Months lived	Student	Disabled
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Student = full-time student for at least 5 months of the year. Add more dependents in the notes field at the end of Section 7 if needed.

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5. REFUND / PAYMENT INFORMATION

How do you want your refund?

◯ Direct deposit (fastest) ◯ Paper check by mail

Bank name | Routing number (9 digits) | Account number | Account type (C / S)

If you owe a balance:

◯ Direct debit from account above ◯ Check / money order ◯ IRS Direct Pay (online) ◯ Need a payment plan

Account must be in your name (or your spouse's). Double-check the numbers - a wrong digit can delay your refund.

State(s) you lived in this year (with dates if you moved) | Other states where you worked or earned income

6. GENERAL TAX QUESTIONS

Answer Yes or No for every line

Did you get married, divorced, separated, or did a spouse pass away during the year?	◯ Yes	◯ No
Did you move or change your mailing address during the year?	◯ Yes	◯ No
Was there a birth, adoption, or death in your household, or did anyone move in or out?	◯ Yes	◯ No
Did you or your spouse receive any IRS or state letter, notice, or audit inquiry for any year?	◯ Yes	◯ No
If yes, which year and what was it about?		
Do you owe back taxes, have an installment agreement, or have a levy/garnishment?	◯ Yes	◯ No
Was a prior-year return rejected or amended? Have you been a victim of tax-related identity theft?	◯ Yes	◯ No
If yes, explain:		
Did you and every person on this return have health insurance for all 12 months?	◯ Yes	◯ No
Did you buy health insurance through the Marketplace (Form 1095-A) or receive advance premium tax credits?	◯ Yes	◯ No
At any time during the year did you receive, sell, exchange, gift, or otherwise dispose of any digital asset (cryptocurrency, NFT, etc.)?	◯ Yes	◯ No
Did you have a financial interest in, or signature authority over, any foreign bank or financial account (total over $10,000 at any time)?	◯ Yes	◯ No
Did you receive a distribution from, or were you the grantor/transferor of, a foreign trust?	◯ Yes	◯ No
Did you receive tips from your work (cash, card, or other)?	◯ Yes	◯ No
Did you receive qualified overtime pay (the extra "half" part) that is shown on your pay records?	◯ Yes	◯ No
Did you pay interest on a loan for a NEW personal-use vehicle that was assembled in the U.S.?	◯ Yes	◯ No
Did you sell or buy a home, stocks, bonds, land, rental property, or a business?	◯ Yes	◯ No
If yes, what and when?		
Did you receive unemployment, Social Security, retirement/pension, state refund, scholarship, or gambling income?	◯ Yes	◯ No
If yes, which?		
Did you pay for childcare, tuition, student loan interest, adoption, large medical bills, mortgage interest, or make charitable gifts?	◯ Yes	◯ No
Did you contribute to an IRA, HSA, or other retirement/health savings account?	◯ Yes	◯ No

Tax payments already made (estimates and prior-year overpayment applied)

Overpayment applied from last year | Federal est. Q1 (Apr) | Federal est. Q2 (Jun) | Federal est. Q3 (Sep) | Federal est. Q4 (Jan)

State estimated payments (total) | Notes (dates paid, how paid)

7. DOCUMENTS I AM PROVIDING

Check everything you are sending

Identity & general

- ☐ Photo ID (driver license / state ID)
- ☐ IRS Identity Protection PIN letter (CP01A)
- ☐ Social Security cards (all family members)
- ☐ Bank info for refund (voided check)
- ☐ Last year's tax return
- ☐ IRS / state letters received

Income

- ☐ W-2 (wages)
- ☐ 1099-NEC (contract work)
- ☐ 1099-K (card / app payments)
- ☐ 1099-MISC
- ☐ 1099-INT (interest)
- ☐ 1099-DIV (dividends)
- ☐ 1099-B / crypto (1099-DA)
- ☐ 1099-R (retirement)
- ☐ 1099-G (unemployment / refund)
- ☐ SSA-1099 / RRB-1099
- ☐ 1099-S (real estate sale)
- ☐ K-1 (partnership / S-corp / trust)
- ☐ Rental income & expenses
- ☐ W-2G (gambling)
- ☐ 1099-C (canceled debt)
- ☐ Tip & overtime records

