### Leveille & Associates, Inc.

Tax and Bookkeeping Services

**Teri Leveille, EA**BusyBookkeepers.com

Fax (949) 837-7344

26000 Towne Centre Dr, Suite 220 Foothill Ranch,CA 92610 Office (949) 837-8754

January 5, 2025

Happy New Year!

We hope this finds you well and that you have enjoyed the holidays safely with friends and family. I look forward to hearing from you as we begin this New Year.

In January and February, you can expect to receive the majority of your tax related documents. These documents include such items as your W-2s, Form 1099s, K-1s, brokerage statements, etc. Your check register may also include pertinent information.

In an effort to reduce the amount of paper we mail, **our annual package is now available online.** If you would like to use our traditional organizer, you will find it (along with the full organizer package) on our website <a href="www.busybookkeepers.com">www.busybookkeepers.com</a>. If you have already prepared other schedules for the necessary information, refer to them in the organizer and enclose them for our use. We will be happy to mail a complete tax organizer package to you upon request.

We have three options for providing your tax documents this year:

- 1. Bring everything with you to an in-person appointment. Please call the office to schedule a convenient time.
- 2. Upload your documentation electronically. Our file transfer service has changed. Access to the client area is via our website: <a href="www.BusyBookkeepers.com">www.BusyBookkeepers.com</a>. Once you select Client Area follow the steps to securely send us your documents. This link may also be sent to you via email.
- 3. Mail with the Enclosed Label which is addressed to our Lock Box.

### Please include:

- A copy of a Driver's License or State ID for all adults on the return;
- ➤ All tax documents, W-2s, 1099s, K-1s, 1098s etc.;
- Financial statements (rental or business when appropriate);
- Detailed reports for assets sold / purchased including basis and purchase date;
- Any tax notices sent to you by the IRS or other taxing authority;
- > The completed Questionnaire or other detailed supporting schedules;
- The signed Engagement Letter (see online package).

Due to increased technology, software and operating costs, it may be necessary to increase our fee schedule for the upcoming season. Should you have any questions, please do not hesitate to contact me. I look forward to talking with you and appreciate this opportunity to be of service.

Very truly yours,

Teri

TERI LEVEILLE Enrolled Agent Enclosures

### 1040 - INDIVIDUAL TAX RETURN ENGAGEMENT LETTER

Thank you for selecting LEVEILLE & ASSOCIATES, INC. to assist you with your tax affairs. This letter confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide.

Please review this letter carefully. To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign and date below to accept this engagement. Include with your tax package and/or fax it to us at (949) 837-7344.

We will prepare your federal and state information tax returns you request, review for estimated tax requirements and prepare estimated tax vouchers (as necessary) using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep with your completed returns all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You should review the returns carefully before you sign them.

Our tax engagement cannot be relied upon to disclose errors, fraud or illegal acts that may exist. However, we will inform you of any material errors that come to our attention. Further, it should be understood that you are responsible for the representations contained in your tax returns, and that all information used to prepare your tax returns are per your representation. You therefore release Leveille & Associates, Inc. and its representatives from any claims, liabilities, costs and expense relating to our services under this letter attributable to any misrepresentations by you or your representatives which result in additional tax, interest, penalties and other costs. By accepting this engagement, you also indemnify Leveille & Associates, Inc. and its representatives of any liability in excess of engagement fees received.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In order to avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues.

The law also imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please call us.

Your returns may be selected for inquiry and/or audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of an inquiry, request for additional information, or a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement and those services are not included in the tax preparation fee. Fees and

expenses for defending the returns will be billed on an hourly basis at our standard rates at the time of inquiry.
We will retain copies of records you supplied to us along with our work papers for your engagement for a period of seven years. After seven years, our work papers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.
Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out-of pocket expenses. Good faith estimate of the fees for your return is available upon request. All invoices are due and payable upon presentation. Any courtesy discounts applied to your original invoice will expire if the account is not paid within sixty (60) days.

We appreciate your confidence in us and the opportunity to be of service. Please do not hesitate to contact me should you have any questions.

Sincerely,

LEVEILLE & ASSOCIATES, INC.  Teri Leveille, EA  Accepted By:  Signature: Date:	Print Name:	·	Tax Year(s):	
Teri Leveille, EA	Signature:		Date:	
	Accepted By:			
	Teri Leveille, EA			
LEVEILLE & ASSOCIATES, INC.				
	LEVEILLE & ASSOCIATES, INC.			

