



BUSINESS/ENTITY INFORMATION SHEET

Tax Year: _____

Are you a ☐ New or ☐ Returning client?

If you are a new client how did you hear about us?

- ☐ REFERRAL ☐ PHONEBOOK ☐ RADIO STATION ☐ TV STATION ☐ SIGNS ☐ MAILING
☐ OTHER _____

Please take a moment to provide us with the information requested as required by the IRS.

ENTITY INFORMATION					
BUSINESS	EIN	_____ - _____	PRIMARY CONTACT	PHONE	_____ - _____ - _____
BUSINESS NAME			CONTACT NAME		
dba					
DATE CREATED			POSITION		
BUSINESS CODE					
PRODUCT OR SERVICE					
PHONE			CELL		
EMAIL			EMAIL		
BEST METHOD OF CONTACT			BEST METHOD OF CONTACT		
BUSINESS MAILING ADDRESS					
STREET ADDRESS				APT OR SUITE NO.	
CITY		ST	ZIP	COUNTY	
TYPE OF ENTITY					
Please check appropriate box below					
<input type="checkbox"/> ESTATE					
<input type="checkbox"/> TRUST <input type="checkbox"/> GRANTOR <input type="checkbox"/> NON-GRANTOR					
<input type="checkbox"/> SOLE PROPRIETOR					
<input type="checkbox"/> LLC					
<input type="checkbox"/> PARTNERSHIP					
<input type="checkbox"/> SMALL BUSINESS (filing 1120S)					
<input type="checkbox"/> C CORPORATION (filing 1120)					
<input type="checkbox"/> HOA (filing 1120 H)					
<input type="checkbox"/> OTHER - SPECIFY					
SHAREHOLDERS (if applicable)					
NAME OF SHAREHOLDER (EXACTLY as it appears on Social Security card)	SOCIAL SECURITY NO.	ADDRESS		%	NUMBER OF SHARES

PLEASE COMPLETE THE BACK SIDE OF THIS FORM



AUTHORIZATION STATEMENT

I certify that all the above information is true and correct and should be used in completing my entity tax return. Also, I state that I am qualified to file this return using the filing status selected above as an owner/officer/agent of the entity. I state that I am qualified to sign this return as the owner/officer/agent of the entity. I further understand that any false statement by me and/or my company representative is considered fraud and is punishable under the laws of the United States Government. I give informed consent to transparency should any matter of conflict of interest develop. I understand that without a court subpoena Stadler & Company will not disclose to any other parties any of the information contained on my tax return. Disclosure is necessary for e-file processing, collections, or pickup at any Stadler & Company location.

AUTHORIZED SIGNATURE _____ **DATE** _____

I am attesting that I was asked by Stadler & Company to furnish a prior year return to assist in the preparation of my current year taxes. By signing, I agree that I did not provide a prior year return.

Authorized Signature

Date



Agreement for Tax Services

Stadler & Company and Taxpayer agree to the following:

1. Thank you, _____ (here-in-after known as Taxpayer), for choosing the professionals of Stadler & Company to prepare and file your tax return, for tax year _____. In doing so, you are telling us that you have received all of your tax information (W-2s, 1099s, K-1s, etc.) and that your tax return is ready to be filed. If you receive additional information after we file your return, this document is your official notification that should you request our services in filing the required amended return; we will be charging you an additional minimum \$75 fee for services rendered. All returns eligible for electronic filing will be filed electronically.
2. Stadler & Company's fees are not based upon your income or your tax refund. Fees are based on a per-form charge with a minimum per-form charge. Taxpayer agrees to pay for the services performed before the release of completed returns. No tax return will be released without payment in full. Stadler & Company accepts cash, checks, VISA, MasterCard, Discover, and American Express. Any check returned for any reason by your bank is subject to a charge of \$30.00.
3. Please note that we cannot fax/send/share any tax documentation without having specific prior written consent on file in this office. This written consent must be given in person in our office.
4. Stadler & Company stands by its work. If we make an error, we will correct the error at no additional charge. If our error results in a penalty, we will request Penalty Abatement from the IRS. If abatement is denied, we will pay the penalty and interest at the time of discovering the error. If there is a history of non-compliance within the last 3 years and the IRS declines abatement, Stadler & Company also reserves the right to decline reimbursement for related penalty and interest. By law, as the taxpayer, you will be responsible for all tax.
5. You are required to request and verify that an extension has been filed if one is needed.
6. Tax returns are subject to review by taxing authorities. Should an examination of Taxpayer's return occur, Stadler & Company would be available to represent you or consult with you under a separate service agreement.
7. By signing this document, you agree that you understand and accept these provisions.

If you have any questions, please call us. We appreciate the opportunity to serve you.

Taxpayer

Date

Spouse

Date

Consent to **USE OF** Tax Return Information

Primary Taxpayer's name (please print) _____

For your convenience, Stadler and Company may use your tax return information to provide you with information or opportunities that may be of interest to you. Such information may include seminars on topics related to your unique tax situation, ways to improve your tax situation, and financial products.

Stadler and Company has entered into arrangements with a third party to provide qualifying taxpayers with the opportunity to apply for financial products, including Loan, Electronic Refund Check or Electronic Refund Deposit. To determine whether these products 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 products 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.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

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

By signing below, you (including each of you if there is more than one taxpayer) authorize Stadler and Company to use the information you provide to us during the preparation of your 2018 tax return to determine whether to present you with the information, opportunities or services as described above.

Taxpayer Signature: _____ Date _____

(If Married Filing Jointly)

Spouse Signature: _____ Date _____

Spouse Name (print): _____

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.