GAMACHE TAX SERVICES, LLC

6775 WEST EDGERTON AVENUE GREENDALE, WI 53129 414-421-6760

January, 2021

To: Gamache Tax Clients

With the new tax season upon us and the new federal tax regulations, we will need you to fill out the enclosed forms, signed and dated before your tax appointment.

Along with providing us the following documentations:

Bring all W-2 forms, 1099's and other income reporting statements, including all copies provided from the payer.

Bring Last years Taxes, Drivers License and Social Security Cards for everyone on your return.

Bring forms 1095-A or B (for health insurance from market place)

Bring details of all estimated tax payments, if any.

Bring income and deductions categorized on a separate sheet for business or rental activities.

E-Filing officially starts Friday February 12th .

Our hours for this year are: Monday 10 to 8, Tuesday 12 to 6, Wednesday 10 to 8, Thursday 9 to 6, Friday 10 to 5, Saturday 9 to 3.

Please know the amount of stimulus money you received. This money is not taxable, but accountable.

Cash/Check donations can be used even if you don't itemize.

We look forward to being your tax preparer. Set up your tax appointments early.

Tharon Damache'

Sincerely,

Sharon Gamache

Enc: Individual Taxpayer Organizer, Due Diligence Checklist, General Engagement Letter

GAMACHE TAX SERVICE, LLC 6775 W Edgerton Ave Greendale, Wi 53129

General Engagement Letter for Individual Tax Return Preparation

This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

Tax Return Preparation

- We will prepare your 2020 federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- The tax return preparation fee does not include bookkeeping.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance and consultation during the year.
- The engagement to prepare your 2020 tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years. You may be assessed a fee if you request a copy in the future.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional
 information after we begin working on your return, you will contact us immediately to ensure your
 completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this
 engagement before completion, you agree to pay a fee for work completed. A retainer is required for
 preparation of late returns.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both taxpayers must sign.

Taxpayer	Spouse	Date

Privacy Policy. The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions regarding our privacy policy.

Individual Taxpayer Organizer

GAMACHE TAX SERVICE, LLC 6775 W Edgerton Ave Greendale, Wi 53129-1208 414-421-6760 ofc 414-421-6887 fax gamachetax@gmail.com www.gamachetaxservice.com

Taxpayer						SSN			
First	M.I.	Last		Emai	1		IP PIN		
Occupation 1		Date of	Date of birth		Are you new	Are you new to our firm? Yes N			
		City			State	Zip			
County		Home p	ohone			Work or cell			
Driver's License No.		•		State		Issue Date	Exp. Date		
Spouse						SSN			
First	M.I.	Last		Emai	il		IP PIN		
Occupation		Date of	birth			Are you new	to our firm?	Yes No	
Address (If different from Taxpayer)		City				State	Zip		
County		Home	phone		Work or cell				
Driver's License No.				State		Issue Date	Exp. Date		
If you moved during 2019, enter your	previous addres	ss.				Date of mov	e		
Were you divorced or separated durin Individuals who are in registered dom Have you received any notice from the	estic partnershi	es No ps (RDPs venue der) and civil ur	nions a	re not consid	deaths in the fam dered married for Yes No			
Names of dependent children Child's full name	Social Secu		IP PIN		Date of birt	Months lived he home in 2019	,	College student?	
Did any of the children have income a Is it anticipated that a different taxpay	er will seek to c	the year? laim a ch	Yes No			f the children hav ent for tax year 2		Yes No	
Other dependents or people who live	ed with you					Months lived in			
Name	Social Security	y #	IP PIN	D	ate of birth	home in 2019	Relationship	Іпсоте	
Bank information: Use for Direct do	eposit of refund	Direc	t debit of bala	ance d	ue <i>Name of</i>	bank			
	Account www				ımber	ber			
Ask your tax preparer for information	about depositir	ng a refui	nd into an IR	A acco	unt or splitti	ing the deposit in	to more than one	account.	

Did you purchase health insurance through a public exchange?

Did you pay anyone for domestic services in your home?

Were you a citizen of or lived in a foreign country?

college

Did you make any contributions to a 529 plan in 2019?

Did you receive any income from an installment sale?

Did you make any charitable contributions in 2019?

Did you work from a home office or use your car for business?

Did you, or will you, contribute any money to an IRA for 2019?

Did you purchase a new energy-efficient car, truck, or van?

Are either you or your spouse legally blind?

Did you pay or receive alimony in 2019?

Received \$

Are you a member of the military?

Yes

Yes

Yes Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

School district

LIFESTYLE & TAXES

CHILDREN & EDUCATION

INVESTMENTS

DEDUCTIONS

BUSINESS

No

No

No

No

No

No No

No

No

No

No

No

No

No

No

No

No

No

No

No

No No

No

No

No

No

No

No

No

No

No

No

Paid

Designee's name

Were any children

attending college?

Name of provider

Name and address of school

Student

Address

HOME Did you refinance a mortgage or take a home equity loan? (Provide closing statement) No Yes Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home? Yes No Did you make any new energy-efficient improvements to your home? If yes, provide details. Yes No Nonresident Part-year resident Full-year resident State information

Phone number

Paid by you: Tuition \$

Paid by student: Tuition \$

2020 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	НОН	
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 No n/a	Yes No n/a	Yes No n/a	Yes No n/a	
	EIC	AOC	CTC/ACTC/ODC	нон	
Were any of these credits disallowed or reduced in a prior year?	Yes No n/a	Yes No n/a	Yes No n/a	n/a	
	EIC	AOC	CTC/ACTC/ODC	нон	
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 No n/a	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 No n/a	n/a	
Is there an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place?	n/a	n/a	Yes No n/a	n/a	
Did you release the claim for exemption to another person?	n/a	n/a	Yes No n/a	n/a	
2	EIC AOC		CTC/ACTC/ODC	нон	
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 No n/a	n/a	n/a	
	EIC	AOC	CTC/ACTC/ODC	нон	
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 No n/a	

Documentation Examples (list not all-inclusive)

Residency of a Qualifying Child • Business license. • School records or statement. • Forms 1099. • Landlord or a property management statement. • Medical doctor's statement. • Records of gross receipts. • Other health care provider's • Health care provider statement. Summary of income. • Medical records. • Records of expenses. • Social services agency or • Child care provider records. · Summary of expenses. program statement. Placement agency statement. • Bank statements to show income · Social service records or statement.

Disability of Qualifying

Due Diligence: Additional Questions and Information (list not all-inclusive)

- Ask questions, contemporaneously document questions and client responses
- Must not know of any reason to know that the client's information is false.
- Do not ignore the implications of any information provided by the client and make additional inquiries.
- Complete and submit Form 8867 for each credit claimed.
- Compute the credits.

• Place of worship statement. • Indian tribal official statement. Schedule C

and expenses.