



Boss Ladies Taxes, Inc.

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Client Tax Preparation Packet

This packet contains required forms, disclosures, and agreements for the preparation and filing of your federal and state income tax returns. Please read each section carefully and sign where indicated.

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Consent to Disclose or Use Tax Return Information (Form 7216)

Federal law requires this consent form be provided to you. Unless authorized by law, your tax return preparer cannot disclose or use your tax return information for purposes other than preparing and filing your tax return without your consent.

By signing below, you authorize **[Tax Office Name]** to disclose or use your tax return information described below for the purpose of offering you additional financial products, banking services, or audit protection services, if applicable. You are not required to sign this form. Your refusal will not affect the completion and filing of your tax return. If you agree, your consent is valid for one year from the date signed, unless revoked earlier by you in writing.

Information to be disclosed: Name, address, SSN, filing status, income, refund/balance due, banking information, and contact information. Recipient: **[Insert Financial Institution/Third Party if applicable]**

Taxpayer Signature Date _____
Joint Taxpayer Signature (if applicable) Date _____

If you believe your tax return information has been disclosed or used improperly, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484 or at www.tigta.gov.



IRS Form 8879 - IRS e-file Signature Authorization

Tax Year: _____ IRS Form 8879 is used to authorize the Electronic Return Originator (ERO) to enter the taxpayer's Personal Identification Number (PIN) on an electronically filed tax return.

Taxpayer Name	Social Security Number
_____	_____
Spouse's Name (if joint return)	Social Security Number
_____	_____

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amount of refund or balance due is the amount shown on the copy of my return. I consent to allow my return to be filed electronically with the IRS using a Self-Select PIN or Practitioner PIN entered by the Electronic Return Originator (ERO).

Taxpayer Signature Date _____

Spouse Signature (if joint return) Date ERO Signature: _____ Date: _____

Do not send this form to the IRS. Retain it with your tax records.



State e-file Authorization Form (Generic Template)

This form is used to authorize the Electronic Return Originator (ERO) to electronically file your state income tax return. Each state may have its own specific version of this form. This generic template can be customized with your state's requirements.

Taxpayer Name	Social Security Number / State ID
_____	_____
Spouse's Name (if joint return)	Social Security Number / State ID
_____	_____
Tax Year	State
_____	_____

Under penalties of perjury, I declare that I have examined a copy of my state electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize my Electronic Return Originator (ERO) to electronically file my state income tax return on my behalf and, if applicable, to enter my PIN as my electronic signature.

Taxpayer Signature _____ Date _____
Spouse Signature (if joint return) _____ Date ERO Signature: _____ Date: _____

Note: This is a generic template. Check with your specific state's Department of Revenue for the official version of this authorization form.

Tax Preparation Engagement & Service Agreement

This agreement outlines the terms under which **[Tax Office Name]** ("Preparer") will provide tax preparation services to the undersigned taxpayer(s) ("Client"). Please read carefully and sign below.

1. Scope of Services:

Preparer will prepare the Client's federal and state income tax returns based on information provided by the Client. Preparer is not responsible for auditing or verifying data submitted by the Client.

2. Client Responsibilities:

Client agrees to provide complete and accurate information. Client is responsible for retaining all supporting documents, receipts, and records for tax return entries. Failure to provide accurate information may result in penalties, interest, or disallowed credits.

3. Fees:

Fees are based on the complexity of the return and forms required. Payment is due at the time of service unless otherwise agreed. If refund transfer or bank products are used, additional fees may apply.

4. Confidentiality:

All information provided will remain confidential and will not be disclosed without the Client's written consent, except as required by law.

5. Limitation of Liability:

Preparer will not be liable for penalties, interest, or additional taxes assessed due to incomplete, inaccurate, or late information provided by the Client.

6. Termination:

Either party may terminate this agreement at any time by providing written notice.

Agreement & Acknowledgment:

By signing below, I acknowledge that I have read, understood, and agree to the terms of this engagement.

Taxpayer Signature Date

Spouse Signature (if applicable) Date

Preparer Signature Date



Privacy Policy Acknowledgment

Federal law (Gramm-Leach-Bliley Act) requires that we inform you of our privacy policy. This acknowledgment confirms that you have received a copy of **[Tax Office Name]**'s Privacy Policy.

Privacy Policy Summary:

1. We collect nonpublic personal information about you that is provided to us by you or obtained with your authorization.
2. We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted by law.
3. We restrict access to your personal information to employees who need to know that information to provide services to you.
4. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your personal information.

By signing below, I acknowledge that I have received and read the Privacy Policy of **[Tax Office Name]**. I understand how my personal information will be protected and used.