Deductions & credits

- ☐ 1098 (mortgage interest)
- ☐ Property tax bills
- ☐ 1098-T (tuition)
- ☐ 1098-E (student loan interest)
- ☐ Child care provider name, address, ID no.
- ☐ Medical / dental expenses
- ☐ Charity receipts
- ☐ 1095-A / 1095-B / 1095-C
- ☐ 5498 (IRA) / HSA forms
- ☐ Estimated tax payment records
- ☐ Vehicle loan interest statement
- ☐ Business income & expense records

Other documents / notes (list extra dependents here if needed)

8. IRS PAID-PREPARER DUE DILIGENCE

Form 8867 / Treas. Reg. 1.6695-2

Why we ask: The IRS requires every paid preparer to meet due diligence requirements when a return claims the **Earned Income Credit (EIC)**, the **Child Tax Credit / Additional Child Tax Credit / Credit for Other Dependents (CTC/ACTC/ODC)**, the **American Opportunity Tax Credit (AOTC)**, or **Head of Household (HOH)** filing status. We must (1) complete Form 8867 and the credit worksheets, (2) ask you the questions below and any follow-up questions when information looks incomplete, inconsistent, or incorrect, (3) review documents that support your answers, and (4) keep our records for **3 years**. We cannot guess or assume - if we cannot get the answers or documents, we may not be able to claim the credit or filing status.

A. Which of these apply to your return? (check all that apply)

- ☐ Earned Income Credit (EIC)
- ☐ Child Tax Credit / ACTC / ODC
- ☐ American Opportunity Credit (AOTC)
- ☐ Head of Household filing status
- ☐ Child & dependent care credit
- ☐ None of these

B. Dependents, children, and credits

Does every person on this return (you, spouse, each dependent) have a valid Social Security number issued by the SSA (not marked "not valid for employment")?	◯ Yes	◯ No
If no, who and why?		
Were you, your spouse, and each dependent U.S. citizens, nationals, or resident aliens?	◯ Yes	◯ No
Did each child you claim live with you in the United States for MORE than half of the year (count temporary absences for school, medical care, military service, or detention as time with you)?	◯ Yes	◯ No
Is each child your son, daughter, stepchild, eligible foster child, brother, sister, half/step sibling, or a descendant of one of them?	◯ Yes	◯ No
At the end of the year was each child under 19, or under 24 and a full-time student, or any age and permanently and totally disabled?	◯ Yes	◯ No
Did any child provide more than half of his or her own support, or file a joint return (other than to get a refund of withheld tax)?	◯ Yes	◯ No
Did YOU pay more than half of the total cost of supporting each person you claim as a dependent?	◯ Yes	◯ No
Could anyone else (the child's other parent, grandparent, partner, or relative) claim any of these children or dependents?	◯ Yes	◯ No
If yes, who and why would you be the one to claim?		
Are you divorced, separated, or never married to a child's other parent? If yes, do you have a custody order, separation agreement, or signed Form 8332 release?	◯ Yes	◯ No
Explain / who has the child?		
Has the IRS ever denied, reduced, or disallowed your EIC, CTC/ACTC/ODC, or AOTC (Form 8862 may be required)?	◯ Yes	◯ No
If yes, which credit and which year?		
Did you receive any income that is not shown on a W-2, 1099, or other form (cash pay, tips, side jobs)?	◯ Yes	◯ No
If yes, how much and from what?		