# **Drivers License Information**

We are required to verify the identity of each adult included on a tax return we file.

We will need to enter your Drivers License or State ID:

State - License # - Issue Date - Exp Date - Doc # (NY Only)



\*\*\*Office Location:\*\*\*

26000 Towne Centre Drive (N), Suite 220

Foothill Ranch, CA 92610



MAIL ONLY / LOCKBOX
Leveille & Associates, Inc.
26741 Portola Parkway #1E-708
Foothill Ranch, CA 92610

### READ THIS FIRST SPECIAL INFORMATION Spouse Employer Pension Plan? This tax organizer is designed to help you maximize your deductions and minimize ☐ Yes ☐ Yes problems in preparing and filing your tax return. Please keep in mind that taxes can be very Traditional IRA, Keegh & SEP Plans: complicated and even though this organizer will accommodate most taxpayers' needs, if you Contributions have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE. Withdrawals (1099-R) (1) The "ALERT FLAGS" designate certain special conditions as follows: Rollovers (2) or Conversions (3) Indicates areas that MUST be completed by new clients and only need to be **Roth IRA:** filled in by existing clients when the information has changed Contributions This flag denotes areas where the IRS has concentrated their computer matching programs. Incorrect information may trigger a correspondence audit. Withdrawals (1099-R) (1) Pay particular attention to instructions with this flag. Rollovers (2) or Conversions (3) State Tax Refund (1099-G) TAXPAYER INFORMATION Social Security or RR Benefits (SSA-1099/RRB-1099) Social Security Number Name **Birth Date** Alimony Received - matched with payer (4) & Driver License Number Unreported Tips Received You Unemployment or Paid Family Leave Received (1099-G) Other: Spouse Alimony (only required amounts) paid (provide information below) (4) CHANGE Work Phone Occupation Home Phone Paid to: Cell Phone Salaries, Pensions, REIT, & Misc. Income (Provide W-2s and 1099s) You S-Corporation, Partnership & Trust Income (Provide K-1s) Gross Gambling Winnings \$ Student Loan Interest Spouse Coverdell ESA Contribution \$ Sec. 529 Plan Contribution |\$ \* Caution - If you have been a victim of identity theft, please contact this office immediately. ☐ ✓ If you have been denied EITC, Child Credit or Education Credit by the IRS. If so, have you been re-certified?.... **ADDRESS & STATUS** If you bought, sold, or gifted real estate last year. If so, please call in advance to discuss what documents are required. Street Address If you incurred any adoption expenses this year. If so, enter amount. City State ZIP If you had any cryptocurrency transactions during the year. Email If you invested in a Qualified Opportunity Fund during the year. Status Changes This Year - Enter Dates (1) Provide copy of 1099-R and, if under age 591/2, show reason. (2) Must be reported even if not taxable unless "transferred". Married Spouse Deceased Sold Home (3) Conversions (rollovers) from a Traditional IRA or other Qualified Plan to a Roth IRA are generally taxable. Separated Dependent Dec'd. Sold Property (4) Enter date divorce or separate maintenance agreement finalized or last You Spouse Divorced Moved Legally Blind $\Box$ **MEDICAL INSURANCE INFORMATION** IRS **DEPENDENTS** Social Security Numbers are MANDATORY If you had coverage through a Government Marketplace. If so, provide all Forms 1095-A received from the Marketplace. If over age of 18 Social Name Birth Date Security During Year (Include last name if different) Income If you, your spouse or dependent was covered by another individual's policy with the Marketplace. If so, provide the Form 1095-A for that policy. Number Student ☐ ✓ If a dependent filed a tax return (provide a copy). ☐ ✓ If you received Forms 1095-B or 1095-C (provide copies). **ESTIMATED TAXES PAID** Please provide cancelled checks if available \*\* S = Son, D = Daughter, R = Relative, O = Other Date Due Date Paid Federal Note: For children of divorced or separated parents, the dependency generally goes to the parent Applied From Prior Year's Refund with whom the child resided for the longer period of time during the year (custodial parent). First Quarter April PLEASE PROVIDE THE FOLLOWING Second Quarter June LAST YEAR'S TAX RETURN (only if you are a new client) Third Quarter Sept. ✓ ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s) Fourth Quarter THIS Jan. INTEREST INCOME REFUND DIRECT DEPOSIT name listed on the 1099 even if not the original source Direct U.S. CH Other State Municipal Bonds Obligations Name of Payer Home State Municipal Bonds Bank Routing Number Banks, Credit Savings Bonds, T-Bills, etc (Please provide all forms 1099-INT & 1099-OID) Unions, Bonds, etc. (State tax free) Account Number: 2 3 Seller Financed Mortgage Name, Address 4 (Paver name, address & Social Security Number required) & Soc. Sec. #: ☐ Checking or ☐ Savings 5 FORFEITED INTEREST (early withdrawals) FEDERAL WITHHOLDING ON INT & DIV: Note: If you wish to direct deposit in up to three 6 Do you have an ownership interest in or signature authority over a foreign financial, bank or securities account? ☐ Yes ☐ No accounts (including IRA accounts), please provide the above information for the additional accounts and specify the refund allocations, on a separate sheet. Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Yes ☐ No 8 Did you make or receive gifts from a non-resident alien or foreign entity? ☐ Yes ☐ No **QUESTIONS YOU** IRS computer matches payer and amount. Always use payer name listed on the 1099 even if not the original source. **DIVIDEND INCOME** Name of Paver apital Gains Dividends State and (Please provide all forms 1099-DIV)