Taxpayer Signature Date

Spouse Signature (if applicable) Date



Identity Verification / KYC Form

In compliance with IRS regulations and anti-fraud procedures, **[Tax Office Name]** requires clients to complete this Identity Verification (Know Your Customer - KYC) form.

Full Name	Date of Birth
_____	_____
Social Security Number / ITIN	Phone Number
_____	_____
Current Address	Email Address
_____	_____

Identification Provided (check one):

- ☐ Driver's License
- ☐ State ID
- ☐ Passport
- ☐ Other Government-Issued ID: _____

Certification:

I certify that the above information is true and correct. I understand that providing false or misleading information may result in penalties or rejection of services.

Taxpayer Signature Date

Spouse Signature (if applicable) Date

Verified By (Preparer): _____ Date: _____

Bank Product Consent Form

This form provides consent for **[Tax Office Name]** to share certain tax return information with financial institutions in order to facilitate bank products such as refund transfers, refund advances, or prepaid cards. Signing this form is voluntary.

Information to Be Shared:

- Taxpayer Name
- Social Security Number
- Filing Status
- Refund Amount or Balance Due
- Bank Account Information (if applicable)
- Contact Information (address, phone, email)

Purpose: To process and fund bank products associated with your tax refund.

I understand that I am not required to sign this consent form. My tax return will be prepared and filed regardless of my decision. If I sign this form, I authorize **[Tax Office Name]** to share my information with the financial institution(s) offering the selected bank product(s).

Bank Product(s) Selected (check all that apply):

- ☐ Refund Transfer
- ☐ Refund Advance Loan
- ☐ Prepaid Card
- ☐ Other: _____

Taxpayer Signature Date

Spouse Signature (if applicable) Date



Payment Authorization Form

This form authorizes **[Tax Office Name]** to collect payment for tax preparation services. Please complete the information below.

Client Name	Phone Number
_____	_____
Address	Email
_____	_____
Amount Due	Invoice/Reference #
\$ _____	_____

Payment Method (check one):

- ☐ Cash
- ☐ Debit/Credit Card
- ☐ Bank Draft / ACH
- ☐ Deduct from Tax Refund (Refund Transfer)
- ☐ Other: _____

Authorization:

I authorize **[Tax Office Name]** to process the above payment for tax preparation services. If payment is returned or declined, I understand that I remain responsible for the full balance.

Taxpayer Signature Date

Spouse Signature (if applicable) Date

Processed By (Preparer): _____ Date: _____

Dependent Consent Form

This form is used to provide written consent for a taxpayer to claim a dependent child who is not their biological child, in order to prevent dependent fraud. The undersigned parent/legal guardian grants authorization for the taxpayer named below to claim the listed dependent for the specified tax year.

Dependent Information

Dependent's Full Name	Social Security Number
_____	_____
Date of Birth	Relationship to Parent/Guardian
_____	_____

Authorization

Parent/Guardian Full Name	Phone Number
_____	_____
Taxpayer Authorized to Claim	Tax Year
_____	_____

I, the undersigned parent/legal guardian, hereby authorize the above-named taxpayer to claim the listed dependent on their federal and state tax return for the tax year indicated. I affirm that I am the custodial parent or legal guardian of the dependent and that this consent is given voluntarily. I understand that providing false or fraudulent information may result in penalties, IRS audits, or legal consequences.

Parent/Guardian Signature Date

Taxpayer Signature Date

Verification (Select One):

■ Witness Verification

Witness #1: _____ Signature: _____ Date: _____

Witness #2: _____ Signature: _____ Date: _____

■ Notary Acknowledgment

State of _____ County of _____
Subscribed and sworn before me on this _____ day of _____, 20____.



Notary Public: _____
My Commission Expires: _____



Client Intake Sheet / Tax Questionnaire

Please complete this questionnaire to assist **[Tax Office Name]** in preparing your tax return accurately.
All information is confidential.

