

ACCT # \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

AM

JOHN STEVE MARIA KELLY GABBY JIM KIMBERLY BRUCE

PM

OTHER: \_\_\_\_\_ DATE TAKEN: \_\_\_\_\_

**ENTITY INFORMATION**

Trust/Estate Name \_\_\_\_\_ EIN \_\_\_\_\_

Fiduciary Name \_\_\_\_\_ Title \_\_\_\_\_

**ADDRESS (to be shown on tax return)**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MAILING ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PRIMARY CONTACT INFORMATION**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Best PH \_\_\_\_\_

**SECONDARY CONTACT INFORMATION**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Best PH \_\_\_\_\_

**OTHER INFORMATION**

Date Created \_\_\_\_\_ Entity Type \_\_\_\_\_

Year End \_\_\_\_\_ Other PH \_\_\_\_\_ Fax \_\_\_\_\_

Referred By \_\_\_\_\_

**\*\*\*DELIVERY OF COMPLETED TAX RETURN (choose ONLY one):**  PICK UP  MAIL  E-MAIL (\*verify email\*)

**BENEFICIARY INFO**

Client ID \_\_\_\_\_ MMID \_\_\_\_\_ INACTIVE

First \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best PH \_\_\_\_\_ Email \_\_\_\_\_

Client ID \_\_\_\_\_ MMID \_\_\_\_\_ INACTIVE

First \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best PH \_\_\_\_\_ Email \_\_\_\_\_

ACCT #

DATE

TIME

AM

JOHN

STEVE

MARIA

KELLY

GABBY

JIM

KIMBERLY

BRUCE

PM

OTHER:

DATE TAKEN:

Client ID \_\_\_\_\_ MMID \_\_\_\_\_ INACTIVE

First \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best PH \_\_\_\_\_ Email \_\_\_\_\_

Client ID \_\_\_\_\_ MMID \_\_\_\_\_ INACTIVE

First \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best PH \_\_\_\_\_ Email \_\_\_\_\_

Client ID \_\_\_\_\_ MMID \_\_\_\_\_ INACTIVE

First \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best PH \_\_\_\_\_ Email \_\_\_\_\_

Client ID \_\_\_\_\_ MMID \_\_\_\_\_ INACTIVE

First \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best PH \_\_\_\_\_ Email \_\_\_\_\_

Client ID \_\_\_\_\_ MMID \_\_\_\_\_ INACTIVE

First \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best PH \_\_\_\_\_ Email \_\_\_\_\_

Client ID \_\_\_\_\_ MMID \_\_\_\_\_ INACTIVE

First \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_ %

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best PH \_\_\_\_\_ Email \_\_\_\_\_

ACCT #

DATE

TIME

AM

JOHN STEVE MARIA KELLY GABBY JIM KIMBERLY BRUCE

PM

OTHER: \_\_\_\_\_ DATE TAKEN: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PREPARER NOTE(S)**

**CLIENT SINCE:**  
2020

*Internal Use Only*

**PRICE: \$**

<b>FEDERAL</b>	<b>\$</b> _____	
<b>STATE</b>	<b>\$</b> _____	<b>\$</b> _____
<b>LOCAL</b>	<b>\$</b> _____	<b>\$</b> _____



FIDUCIARY ENGAGEMENT LETTER

TRUST/ESTATE: \_\_\_\_\_

CLIENT #: \_\_\_\_\_

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. To ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2020 & any prior year federal, state and/or local fiduciary income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum. The fee is form based.

**ALL E-FILE FORMS MUST BE SIGNED & RETURNED TO GURIN & GURIN IN A TIMELY MANNER. IN ADDITION, PAYMENT MUST BE RENDERED IN FULL. FAILURE TO ADHERE TO THESE TERMS WILL DELAY THE PROCESSING OF YOUR INCOME TAX RETURN(S). THIS MAY CAUSE YOUR RETURN(S) TO BE FILED AFTER THE DUE DATE AND RESULT IN THE ASSESSMENT OF PENALTIES & INTEREST TO YOUR ACCOUNT FOR WHICH GURIN & GURIN WILL NOT ASSUME LIABILITY.**

It is your responsibility to provide accurate information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns. Therefore, you should review them carefully before you sign them. If there are any issues with the final tax return, it is your responsibility to bring it to our attention so we can correct it within a reasonable amount of time. We will present a bill if it is different information that was originally presented.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns and will render additional invoices for these services.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred. We recommend that you "keep the corporation's records" for as long as they may be needed for the administration of any provision of the Internal Revenue Code. Usually, records that support an item of income, deduction or credit on the return must be kept for three (3) years from the date the return is due or filed, whichever is later. Keep records that verify the corporation's basis in property for as long as they are needed to figure the basis of the original or replacement property. The corporation should keep copies of all filed returns. They help in preparing future and amended returns.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We would like to express our appreciation for this opportunity to work with you.

\_\_\_\_\_  
Fiduciary Signature

\_\_\_\_\_  
Date