C. Earned income / EIC

Wages (all W-2s)	Net self-employment profit (or loss)	Investment income (interest, dividends, gains)	Tips / other

Did you or your spouse live outside the United States for more than half of the year, or were either of you a nonresident alien for any part of the year? ◯ Yes ◯ No

Were you (or your spouse) the qualifying child of another person for this year? ◯ Yes ◯ No

D. Head of Household (HOH)

Were you unmarried, or considered unmarried (spouse did not live with you during the last 6 months of the year)? ◯ Yes ◯ No

Did you pay MORE than half the cost of keeping up your home (rent, mortgage interest, property tax, insurance, repairs, utilities, food)? ◯ Yes ◯ No

Did a qualifying person (your child, or a relative you can claim) live with you more than half of the year? (A dependent parent need not live with you.) ◯ Yes ◯ No

Who is your qualifying person? (name & relationship)	Total cost of keeping up home	Amount YOU paid	Amount others paid

E. Child care & education credits

Did you pay someone to care for a child under 13 (or a disabled dependent/spouse) so you could work or look for work? ◯ Yes ◯ No

Did your employer give you dependent-care benefits (W-2 box 10)? ◯ Yes ◯ No

Care provider name	Provider address	Provider SSN / EIN	Amount paid in year

Did you, your spouse, or a dependent attend college or a trade school (Form 1098-T)? ◯ Yes ◯ No

If yes, student name & school:

Was the student enrolled at least half-time for at least one academic period this year? ◯ Yes ◯ No

Has the AOTC already been claimed for this student for any 4 earlier tax years, or had the student already completed 4 years of college before this year? ◯ Yes ◯ No

Was the student convicted of a federal or state felony for possessing or distributing a controlled substance before the end of the year? ◯ Yes ◯ No

Tuition & required fees paid	Books / supplies / equipment	Scholarships / grants received	Student loan interest paid

F. Records I can provide to support my answers (check all that apply)

- ☐ School records / report cards
- ☐ Lease, rent receipts, landlord letter
- ☐ Social service / agency records
- ☐ Pay stubs / bank statements
- ☐ Medical records / doctor letters
- ☐ Mortgage / utility / grocery bills
- ☐ Birth certificates
- ☐ Invoices / mileage logs / receipts
- ☐ Child care provider records
- ☐ Court or custody documents / Form 8332
- ☐ Social Security cards
- ☐ Proof of household costs paid

I understand my answers above will be documented by the preparer at the time they are given, and that the preparer may ask additional questions or request documents before claiming any credit or filing status.

9. SCHEDULE C - SELF-EMPLOYMENT / BUSINESS

Sole proprietor, single-member LLC, gig work

Complete one section for each business. Use your records (bank & card statements, invoices, receipts, mileage log). Expenses can only be claimed if you have records to support them. If you drive a truck, also complete Section 10.

Business name (or your name)	Principal business / profession	Business code (NAICS)	EIN (if any)

Business address	City	State	ZIP	Date started

Example code: long-distance truckload trucking = 484121.

Accounting method:

◯ Cash (most common) ◯ Accrual ◯ Other

Did you work regularly and substantially in this business ("materially participate")? ◯ Yes ◯ No

Did you start or acquire this business during the year? ◯ Yes ◯ No

Do you have a separate bank account or card used only for the business? ◯ Yes ◯ No

Did you pay contractors or others during the year that requires you to file Forms 1099? If yes, did you file them? ◯ Yes ◯ No

If yes, who and how much?

Did you have employees, or sub-contract drivers/helpers? ◯ Yes ◯ No

Did you have inventory at any time during the year? ◯ Yes ◯ No

Did you have a business loss in any of the last 5 years? ◯ Yes ◯ No

PART I - INCOME

Description	Amount ($)	Rcpt.	Notes / details
Gross receipts / sales (include cash, Zelle, Venmo, Cash App, card)	$	☐	
Returns and allowances (refunds you gave)	$	☐	
Form 1099-NEC total (all forms)	$	☐	
Form 1099-K total (all forms)	$	☐	
Form 1099-MISC total	$	☐	
Cash / other income with no form	$	☐	
Other business income (fuel tax credit, state refunds, etc.)	$	☐	
TOTAL BUSINESS INCOME	**$**		*(adds up automatically)*

