



DONALD JONES ANSPAUCH, JR.
Internal Revenue Service Enrolled Agent #93602

Client Intake Form and Letter of Engagement

Date: _____ Returning Client: _____ New Client: _____

Last Name: _____ **First Name:** _____ **SSN:** ____ - ____ - ____

Occupation: _____ **Date of Birth:** ____/____/____

Email Address: _____ **Phone Number:** () ____ - ____

Address: _____ **City:** _____ **Zip Code:** _____

Driver's License #: _____ **Issue Date:** ____/____/____ **Exp. Date:** ____/____/____

Filing Status: Single _____ Married Filing Joint _____ Married Filing Single _____

Type of Return: Individual _____ Partnership _____ Corp _____ LLC _____

Spouse Information

Last Name: _____ **First Name:** _____ **SSN:** ____ - ____ - ____

Occupation: _____ **Date of Birth:** ____/____/____

Email Address: _____ **Phone Number:** () ____ - ____

Address: _____ **City:** _____ **Zip Code:** _____

Driver's License #: _____ **Issue Date:** ____/____/____ **Exp. Date:** ____/____/____

Did you (and your spouse) have health insurance in 2017: Yes _____ No _____ Covered CA? _____

Do you have any Retirement Accounts: Yes _____ No _____ Type (401k, IRA, Roth)? _____

Foreign Accounts: Yes _____ No _____

Direct Deposit Information (pending tax results)

Bank Name: _____

Routing Number: _____ Account Number: _____

(or attach voided check)

DADDY DON'S TAX SERVICE, INC.
8235 SANTA MONICA BOULEVARD, SUITE 210
WEST HOLLYWOOD, CALIFORNIA 90046
323/656-7532 FAX 323/654-8075
WWW.DADDYDON.COM DONALD@DADDYDON.COM



Letter of Engagement for Tax Services

This letter of engagement is entered into _____ (date) between _____ (Client) and Daddy Don's Tax Service, Inc., (Consultant).

Client hires and retains Consultant for the purpose of providing those professional consulting services and specified below on this Letter of Engagement.

Client agrees to pay Consultant a retainer for professional fees for work as described below.

Consultant will collect a retainer fee of \$300.00, upon intake of tax information. Depending on the scope of the work, required to complete an accurate tax return, additional fees may be due upon completion. Final invoicing and billing is based on time, forms, schedules, and worksheets required to complete tax returns. The hourly billing rate for work is \$175.00/hour.

Client has retained Consultant to prepare tax returns for _____ tax years.

Client understands and further acknowledges that Consultant is not a licensed attorney authorized to practice law in the State of California. Consultant does not provide or give legal advice of any kind. Client understands it is the responsibility of the Client to obtain independent legal advice in matters dealing with the law, or the effect of legal decisions.

Any advice provided to the Client by Consultant is limited to tax advice, and limited to the scope of this agreement for specific tax preparation services which may include business consulting services as agreed.

Specific Professional Services to be Provided

Consultant agrees to perform the following specific professional services for Client in connection with this Letter of Engagement:

1. Client will deliver all information necessary for preparation for tax return, including, but not limited to: W2s, 1099s, tax and interest statements to Consultant.
2. Prepare Federal and State returns.
3. Review and documentation necessary to complete returns.
4. Electronically file returns for processing with the IRS/State.
5. Provide any necessary support required by IRS/State.
6. Description of other services as described: _____
7. IRS Form 2848 and State of California Form 3520, and any other states required to file taxes, specifically for tax issues.

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Billing

A **retainer** of \$300.00 *per tax year* (\$125.00 for Federal, \$125.00 for State, \$50.00 processing) is due upon intake from Client. This is the initial retainer for professional services, not the total fee charged for the completion of accurate and concise tax returns.

_____ INITIAL

Any modification, amendments, or changes to the Letter of Engagement must be made in writing between the parties and attached to this original agreement. Verbal representations or agreements are not binding upon either party.

Client further agrees to fully cooperate with Consultant, or its assistants, in providing timely responses to all requests in connection with the professional services provided for this by this Letter of Engagement. All fees, costs, and charges are considered earned by Consultant upon receipt.

For additional tax consulting and management services and communications with tax authorities, Consultant's rate is \$175.00/hour.

Client understands that there is a **NO REFUND POLICY** for professional services rendered.

Client understands there is a **24 hour appointment cancellation policy**. If client does not call to cancel a scheduled appointment within 24 hours from the date and time of appointment charge of \$75.00 will be assessed to Client.

Client acknowledges that they have read this entire Letter of Engagement.

_____ INITIAL

Name _____
(Please Print)

Client Signature _____ Date _____

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Payment for Tax Services

WE ACCEPT VISA, MASTERCARD, OR BANK DEBIT CARDS FOR PAYMENT

The preliminary retainer of \$300.00 *per tax year* will be processed against the card upon intake of information.

_____ INITIAL

The remaining charges for the preparation of the tax returns will be billed to this card upon completion of the final tax return. Upon completion, a final invoice will be produced for time, worksheets, forms, and schedules, for the preparation of the tax return and accordingly billed against the credit card submitted. Full payment is required for release of tax preparation documents and professional fees upon completion of work.

By signing, Client agrees to payment terms of \$300.00 *per tax year* to be charged to my credit card upon intake and the **balance due** is to be charged to my credit card upon completion.