The amount in the "Ordinary" column will include the "Qualified" dividends shown in the "Qualified Portion" column. The portion of ordinary dividends that are qualified receive special tax treatment

1 2

To be deductible, medical expenses must exceed	10% of your adjusted gross income,	and then, only	RITABLE CONTRI				
the amount that exceeds the 10% floor is deductiby your medical expenses must exceed \$4,000 (10%	of \$40,000) before the first dollar is	deductible Do	All cash contribution a bank record or wr				
not include medical expenses that were reimburse		House of	of Worship	Red	Cross		
Hospital, Medical, Dental, Vision, Medicare		Payroll I	Deduction	Othe	r:		
Doctors, Dentists, Psychotherapy & Psycho		Cancer		Othe		TO Co. Santa Santa Santa	of managers and all and
Hospitals, Nursing Home, Nursing Care, Lo		NON-CA required:	SH - Household and clothing it or donations of \$250 or more,	ems must be in goo and a detailed list s	d or better hould be in	condition. A wr	itten receipt is
Prescription Drugs (no "over-the-counter" drugs ex	(cept insulin)	total exce	eds \$500.				
Glasses, Hearing Aids, Batteries, etc.	Auto Travel	mi Fair Mai	ket Value of Clothing & Ho	usehold Items Co	ontributed		
Lab & X-Ray	Parking Fees	Automol	oile Travel for Charitable Pu	irposes			m
Supplies, Rentals, etc.:	Phone (toll charges)	Expense	es in Connection with a Ch	aritable Organiza	tion		
Other:		Explain:					
Other:		Vehicle	Donation (provide 1098-C)				
Other:  *Do not include Medicare withheld from For	m M/2 hove						IRS
		CHIL	D OR DEPENDEN	T CARE EV	DENICE	c	MAZCH
TAXES PAID List all taxes even though	the total may be limited.	Care mus	at enable you to work (or look f	or work) or attend s	chool FULL	TIME Care m	ust be for a
Real Estate - Home & 2nd Homes ONLY (n		child und	er 13 or individual who is physi benefits SS# and EID#.	cally or mentally inc	capable of s	elf care. IRS n	natches
Real Estate - Investment Property (land, etc.)							5.
Vehicle License Fees: (1) (2) Personal Property Tax (boat, plane, etc.)	) (3) (4	4)	employer provides depend		CAN DESCRIPTION	SPERSON PLANT	
State Income Tax Paid (provide	9 Cancelled checks if available	(a)	PROVIDER INFORMATI Payee SS# or EID# MANDA		Payment Child:	s must be alloc	Cated by Child
Balance Due on	Prior Year's Tax	President of the second of the	uniess exempt organizatio		O.III.G.	O.I.I.d.	Oma.
Last Year's Return  Extension Payment	or Adjustment  Last Year's 4th Quarter	Name	!		Amount	Amount	Amount
Last Year's Return	Paid Jan. of this Year	Address					
HOME MODECAGE INTERES	CT DOLD	Phone SS# or E	ID#				
HOME MORTGAGE INTERES	SI PAID	M47cH SS# or E			Amount	Amount	Amount
Provide 1098s Enter Rental Interest in Rental section.	Primary Home	Second Address					
1st Paid to a Bank, S & L, etc.*		Phone					
TD Paid to an Individual (**must list nai		SS# or E	ID#				
2nd Paid to a Bank, S & L, etc.*							IRS
TD Paid to an Individual (**must list na address & SS# b			ATION EXPENSE				MATCH
Home Equity Loan Equity interest is no longer deductible, but it can be traced to another deductible or sta	list in case ate use.	certain ex	: These expenses qualify for ta clusions and tax or penalty free	distributions Expe	nses must	he segregated	by student.
*Amounts must agree with Form 1098 Issued by the fill If Form 1098 was issued in another's Social Security	nancial institution. If not, check here		erent column for each student i ovide the 1098-T issued by the	n the family. In orde educational instituti	er to claim a on.	n education cr	edit you
Security Number here.	rummer, enter diat person's name and	STUDEN	T. Complete Co.	ты	SCOUL	IN IS DESIG	NATED FOR:
Name:	SS#:	Taxpayer		111			
