



Current Personal Tax Information

Name _____

(AS IT APPEARS ON YOUR SS CARD/ITIN CARD)

SSN _____ DOB _____

Occupation _____

Home Address _____

City _____ St _____ Zip _____

County _____

Email _____

Home # _____

Work # _____

Cell # _____

Spouse _____

(AS IT APPEARS ON YOUR SS CARD/ITIN CARD)

SSN _____ DOB _____

Occupation _____

Spouse Work _____

Spouse Cell _____

Spouse Email _____

Digital copy of your tax return (paperless)? Y / N

Paper copy of your tax return? Y / N

Health insurance the entire year? Y / N

Type of health insurance: JOB / ACA / OTHER

NOTES: _____

Filing Status: ☐ Married ☐ Single ☐ Head of Household ☐ Married, but ☐ Widowed (in last 2 yrs.)

Dependent Information

Name _____

SSN _____ DOB _____

Relationship _____ Claimed Before? _____

Child Care? _____ College? _____

Name _____

SSN _____ DOB _____

Relationship _____ Claimed Before? _____

Child Care? _____ College? _____

Name _____

SSN _____ DOB _____

Relationship _____ Claimed Before? _____

Child Care? _____ College? _____

Name _____

SSN _____ DOB _____

Relationship _____ Claimed Before? _____

Child Care? _____ College? _____

*****Information for direct deposit OR to pay IRS/state tax due*****

Name of bank _____

CHECKING OR SAVINGS

Routing # _____

Acct # _____

Attach a voided check or a savings acct. deposit slip

(336) 229-5545 WEBSITE: www.dualvisioninc.com FAX: (336)229-5565

Please Bring Valid Forms of ID and Copies of Social Security Cards for Everyone!!!

DUALVISION_{INC.}
TAX & ACCOUNTING

TAX SERVICES * FINANCIAL * INSURANCE

1052 S. Church St. Burlington, NC 27215

Phone 336-229-5545 Fax 336-229-5565

Thank you for choosing DualVision Inc to prepare your income tax returns for tax year 2018. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2018 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2018, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for asset. We recommend keeping this information for 7 years. It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. You must pay the balance owed for our services and provided a signed e-file authorization to assure the return is filed by the due date. **To assure completion by the April 15, 2019 due date we must have all information by Friday March 15, 2019. To assure completion by the extended deadline of October 15, 2019 we must have all information by Friday September 13, 2019. If you know you will need an extension, please let us know now. An extension gives you additional time to file your tax return. An extension DOES NOT extend the time to pay the taxes owed.** Penalties and interest are applied to taxes paid after the April 17th due date. If you need an extension and think you may owe please give us as much information as you can or let us know how much, if any, you can pay with the extension.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review. Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

By signing this engagement letter, you agree to the fullest extent permitted by law to limit the liability of DualVision Inc. to you for any and all claims, losses, costs and damages of any nature whatsoever so that the total aggregate liability of DualVision Inc. to you shall not exceed our total fee for services rendered under this agreement. You and DualVision Inc intend and agree that this limitation apply to any and all liability or cause of action against DualVision Inc. however alleged or arising, unless otherwise permitted by law. We both agree that there is a one-year limitation period to bring a claim against us for errors and omissions. The one-year period will begin upon the date of the tax professional's signature on the tax returns covered by this engagement letter.

Thank you again for choosing our firm to prepare your 2018 tax return. We appreciate your business.

Sincerely,

Cyril L NeSmith

Cyril L. NeSmith EA, LUTCF, CTM, NTPI Fellow

Accepted by:

Sign: _____ Date _____

Print: _____

Sign: _____ Date _____

NAEA

NATIONAL ASSOCIATION
OF ENROLLED AGENTS

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Dear Client,

In March 2010, President Obama signed the **Affordable Care Act**. One provision of the Act required that in 2016 all Americans must have qualified health insurance or face a "Shared Responsibility Payment" more commonly known as the Health Care Penalty. In order to remind you of the rules and to protect us both from future IRS liability in the event of an audit, we require all individual taxpayers that do not provide us with the appropriate **2018 Forms 1095** to positively affirm the following items related to Health Care.

Please **initial** the applicable item(s) and sign the bottom of the affirmation.

- _____ 1. We have provided you with all copies of Forms 1095-A, 1095-B and 1095-C we received.
- _____ 2. We did not receive all Forms 1095-A because we have alternative government provided qualified health care insurance from Medicare, Medicaid, or Tri-Care that covers all members of our household.
- _____ 3. We have qualified employer-provided health insurance for the entire year for our entire household and have not yet received a Form 1095.
- _____ 4. We have qualified health insurance we purchased directly from an agent or insurance company for the entire year which covers our entire household.
- _____ 5. We did not have qualified health insurance for the entire year which covers our entire household.
- _____ 6. We had some qualified health insurance for a portion of the year for our entire household. We will provide specific details of the limited coverage.