COST OF GOODS SOLD (only if you make or sell products)

Description	Amount ($)	Rcpt.	Notes / details
Inventory at beginning of year	$	☐	
Purchases (less items taken for personal use)	$	☐	
Cost of labor	$	☐	
Materials & supplies	$	☐	
Other costs	$	☐	
Inventory at end of year	$	☐	
COST OF GOODS (verify with preparer)	**$**		*(adds up automatically)*

PART II - EXPENSES (Schedule C lines 8-27)

Description	Amount ($)	Rcpt.	Notes / details
8 Advertising	$	☐	
9 Car & truck expenses (also fill vehicle section below)	$	☐	
10 Commissions & fees	$	☐	
11 Contract labor	$	☐	
12 Depletion	$	☐	
13 Depreciation / Section 179 (equipment bought)	$	☐	
14 Employee benefit programs	$	☐	
15 Insurance (other than health)	$	☐	
16a Interest - mortgage on business property	$	☐	
16b Interest - other (business loans, credit cards)	$	☐	
17 Legal & professional (tax prep, accounting)	$	☐	
18 Office expense	$	☐	
19 Pension & profit-sharing plans	$	☐	
20a Rent / lease - vehicles & equipment	$	☐	
20b Rent / lease - other business property	$	☐	
21 Repairs & maintenance	$	☐	
22 Supplies	$	☐	
23 Taxes & licenses	$	☐	
24a Travel (lodging, air, parking, tolls)	$	☐	
24b Meals (50%; 80% for DOT drivers)	$	☐	
25 Utilities (phone, internet)	$	☐	
26 Wages (employees)	$	☐	
27a Other expense: (describe in notes)	$	☐	
TOTAL EXPENSES	**$**		*(adds up automatically)*

HOME OFFICE (line 30)

Do you use part of your home regularly and exclusively for business? ◯ Yes ◯ No

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Total sq. ft. of home	Sq. ft. used for business	Rent or mortgage interest (yr)	Utilities (yr)	Insurance / repairs / property tax (yr)

VEHICLE INFORMATION (Schedule C, Part IV - cars, vans, pickups; trucks use Section 10)

Vehicle year / make / model	Date placed in service	Business miles	Commuting miles	Other personal miles

Odometer - start of year	Odometer - end of year	Deduction method (standard rate / actual)

Was the vehicle available for personal use during off-duty hours?	◯ Yes	◯ No
Do you (or your spouse) have another vehicle available for personal use?	◯ Yes	◯ No
Do you have written evidence (mileage log, calendar, receipts) to support the deduction?	◯ Yes	◯ No

OTHER ADJUSTMENTS (outside Schedule C)

Self-employed health insurance premiums paid	SEP / SIMPLE / Solo 401(k) contributions	Student loan interest paid

10. TRUCK DRIVER / OWNER-OPERATOR - PRO SECTION

Complete if you drive a commercial truck

Applies to over-the-road (OTR), regional, local, dedicated, owner-operator, lease-on, and company drivers. Company (W-2) drivers: unreimbursed job expenses are generally NOT deductible on the federal return, but please complete the profile and per diem parts - we will tell you what applies, including state returns.

A. Driver profile

I drive as:

◯ Owner-operator (own authority) ◯ Lease-on to a carrier (1099) ◯ Company driver (W-2) ◯ Both W-2 and 1099

Carrier / company name(s)	USDOT / MC no. (own authority)	Home terminal / tax home (city, state)

Type of driving (OTR / regional / local / dedicated)	Years as a driver	Freight hauled (dry van, reefer, flatbed, tanker, etc.)

