



500 W Franklin Street, Suite E
Appleton, WI 54911
(920) 205-9305
office@designlifsjourney.com

TAX PREPERATION QUESTIONNAIRE

Table of Contents

Personal Information	2
Dependent information.....	4
Childcare	5
Education	5
Health insurance.....	6
Personal income sources	7
Deductions	8
Medical	8
Mortgage interest.....	9
Tax payments	10
Charity	10
Self-employment	12
Income	12
Expenses	13
Home office expense	14
Automobile expenses	15
Rental Income	16
General questions	17
Engagement agreement	17

Please answer this questionnaire as completely as you can and supply the appropriate supporting documents. If you are unsure, note you are unsure, but providing information.

Tax Year you are providing information for us to prepare your return.

- 2021
- 2020 Amended
- 2019 Amended

Do you have any questions or concerns that you want us to address?

PERSONAL INFORMATION

Did your marital status change in the current tax year?

Yes No

-

What was your marital status on December 31st?

- Single
- Married
- Divorced
- Legally Separated
- Widowed

Name (As they appear on the Social Security Card)	Occupation	Social Security #	Birthdate	Phone # Home/ biz	email	US Citizen	
						Yes	No
You _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Spouse _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Mailing Address _____ City _____ State _____ Zip _____

Yes No

- Did your address change current tax year?
- Did you purchase, sell or refinance your principal home or second home or take out a home equity loan for current tax year? Attach settlement sheet (HUD-1 statement) or 1099-S
- Did you purchase or make any transactions in cryptocurrency? Please attach details. Attach details here.**

Did you own or pay rent on your primary residence?

- Rent Own (mortgage) Own (no mortgage) No rent or mortgage

Check to indicate which of the following applies or does not apply to you or your spouse.

	Total blinded Or disabled	Full-time Student	Can anyone claimed you as a dependent?	Have you been a Victim of Identity theft?	Member of the Military?
You	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> Active-combat zone
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> Active-combat zone

Check below if you or your spouse would like to designate \$3 to the Presidential campaign fund? **(This will not affect your tax return)**

- You Spouse

If you have a refund, would you like: Direct Deposit* Check Purchase US Savings Bonds Split refund between different accounts

* Please bring Voided check with you

Name of Bank/institution _____

Checking account or Savings

Routing number: _____

Account number _____

DEPENDENT INFORMATION **NA Skip to page 5 EDUCATION**

Yes No

Are you claiming any dependents this tax year?

Were there any changes in your dependents this tax year?

Name (As they appear on the Social Security Card)	Social Security #	Relationship to you? (son, daughter, etc.)	Number of Months lived in your home?	Are you the custodial Parent		Full time student?		U.S. Citizen		Amount paid for childcare expenses?*	Did child have unearned income greater than \$1050*	
				Yes	No	Yes	No	Yes	No		Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Birthdate _____												
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Birthdate _____												
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Birthdate _____												
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Birthdate _____												
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Birthdate _____												

Add additional dependents on back page

*Attach documentation

- Is there a Form 8332 showing custodial parent's release of their right to claim any child listed above?
If yes, which child(ren) is named: _____
- Did you provide over half the support for each dependent's during the year?
If no, list which dependents you did not provide primary support for: _____
- Were any dependents married as of 12/31?
If yes, List name(s) _____
- Did you receive the advance child credit? Attach letter 6419.**

Childcare Expenses

- Yes No
- Did you have dependent and child care expenses?

Care provider's name	Social Security #	Amount Paid	Dependent's Name	Services provided In your home?	Did you filed wage report quarterly with IRS?
_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
 - Were any childcare expenses paid through an employer pre-tax dependent care program?
Indicate amount from Box 10 on your W-2: \$ _____

EDUCATION

- Did you withdraw funds from a Coverdell Education Savings account or a Qualified Education Program (Section 529) and use the funds for anything other than education expense? Attach For 1099-Q.
- Did you contribute to a state sponsored college savings 529 plan?
- Did you, your spouse or dependent incur any tuition expenses that are required to attend a college, university or vocational school? Attach For 1098-T and indicate which credit you have taken or qualify for below.
- Did you pay private school tuition (grades K-12) for any of your dependents? You can deduct up to \$2500 in interest.