**Individual's Name:	**SS#:	Spouse			_		
**Address:		Depende	nt:				
If the second home is a qualified motor home, boat, etc., list the name of the payee here:		Depende	nt:				
		YES NO FORTUI	TION CREDIT ONLY - At ins	titutions eligible to p	articipate in	U.S. Dept. of Ed	I. Aid Programs
Did you refinance during the year? If so, I		Check if	at least half-time student				
Did you purchase your home after Decem • If yes, does the sum of all home mortg.		A A	ondary Tuition – First 4 Yea	ars			
• If no, does the sum of all home mortga	A SECOND SECURITY OF THE SECOND SECURITY AND A SECOND SECURITY OF THE SECOND SE	HALLI HUMAN	ter First 4 Years nrollment/Attendance Only				
		A CONTRACTOR OF THE PROPERTY O	penses - Apply to a variety		enefite		
INVESTMENT INTEREST PAI	Interest paid for investments, such as land, stocks, etc.		12 (Coverdell, Sec 529 distribution		mento.	<u> </u>	
Vacant Land				ation credits, Sec 9 distributions)			
Brokerage Margin Accounts	- Carlot Bloom		ard (applies to Sec 529 plan disti		-		
Other:			rs (education credits, Sec 529 dis				
MISCELLANEOUS DEDUCTIO	ONS			· L		9	IRS
		SECU	RITIES & PROPER	TY SOLD			MAZCH
Gambling Losses (limited to taxable winnings) Impairment Related Business Expenses	the first time with the fitting fitting and the	IRS match	es broker gross proceeds of sa e sales price of "covered" secu	le renorted on form	1099-B. Th	e IRS also	
INDICATE OF THE INTEREST TO A SECTION OF THE INTEREST OF THE I	The state of the s			THE PROPERTY OF THE PROPERTY O			
	200 this da 000	All transac	tions must be reported even if t	here is no profit. If t	proker provi	des a summar	asis). y of
Repayment of Previously Taxed Income (only if m	cellaneous deductions that were emblact	All transaction	ions must be reported even if t s, bring it and only enter other	here is no profit. If t	proker provi	des a summar	asis). y of
Repayment of Previously Taxed Income (only if in NOTE: Tax reform, for federal purposes, repealed all miss AGI limitation—see list below. However, some states may	cellaneous deductions that were emblact	All transaction	ions must be reported even if t	here is no profit. If t	proker provi	des a summar ion.	y of Cost or Other Basis
Repayment of Previously Taxed Income (only if m NOTE: Tax reform, for federal purposes, repealed all miss AGI limitation—see list below. However, some states may Employee Business Expenses	cellaneous deductions that were emblact	All transaction transaction to the 2% of the yyour state.	tions must be reported even if t	here is no profit. If I transactions, if any,	oroker provi in this sect	des a summar ion.	y of
Repayment of Previously Taxed Income (only if in NOTE: Tax reform, for federal purposes, repealed all miss AGI limitation—see list below. However, some states may Employee Business Expenses Investment Expenses	cellaneous deductions that were emblact	All transaction transaction to the 2% of the yyour state.	ions must be reported even if the strong it and only enter other   ✓ If	here is no profit. If I transactions, if any,	oroker provi in this sect	des a summar ion.	y of  Cost or Other Basis Thick box if broker reported basis
Repayment of Previously Taxed Income (only if m NOTE: Tax reform, for federal purposes, repealed all miss AGI limitation—see list below. However, some states may Employee Business Expenses	cellaneous deductions that we're subject still allow them. Only enter if allowed by	All transaction transaction to the 2% of the yyour state.	ions must be reported even if the strong it and only enter other   ✓ If	here is no profit. If I transactions, if any,	oroker provi in this sect	des a summar ion.	y of  Cost or Other Basis Thick box if broker reported basis