Did you regularly sleep away from your tax home overnight (or long enough to need sleep/rest) while working?	◯ Yes	◯ No
Are you subject to DOT hours-of-service rules?	◯ Yes	◯ No
Do you keep a record of days away from home (ELD, trip sheets, bills of lading, or calendar)?	◯ Yes	◯ No
Do you maintain a permanent home (rent or mortgage paid by you) where you live when not on the road?	◯ Yes	◯ No
Did your carrier or employer pay or reimburse you any per diem, lodging, or other expenses?	◯ Yes	◯ No
If yes, how much and what for?		
Did you drive as part of a team (co-driver)?	◯ Yes	◯ No
Is your business an LLC taxed as an S-corporation or partnership (a separate business return may be needed)?	◯ Yes	◯ No
Did you pay for health insurance for yourself or family on your own (not through an employer)?	◯ Yes	◯ No

B. Truck & trailer information

Truck year / make / model	VIN	Date placed in service / bought	Purchase price

Truck is:

◯ Owned (paid off) ◯ Financed (loan) ◯ Leased / rented ◯ Lease-purchase through carrier

Lender / lessor name	Monthly payment	Interest paid this year	Odometer start of year	Odometer end of year

Trailer type / year / make	Trailer VIN / unit no.	Trailer: owned / leased	Gross vehicle weight (lbs)

Is the truck used 100% for business (no personal use other than commuting to/from the truck)?	◯ Yes	◯ No
Did you buy, sell, trade in, or have a truck or trailer repossessed this year? (Bring bill of sale / settlement.)	◯ Yes	◯ No
If yes, what and when?		
Did you previously take Section 179 / bonus depreciation on a truck or equipment that you sold or traded?	◯ Yes	◯ No
Did you file and pay Heavy Highway Vehicle Use Tax (Form 2290) for this truck?	◯ Yes	◯ No
Do you have IFTA fuel-tax and IRP apportioned registration? Do you file quarterly IFTA reports?	◯ Yes	◯ No

C. Settlements & income (all carriers / brokers combined)

Description	Amount ($)	Rcpt.	Notes / details
Gross linehaul / mileage / percentage pay	$	☐	
Fuel surcharge paid to you	$	☐	
Detention, layover, TONU, accessorials	$	☐	
Bonuses, sign-on, referral pay	$	☐	
Form 1099-NEC total (all carriers)	$	☐	
Form 1099-K total (all payment apps)	$	☐	
Other trucking income	$	☐	
TOTAL TRUCKING INCOME	**$**		*(adds up automatically)*

D. Amounts your carrier DEDUCTED from settlements (do not double-count these in the expense list)

Description	Amount ($)	Rcpt.	Notes / details
Fuel card / fuel advances deducted	$	☐	
Insurance deducted (liability, cargo, physical damage, OCC/ACC)	$	☐	
Truck / trailer lease or lease-purchase payments deducted	$	☐	
ELD, PrePass, equipment fees deducted	$	☐	
Tolls, permits, plates, escrow-funded items deducted	$	☐	
Escrow / maintenance reserve deposits (tracked separately; usually not deductible until spent c	$	☐	
Cash advances / driver loans (not an expense - for tracking only)	$	☐	
Other settlement deductions	$	☐	
TOTAL SETTLEMENT DEDUCTIONS	**$**		*(adds up automatically)*