Did you pay student loan interest? Attach For 1098-E.

Lender: _____ Qualifying individual _____ Interest paid \$ _____

Lender: _____ Qualifying individual _____ Interest paid \$ _____

Lender: _____ Qualifying individual _____ Interest paid \$ _____

Yes No

American Opportunity Credit (For first 4 yrs. of college with max. credit \$2500. Qualifying expenses: tuition, fees, computer, books, supplies. Eligible student: you, your spouse or dependent.)

Student name	College	Tuition & fees	minus	Scholarships	Grants	Financial Aid*	=	Net Tuition
_____	_____	_____		_____	_____	_____		_____
_____	_____	_____		_____	_____	_____		_____
_____	_____	_____		_____	_____	_____		_____

Lifetime Learning Credit (For post-secondary and graduate school qualify with max. credit \$2000. Qualifying expenses: tuition, fees, computer, books, supplies. Eligible student: you, your spouse or dependent. Cannot be use in same year with American Opportunity Credit)

Student name	College	Tuition & fees	minus	Scholarships	Grants	Financial Aid*	=	Net Tuition
_____	_____	_____		_____	_____	_____		_____
_____	_____	_____		_____	_____	_____		_____
_____	_____	_____		_____	_____	_____		_____
_____	_____	_____		_____	_____	_____		_____

*Financial Aid does not include loan proceeds.

HEALTH INSURANCE

- At any time during the year, were you and your dependents NOT covered by a qualified health plan?
Attach Form 1095-A, 1095-B, 1095-C verifying your coverage.
- Did you have any deposits or healthcare expenses pertaining to a Health Savings Account (HSA) or a Medical Savings Account (MSA)?
If so, include all Forms 1099-SA and/or 5498-SA.
- Granted a Marketplace exemption?

SOURCES OF INCOME

Did you earn income from another state? Yes No

Employment

Yes No

- Did you receive Form W-2? Attach a W-2 for each job you, your spouse or dependents worked. How many? _____
- Did you have Tip Income over \$20 in any month? Amount: \$_____
- Did you receive cash/check payments for work not reported on a W-2 or 1099? Amount: \$_____

Unemployed-Disability

- Did anyone in your household receive Unemployment, state tax refund (1099-G)
- Did anyone in your household receive Disability income (1099-R, W-2)

Investment Income

- Did your household have any interest income? Attach all 1099-INT you received. Total \$_____
- Did your household have any dividend income? Attach all 1099-Div or 1099-OID received. Total \$_____
- Did your household have income for the sale of stocks, investment property or other assets? Attached 1099-B, 1099-S
Please provide records verifying date of acquisition and the cost.
- Did your household have expenses related to your investments? Total \$_____

- Did your household sell any securities, investment property or cryptocurrencies not reported on Form 1099-B?
- Did anyone in your household start, **run**, purchase or sell a business, rental property, or farm, or sell/acquire interest in a partnership or S-Corporation?

Retirement Income

- Did anyone in your household receive a distribution from, or contribute to, a retirement plan (401(k), IRA, SIMPLE, SEP, Pension, Annuities, etc.)? Attach Forms 1099-R or 5498
- Did anyone in your household transfer or rollover any amount from one retirement plan to another? Attach Form 1099-R

Yes No

- Did anyone in your household withdraw any amounts from your IRA to pay for higher education expenses or acquire a principal residence? Include the details.
- Did anyone in your household receive Social Security or Railroad Retirement Benefits? Attach Forms SSA-1099 or RRB-1099
- Did anyone in your household contribute to a Retirement account outside an employer plan?