### **BUSINESS EXPENSE INSTRUCTIONS**

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. Business gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

### **BUSINESS VEHICLE INSTRUCTIONS**

Miles Driven section MUST be completed for every vehicle that is used for business. Actual expenses are NOT required if you are using the government's standard mileage rate. However, they are generally required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use for the vehicle, provide a copy of the purchase or lease contract.

ONLY complete this section or the Business Vehicle Expense section if your vehicle is used for self-employment purposes. Do not include personal miles or miles driven as an employee in the Business Miles Driven section.	Vehicle 1 □ You □ Spouse	Vehicle 2 ☐ You ☐ Spouse
Description of Vehicle (make/model)		PST PSHAREST NO. 18
Date Originally Acquired		
Parking – Business Only (do not include parking at place of business)		
Total Miles Auto Driven, Personal & Business (required)	mi	m
BUSINESS MILES DI	RIVEN	
Self-employed Business	mi	m
Other:	mi	· m
Other:	mi	m
Total Commuting for the Year (required)	mi	m

BUSINESS VEHICLE EXPENSES	Complete only if vehicle used for business. *Not required if using the standard mileage rate.			
Gasoline, Oil, Lubrication*				
Repairs & Maintenance*				
Tires, Batteries, etc.*				
Insurance* (DO NOT DUPLICATE ELSEWHERE)				
License & Taxes (DO NOT DUPLICATE ELSEWHERE)				
Interest (DO NOT DUPLICATE ELSEWHERE)				
Wash & Wax*				
Lease Payments*				
Other*:				

AWAY-FROM-HOME EXPENSES	You	Spouse
Airfare		
Auto Rental, Taxi, Uber, etc.		
Meals & Tips (enter 100% of expense)		
Lodging & Tips (do not include meals)		
Laundry		
Other:		

### "OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. A home office deduction is not allowed for employees. If you qualify, you have the option of deducting \$5 per square foot (300 square feet maximum) or itemizing your home office expenses. If you choose not to itemize your home office expenses, only complete the square footage entries.

Total Sq. Feet of:	Home	Office	Storage	
Expenses:	Rent*	Utilities	Insurance	
Condo or Manager	ment Fees	Other:		
Maintenance & Re	pairs: Office	Home i	n General**	

"if you own your home, provide purchase settlement statement and list of improvements to effice.
""Root, outside painting OK; not lawn/garden care or pool maintenance.

### SEC 199A DEDUCTION PASS-THROUGH INFORMATION

Income passed through from a business activity via a K-1 may qualify for a special tax deduction.

The information needed to compute this deduction is included on the K-1 where the business income or loss is from partnerships, S-corporations and trusts (the information for trusts will be on a separate statement).

BUSINESS				
Date	Description	i A.J	Business Activity	Cost

### RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, provide purchase settlement statement and county tax bill. List business vehicle expenses and travel expenses in Business Mileage, Rental Property, this page.

Property Address	eren englis	Type Code	1 - Single Family Residence 2 - Multi-Family Residence
			3 - Vacation Home Rental 4 - Commercial
2			5 - Land 6 - Royalties
3 3			7 - Self-Rental 8 - Other
Property	1	2	3
Income			
Advertising			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Acquisition Debt Interest			
Other Interest:			
Repairs: Carpentry, Hardware			
Electrical, Plumbing			
Paint & Decorating			
Supplies			
Taxes			
Utilities			
Wages & Salaries			
Condo or Management Fees			
Telephone (toll calls only)			
Improvements & Replacements		See Instruction	ns Below
Other:			
Number of Days Used Personally			
Days Rented at Fair Rental Value			
busenuamente and Ranjacomente includo fu	eniture englishmen	namet drance m	ains rangire of improvements

Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, or improvement provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item.

### SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page. Effective, 2018, entertainment expenses are NOT deductible.

	•					
	Artista (A		You		Sp	ouse
Credit Card Sales (pro	vide 1099-Ks)	satisfied to				
Cash and Bartering S	Sales	<u> </u>				
Returns & Refunds		41 A1 14	<	>	<	>
Cost of Inventory at E	Beginning of	Year				
Cost of Merchandise	Purchased					
Cost of Items for Pers	sonal Use					
Cost of Inventory at E	nd of Year					
Expense	You	Spouse	Expense		You	Spouse
Advertising			Rent (equipment)			
Bank Charges			Rent (other)			
Commissions	Ţ		Renairs			

Cost of Inventory at End of Year					
Expense You	u Spouse	Expense	You Spouse		
Advertising		Rent (equipment)			
Bank Charges		Rent (other)			
Commissions		Repairs			
Dues		Supplies			
Publications		Taxes-Payroll			
Freight		Taxes-Sales			
Gifts (see business expense instructions)		Taxes-Property			
Insurance		Telephone			
Interest (mortgage)		Utilities			
Interest (other)		Wages (W-2)			
Legal/Professional		Other:			
Office Expense		Equipment:	Provide list including description, purchase date and cost.		

### Leveille & Associates, Inc.

Tax & Bookkeeping Services 26000 Towne Centre Dr (N), Suite 220 Foothill Ranch, CA 92610

RETURN SERVICE REQUESTED

# IMPORTANT YOUR TAX QUESTIONNAIRE

IS ENCLOSED!



## INSTRUCTIONS FOR HAVING YOUR RETURN PREPARED BY MAIL

Please carefully read and complete this *entire* questionnaire before mailing it to us. The more information that we handle by correspondence and the less we handle by phone or office interview, the more prompt our service will be.

Please check if any of the following apply:

- ☐ My tax situation has changed significantly from last year, and/or there is further information that would help you prepare my return. I am enclosing an explanation on a separate sheet of paper.
- Some of my tax information is not available. File an extension for me. I am enclosing a separate sheet, describing in as much detail as possible what is missing and the estimated figures.
- ☐ Call me: ☐ I have some questions to discuss with you ☐ I want to do some tax planning Hours Available

When you have completed this questionnaire, please mail it to us - along with the other documents and records requested. It would be wise to mail the package by certified mail. We cannot guarantee that your return will be completed by April 15, unless we receive all necessary information in our office by April 1.

PLEASE NOTE: As a matter of policy, and for future reference, this completed questionnaire will be kept on file in our office. If you want a photocopy for your records, please ask for one.

Thank you.....

### Leveille & Associates, Inc.

Tax and Bookkeeping Services

**Teri Leveille, EA**BusyBookkeepers.com

26000 Towne Centre Dr, Suite 220 Foothill Ranch,CA 92610 Office (949) 837-8754 Fax (949) 837-7344

### **Privacy Policy - 2025**

Enrolled Agents, like all providers of personal financial services, are required by law to inform their clients regarding privacy of client information policies. Enrolled Agents have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, I have always protected your right to privacy.

### **Types of Nonpublic Personal Information I Collect**

I collect nonpublic personal information about you that is provided to me by you or obtained by me with your authorization.

### Parties to Whom I Disclose Information

For current and former clients, I do not disclose any nonpublic personal information obtained in the course of my practice, except as required or permitted by law. Permitted disclosures include, for instance, providing information to my personnel and, in limited situations, to unrelated third parties who need to know that information to assist me in providing services to you. In all such situations, we obtain your specific authorization in advance.

# Protecting the Confidentiality and Security of Current and Former Clients' Information

I retain records relating to professional services that I provide so that I am better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, I maintain physical, electronic, and procedural safeguards that comply with my professional standards.

Please call if you have any questions, because your privacy, my professional ethics, and the ability to provide you with quality services are very important to me.

Sincerely,

Teri Leveille