E. Truck driver expenses - PRO list (enter the full-year total; check the box if you have receipts)

Description	Amount ($)	Rcpt.	Notes / details
FUEL & ROAD OPERATING COSTS			
Diesel fuel (fuel card & receipts)	$	☐	
DEF (diesel exhaust fluid)	$	☐	
Reefer fuel	$	☐	
Engine oil, coolant & fluids	$	☐	
Tires, retreads & tire repair	$	☐	
Repairs & maintenance (shop, roadside, towing)	$	☐	
Parts, filters & accessories	$	☐	
Truck wash & detailing	$	☐	
Tolls	$	☐	
Scales / weigh stations	$	☐	
Truck stop parking & overnight parking	$	☐	
Lumper / unloading / loading fees	$	☐	
Tarps, straps, chains, binders, load locks, pallets	$	☐	
TAXES, LICENSES & PERMITS			
Heavy Highway Vehicle Use Tax (Form 2290)	$	☐	
IFTA fuel taxes paid (net)	$	☐	
IRP apportioned plates / registration	$	☐	
UCR registration	$	☐	
State permits (NY HUT, KY, NM, OR weight-mile, etc.)	$	☐	
DOT / annual inspection fees	$	☐	
Operating authority, BOC-3, LLC annual report, business licenses	$	☐	
CDL renewal, endorsements & fees	$	☐	
DOT physical & medical card	$	☐	
Drug & alcohol testing / consortium fees	$	☐	

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Description	Amount ($)	Rcpt.	Notes / details
INSURANCE			
Primary liability insurance	$	☐	
Physical damage insurance	$	☐	
Cargo insurance	$	☐	
Bobtail / non-trucking liability	$	☐	
Occupational accident insurance	$	☐	
General liability / workers' comp	$	☐	
EQUIPMENT, TECHNOLOGY & BUSINESS SERVICES			
Truck lease / rental payments	$	☐	
Trailer lease / rental payments	$	☐	
Truck / trailer loan interest	$	☐	
ELD subscription / device, GPS, dash cam	$	☐	
Cell phone & data plan (business %)	$	☐	
Laptop / tablet / hotspot	$	☐	
Load board (DAT, Truckstop, etc.)	$	☐	
Factoring fees	$	☐	
Dispatcher / booking / broker fees	$	☐	
Trucking association dues (OOIDA, etc.)	$	☐	
Accounting, bookkeeping, tax preparation fees	$	☐	
Software (IFTA, accounting, invoicing)	$	☐	
SLEEPER, SAFETY & ROAD LIVING			
Lodging / hotel while away from home (receipts)	$	☐	
Laundry & dry cleaning (on the road)	$	☐	
Showers	$	☐	
Uniforms & work clothes / PPE (hi-vis, boots, gloves)	$	☐	
Tools & small equipment	$	☐	
Sleeper equipment (mattress, inverter, fridge, microwave, CB)	$	☐	
APU / bunk heater / reefer unit (purchase)	$	☐	
Other trucking expense (describe in notes)	$	☐	
TOTAL TRUCKING EXPENSES (before per diem)	**$**		*(adds up automatically)*

F. Major purchases this year (truck, trailer, APU, reefer unit, etc.) - for depreciation / Section 179

Item description	Date bought / placed in service	Cost	Business use %

G. Per diem (meals) - days away from home

Per diem covers MEALS only (lodging needs receipts). Use the IRS special transportation-industry rate for the tax year; DOT hours-of-service drivers generally deduct 80% of meals. The preparer will confirm the rate and the estimate below.

Meals method:

◯ Per diem (IRS special transportation rate) ◯ Actual meal receipts

Full days away from home each month (overnight trips):

Jan	Feb	Mar	Apr	May	Jun

Jul	Aug	Sep	Oct	Nov	Dec

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Total full days away (auto)	Partial days (leave/return days)	Per diem rate you are using ($/day)	Est. meals deduction @ 80% (auto)

H. Mileage & states driven

Total miles driven (all)	Loaded miles	Deadhead (empty) miles	Personal miles (not work)	Fuel gallons (total)

Miles and gallons by state (copy from your IFTA reports; attach the reports if you need more room). Needed so we can see if you must file nonresident state returns.