_____ INITIAL

Name _____
(Please Print)

Client Signature _____ Date _____

Card Type
 VISA MASTERCARD

Name (as it appears on card) _____

Card Number _____

Expiration Date (MM/YY) ____/____

Security Code (3 digit) _____

Billing Zip Code _____

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Power of Attorney and Declaration of Representative

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Use Not Recorded on CAF**

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return; _____

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Signature

Date

Title (if applicable)

Print Name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
I am one of the following:
a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
d Officer—a bona fide officer of the taxpayer organization.
e Full-Time Employee—a full-time employee of the taxpayer.
f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.
k Qualifying Student—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Table with 5 columns: Designation, Licensing jurisdiction, Bar, license, certification, registration, or enrollment number, Signature, Date. Includes a handwritten signature in the first row.



To submit electronically,
go to **ftb.ca.gov**,
log in to **MyFTB**,
and select
File a Power of Attorney.

Individual or Fiduciary Power of Attorney Declaration

Use this legal document to authorize a specific individual(s) to receive confidential information and represent you in all matters before the Franchise Tax Board (FTB). Generally, this authority will expire **six years** from the date this FTB 3520 PIT, *Individual or Fiduciary Power of Attorney (POA) Declaration*, is signed or an FTB 3520 RVK, *Power of Attorney Declaration Revocation*, is filed. Submitting this POA Declaration will not revoke any previously submitted POA Declarations with overlapping authorizations. Use FTB 3520 RVK to revoke previously filed POA Declarations. We do not accept non-FTB POA Declarations. If you are signing on behalf of a fiduciary or in place of an individual, you must attach notarized or legal documentation indicating you have this authorization. POA Declarations filed before January 1, 2018, will generally remain in effect until revoked or expired. For more information and instructions, go to **ftb.ca.gov/POA**.

Part 1 – Taxpayer Information

Select only one box below. Submit a separate FTB 3520 PIT, *Individual or Fiduciary Power of Attorney Declaration*, for each individual.

Individual
(If a joint tax return is filed, each spouse/Registered Domestic Partner (RDP) must complete their own POA Declaration)

Fiduciary
(Estates or Trusts - **FEIN required**)

Individual (first name, middle initial, last name, suffix) or Estate or Trust Name			SSN or ITIN
<input type="text"/>			<input type="text"/>
Street Address (number and street) or PO Box	Apt./Suite	FEIN (required for Fiduciary)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	ZIP Code	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 – Representative(s)

Only individuals may be named as representative(s). You must list a primary representative below. The individual or fiduciary in **Part 1** appoints the following individual(s) as attorney(s)-in-fact. Complete **Page 3** to appoint additional representative(s). All representatives listed on your POA Declaration will have the ability to remove a representative from your POA Declaration.

Primary Representative's Name (first name, middle initial, and last name)

Cal CPA	CA State Bar Number	CTEC	Enrolled Agent Number	PTIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (number and street) or PO Box				Apt./Suite
<input type="text"/>				<input type="text"/>
City	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Email (include your representative's email address to ensure they receive email notifications)			Phone	Fax
<input type="text"/>			<input type="text"/>	<input type="text"/>

Additional Representative's Name (first name, middle initial, and last name)

Cal CPA	CA State Bar Number	CTEC	Enrolled Agent Number	PTIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (number and street) or PO Box				Apt./Suite
<input type="text"/>				<input type="text"/>
City	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Email (include your representative's email address to ensure they receive email notifications)			Phone	Fax
<input type="text"/>			<input type="text"/>	<input type="text"/>

Part 3 – Authorization for All Years or Specific Years Your POA Declaration Covers

You must select either Yes or No below. Your selection authorizes representatives in **Part 2** and **Page 3** to contact FTB about your account, receive and inspect your confidential information, represent you in all FTB matters, and request information we receive from the Internal Revenue Service (IRS) for either "all years" or "specific years" indicated below.

If you authorize "all years" and "specific years," the specific years privilege prevails. Enter "NA" (not applicable) or strike through any blank year fields. If you do not select either Yes or No or select both Yes and No, we will process the Authorization as a No. This may cause your POA Declaration to be invalid, and it may be rejected. If you authorized "all years," this will include previous, current, and future years up to the expiration date. If you authorized "specific years," you can designate future years or income periods up to **five years** from the POA Declaration signature date.

YES NO **Authorized All Years**

Or

YES NO **Authorized Specific Years***

**Multiple Years
Begin and End**
(YYYY) – (YYYY)
 –
 –
 –
 –

* For example,
Single Year: 2018-2018
Year Range: 2015-2017

Part 4 – Additional Authorizations

Select either Yes or No below for additional authorizations you would like to grant your representative(s) beyond those described in **Part 3**. If you do not select either Yes or No or select both Yes and No for any additional authorizations below, we will process the Authorization as a No. For more information, go to ftb.ca.gov/POA.

YES NO Add representative(s)

YES NO Authority to sign tax return(s) (only if incapacitated or continuous absence from the U.S.)

YES NO Receive, but not endorse, refund check(s)

YES NO Waive the California statute of limitations (SOL)

YES NO Execute settlement and closing agreements

YES NO Other acts (describe on **Page 4**)

Part 5 – Signature Authorizing Power of Attorney Declaration

I am the individual listed in **Part 1** or a guardian, legal representative, executor, receiver, administrator, or trustee on behalf of the individual or fiduciary, and I certify I have the legal authority to sign this *Power of Attorney (POA) Declaration*. I understand that submitting this POA Declaration will not revoke any previously submitted POA Declarations with overlapping privileges. **FTB will reject this POA Declaration if not signed and dated by an authorized individual.** Authorized individuals signing on behalf of the taxpayer must sign as themselves and include supporting documentation.

Print Name Title (required for Fiduciaries)

Signature Date