In the absence of adequate information regarding health insurance or proof of an exemption from the requirement to provide health insurance, we will calculate the Shared Responsibility Payment and include it on your federal tax return.

We understand if the facts have been misstated regarding your healthcare coverage or we have failed to provide adequate information DualVision Inc, we accept any liability arising from the misstatement, including any fees DualVision Inc. may charge for an amended tax return.

Taxpayer Signature

Date

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Estimado cliente,

En marzo de 2010, el presidente Obama firmó la Ley de Asistencia Asequible. Una disposición de la Ley requería que en 2016 todos los estadounidenses tengan un seguro de salud calificado o que enfrenten un "Pago de responsabilidad compartida", más comúnmente conocido como la sanción de atención médica. Para recordarle las reglas y protegernos a ambos de la futura responsabilidad del IRS en el caso de una auditoría, requerimos que todos los contribuyentes individuales que no nos proporcionen los Formularios 1095 correspondientes de 2018 confirmen positivamente los siguientes elementos relacionados con la Atención médica.

Por favor coloque sus iniciales en los artículos correspondientes y firme la parte inferior de la afirmación.

____ 1. Le hemos proporcionado todas las copias de los Formularios 1095-A, 1095-B y 1095-C que recibimos.

____ 2. No recibimos todos los Formularios 1095-A porque contamos con un seguro de atención médica calificado provisto por el gobierno alternativo de Medicare, Medicaid o Tri-Care que cubre a todos los miembros de nuestro hogar.

____ 3. Hemos calificado el seguro de salud proporcionado por el empleador para todo el año para todo el hogar y aún no hemos recibido el Formulario 1095.

____ 4. Tenemos un seguro médico calificado que compramos directamente a un agente o compañía de seguros durante todo el año, que cubre todo el hogar.

____ 5. No teníamos un seguro médico calificado para todo el año, que cubre a toda la familia.

____ 6. Tuvimos algún seguro de salud calificado durante una parte del año para toda la familia. Proporcionaremos detalles específicos de la cobertura limitada.

En ausencia de información adecuada sobre el seguro de salud o prueba de una exención del requisito de proporcionar seguro de salud, calcularemos el Pago de responsabilidad compartida y lo incluiremos en su declaración de impuestos federal.

Entendemos que si los hechos han sido incorrectos con respecto a su cobertura de atención médica o no hemos brindado información adecuada a DualVision, INC., aceptamos cualquier responsabilidad derivada de la declaración equivocada, incluidas las tarifas. DualVision Inc., puede cargo por una declaración de impuestos enmendada.

Firma del contribuyente

Fecha

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2018 Paid Preparer Due Diligence Checklist

- Earned Income Credit (EIC)
- American Opportunity Credit (AOC)
- Child Tax Credit (CTC)
- Additional Child Tax Credit (ACTC)
- Credit for Other Dependents (ODC)
- Head of Household (HOH)

	EIC	AOC	CTC/ACTC/ODC	HOH
Can you provide documentation, if required, to substantiate your eligibility for each credit and/or HOH filing status and the amount of each credit being claimed? (See below for examples of documentation.)	Yes n/a	No n/a	Yes n/a	No n/a
Were any of these credits disallowed or reduced in prior year?	Yes n/a	No n/a	Yes n/a	No n/a
Is each qualifying person for whom you are claiming the Child Tax Credit, Additional Child Tax Credit, and Credit for Other Dependents a citizen, national, or resident of the United States?	n/a	n/a	Yes n/a	No n/a
Did all children for whom you are claiming the Child Tax Credit and/or Additional Child Tax Credit reside with you for more than half the year?	n/a	n/a	Yes n/a	No n/a
Is there an active Form 8332, <i>Release/Revocation of Claim to Exemption for Child by Custodial Parent</i> , or a similar statement in place?	n/a	n/a	Yes n/a	No n/a
Did you release the claim for exemption to another person?	n/a	n/a	Yes n/a	No n/a
Have you provided documentation for the American Opportunity Credit, including Form 1098-T and/or receipts for qualified tuition and related expenses?	n/a	Yes n/a	n/a	No n/a
Were you unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	n/a	n/a	n/a	Yes n/a

Documentation Examples (list not all-inclusive)

Residency of a Qualifying Child

- School records or statement.
- Landlord or a property management statement.
- Health care provider statement.
- Medical records.
- Child care provider records.
- Placement agency statement.
- Social service records or statement.
- Place of worship statement.
- Indian tribal official statement.

Disability of Qualifying Child

- Medical doctor's statement.
- Other health care provider's statement.
- Social services agency or program statement.

Schedule C

- Business license.
- Forms 1099.
- Records of gross receipts.
- Summary of income.
- Records of expenses.
- Summary of expenses.
- Bank statements to show income and expenses.

Taxpayer

Spouse (if filing jointly)

Date