State	Miles	Gallons	State	Miles	Gallons

Notes for the preparer (trucking)

11. CLIENT DECLARATION, E-FILE AUTHORIZATION & RESPONSIBILITIES

Please read, initial, and sign

1. Accuracy of information. I declare that all information I gave on this form, in my documents, and verbally is true, correct, and complete to the best of my knowledge. I understand the preparer relies on what I provide and will not guess or estimate missing information. Initials

2. IRS due diligence. I have answered the due diligence questions in Section 8 truthfully. I understand the preparer must ask additional questions, review my documents, and keep records of my answers, and that credits or a filing status (EIC, CTC/ACTC/ODC, AOTC, Head of Household) may not be claimed if I cannot or do not provide the information requested. Initials

3. Receipts and records. I am responsible for keeping all receipts, invoices, mileage and trip logs, bank and card statements, and other records that support my income, deductions, and credits, and for giving them to the preparer when asked. I will keep them for at least 3 years from the date my return is filed (some records longer). The preparer does not keep my receipts for me. Initials

4. Audits and notices. I understand the IRS or my state may examine my return. I am responsible for proving every item on my return, and I am responsible for any additional tax, penalties, and interest that result from an audit or adjustment, including those caused by incorrect, incomplete, or missing information I provided. Representation before the IRS is not included unless agreed to in writing and the preparer is authorized to represent me. Initials

5. Payment of tax and deadlines. I am responsible for paying any tax due by the due date and for any late-filing, late-payment, or underpayment (estimated tax) penalties. The preparer cannot guarantee the amount or timing of my refund. Initials

6. Authorization to e-file. I authorize **Erfoudy Tax Services LLC**, as my Electronic Return Originator (ERO), to electronically file (e-file) my federal and state income tax returns, and to transmit them to the IRS and state tax agencies. I understand that I must review my return and sign **Form 8879 (IRS e-file Signature Authorization)** before it is transmitted, that I will receive a copy of my return, and that e-filing does not reduce my responsibility for the information on it. Initials

7. Refund / payment. If I chose direct deposit or direct debit in Section 5, I authorize my refund to be deposited (or any payment I requested to be withdrawn) using the account information I provided, and I confirm the account is mine. Initials

8. Privacy. Erfoudy Tax Services LLC will keep my tax information confidential and will use or disclose it only to prepare and file my return, as required by law, or with my separate written consent. Initials

9. Contact. I authorize the preparer to contact me about my return by phone, text message, or email using the information I gave. I may reach the preparer at **(616) 414-2078**. Initials

10. Fee. I agree to pay the fee for services quoted to me before my return is filed. Initials

Agreed fee ($)	Payment method (cash / card / check / other)	Date paid

Signatures

By typing my full legal name below, I agree it is my legal electronic signature and that I have read and agree to everything in this Section.

Client:

TAXPAYER signature (type your full legal name)

Date (MM/DD/YYYY)

SPOUSE signature (type full legal name - required if filing jointly)

Date (MM/DD/YYYY)

Thank you for trusting Erfoudy Tax Services LLC!

We value your business and are honored to prepare your return.

(616) 414-2078 | www.erfoudytaxservices.com

PREPARER USE ONLY - DUE DILIGENCE FILE

Do not complete (client)

Preparer name | PTIN | EFIN | Date received | Return due / filed

Verification & e-file checklist

- ☐ Photo ID checked & copy kept
- ☐ Prior-year return / AGI checked
- ☐ CTC / ODC worksheet completed
- ☐ Additional questions asked & documented
- ☐ Form 8879 signed BEFORE transmission
- ☐ Records retained 3+ years
- ☐ SSN cards / ITINs verified (all persons)
- ☐ Form 8867 completed
- ☐ AOTC / Form 8863 completed
- ☐ Client documents copied (relied upon)
- ☐ Copy of return given to client
- ☐ IP PIN verified (if issued)
- ☐ EIC worksheet / Pub. 596 completed
- ☐ HOH tests documented
- ☐ Taxpayer reviewed return
- ☐ Fee quoted before filing

Knowledge requirement - additional questions asked and client responses (who, how, date & time)

Notes

Documents reviewed / how information was obtained

Notes

Preparer sign-off

Preparer signature (type name)

Date

CONFIDENTIAL - contains personal taxpayer information. Thank you for trusting Erfoudy Tax Services LLC.