Personal Information

Primary Taxpayer Name	SSN / ITIN
_____	_____
Date of Birth	Occupation
_____	_____
Spouse's Name	SSN / ITIN
_____	_____
Date of Birth	Occupation
_____	_____
Address	Phone Number
_____	_____
Email Address	

Dependents (up to 10):

First Name	Last Name	Sex	Age	Date of Birth	Relationship

Relationship Options:

■ Son ■ Daughter ■ Cousin ■ Niece ■ Nephew ■ Grandchild ■ Other

Income Information (check all that apply):

- ☐ W-2 Wages
- ☐ 1099-INT (Interest)
- ☐ 1099-DIV (Dividends)
- ☐ 1099-MISC / 1099-NEC (Self-Employment)
- ☐ 1099-G (Unemployment/State Refund)
- ☐ 1099-R (Retirement)
- ☐ SSA-1099 (Social Security)
- ☐ Other Income: _____

Deductions & Credits (check all that apply):

- ☐ Child Tax Credit
- ☐ Earned Income Credit
- ☐ Education Credits (Form 1098-T)
- ☐ Child/Dependent Care Expenses
- ☐ IRA/Retirement Contributions
- ☐ Mortgage Interest (Form 1098)
- ☐ Medical Expenses
- ☐ Charitable Contributions
- ☐ Other: _____

Bank Information (for direct deposit of refund, if applicable):

Bank Name: _____
Routing Number: _____
Account Number: _____
Account Type: ☐ Checking ☐ Savings

Taxpayer Signature Date

Spouse Signature (if applicable) Date

IRS Form 8867 - Paid Preparer's Due Diligence Checklist

This checklist is required for all paid tax return preparers who claim the Earned Income Credit (EIC), Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), American Opportunity Tax Credit (AOTC), or Head of Household (HOH) filing status. The form must be completed, signed, and kept in your records.

Checklist Questions:

1. Did you ask the taxpayer the required questions to determine eligibility for credits and HOH filing status? ■ Yes ■ No
2. Did you review information provided by the taxpayer and determine that it appears correct and complete? ■ Yes ■ No
3. Did you retain copies of the taxpayer's supporting documents (W-2, 1099, school records, birth certificates, etc.)? ■ Yes ■ No
4. Did you complete the EITC/CTC/AOTC/HOH worksheets showing how the credit amount was determined? ■ Yes ■ No
5. Did you maintain a copy of this checklist and all supporting documentation in your records for 3 years? ■ Yes ■ No

Preparer Certification:

I certify that I have complied with all due diligence requirements in determining the taxpayer's eligibility for the credits and/or Head of Household status claimed.

Preparer Name PTIN

Preparer Signature Date



Consent to Call, Text, and Email Communication

To comply with federal communication laws (including the Telephone Consumer Protection Act), **[Tax Office Name]** must obtain your consent before contacting you by phone, text message, or email. Your consent allows us to provide updates about your tax return, appointments, and services.

I consent to receive communication from [Tax Office Name] via:

- ☐ Phone Calls
- ☐ Text Messages
- ☐ Emails

Preferred Contact Number: _____

Email Address: _____

I understand that message and data rates may apply for text messages. I may revoke my consent at any time by notifying **[Tax Office Name]** in writing.

Taxpayer Signature Date

Spouse Signature (if applicable) Date



Acknowledgment of Tax Return Review

This form confirms that you, the taxpayer, have reviewed your completed federal and/or state tax return prepared by **[Tax Office Name]**. Please carefully read and sign below.

Taxpayer Acknowledgment:

- I have reviewed my tax return and all accompanying forms and schedules.
- I confirm that the information contained in my return is true, correct, and complete to the best of my knowledge.
- I understand that I am ultimately responsible for the accuracy of my return, even if it was prepared by a paid preparer.
- I authorize **[Tax Office Name]** to electronically file my return with the IRS and/or state tax agency.

Please review your return thoroughly before signing this acknowledgment. Any changes must be communicated before electronic filing.

Taxpayer Signature Date

Spouse Signature (if applicable) Date

Reviewed with Preparer: _____ Date: _____



Office Policies & Disclaimer

This form explains the general office policies of **[Tax Office Name]**. Please review carefully and sign below to acknowledge your understanding and acceptance.

Policies:

- 1. Accuracy of Information:** Client is responsible for providing complete and accurate information. The office is not responsible for penalties or interest due to incomplete or false information provided.
- 2. Fees:** Tax preparation fees are due at the time of service unless other arrangements are made. Fees are based on the forms required and complexity of the return.
- 3. Refunds:** We do not guarantee a specific refund amount. The IRS and state agencies make the final determination.
- 4. Record Retention:** Clients are responsible for keeping copies of their returns and supporting documents. The office retains records for a limited period of time only.
- 5. Audit Representation:** Standard tax preparation fees do not include IRS or state audit representation services. Such services may be offered separately under a different agreement.
- 6. Communication:** By signing below, you consent to reasonable communication by phone, email, or text regarding your tax return.

Disclaimer:

While every effort is made to ensure accurate preparation of your tax return, **[Tax Office Name]** cannot be held liable for IRS or state tax authority delays, errors, or audits arising from information provided by the client.

Taxpayer Signature Date

Spouse Signature (if applicable) Date