Provide details: _____

Other income

- Did anyone in your household receive scholarships? Attach Form W-2, 1098-T)
- Did anyone in your household have gambling income? (Attach W-2G or records showing income and expenses records)
- Did anyone in your household receive Jury Duty income? Amount \$ _____
- Did anyone in your household have hobby income. Attach income and expense details)
- Did anyone in your household win any prizes or awards?
- Did anyone in your household receive a Trust distribution? Attach K-1. Amount \$ _____
- Did anyone in your household receive Royalty income? Attach 1099-MISC.
- Did anyone in your household receive any other 1099s? ie:1099-MISC, 1099-NEC, etc. Attach details. Amount \$ _____
- Did anyone in your household pay or receive alimony? Amount \$ _____
- Did anyone in your household receive a car allowance for work if not on W-2?
- Did you receive Forms 1099, Schedule K-1, income records from a business entity? Name of Business _____

Did you receive an economic recovery credit? Attach IRS Letter 6475)

DEDUCTIONS

Medical

Do the following expenses pertain to your household?

- Prescription Medicines \$ _____
- Doctors/dentist/hospitals \$ _____
- Special Equipment \$ _____
- Glasses/contact lenses \$ _____
- Medical miles traveled _____ miles

Yes No

- Medical travel other \$ _____
- Medical parking/tolls \$ _____
- Health insurance premiums \$ _____ Not pre-tax paid by employer
- Dental Insurance premium \$ _____ Not pre-tax paid by employer
- Medicare premium \$ _____ Not pre-tax paid by employer
- Long term care premium \$ _____

Home mortgage interest

Did your household have a mortgage on your principal residence or second home? If yes, complete below.

Did your household have a 1st Mortgage?

Lender name: _____

Date of loan: ____/____/____ Purpose of loan? Purchase Refinance

Loan balance: \$ _____

Interest paid in current year \$ _____

New mortgage in current year?

Points paid \$ _____

Is loan secured by the home?

Did your household refinance in current tax year?

Lender name: _____

Date of loan: ____/____/____ Term of new loan? _____ years

Loan balance: \$ _____

Balance of prior mortgage at refinance \$ _____

If new mortgage more than "old" mortgage list what the additional proceeds were used for: _____

Interest paid in current year \$ _____ Points paid \$ _____

New mortgage in current year?

Is loan secured by the home?

Yes No

Did your household have a home equity loan home equity line of credit or a second mortgages?

Were ALL funds from your loans and mortgages used to buy, build or improve your first or second home? If no, please indicate what the funds were used for: _____

Lender name: _____

Date of loan: ____/____/____

Loan balance: \$ _____

Interest paid in current year \$ _____

Is loan secured by the home?

Tax payments

Did your household make estimated taxes payment?

Date: ____/____/____ Amount \$ _____ Date: ____/____/____ Amount \$ _____

Date: ____/____/____ Amount \$ _____ Date: ____/____/____ Amount \$ _____

Did your household pay state/local income tax or other paid (other than wage withholdings)? Amount \$ _____

Did you pay personal property taxes? Amount paid \$ _____

Do you have an Invoice showing amount of motor vehicle sales tax paid? \$ _____

Did your household pay any Investment/business/margin interest?

Charity

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5000 to a charitable organization? Provide appraisal if required.

Did your household make cash payments to charity?

Charity	Donation	Charity	Donation	Charity	Donation
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

Yes No

Did your household make non-cash contributions to charity?

Charity	Date	Description	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did your household travel for charitable purposes? _____ miles

MISCELLANEOUS

Did you pay an excess of \$1000 in any quarter to \$2100 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

Do you expect any changes (income, deductions, dependents, etc.) to occur in the new year?

- Did anyone in your household have any credit card, mortgage or other debt forgiven by a lender or have home foreclosed? Attach Form 1099-C, 1099-A
- Did you adopt a child? Costs this tax year? \$_____
- Did you file a federal return last year with a "capital loss carryover" on Form 1040 Schedule D?
- Did you have an Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? Year_____
- Did you purchase and install energy-efficient home items? (windows, furnace, roof, insulation, etc.)? Attach manufacturer certifications and other documents.(\$50-500)
Type of property installed _____ Cost \$_____
- Did you receive the First-Time homebuyers Credit?
- Were you or anyone in your household an eligible educator (worked more than 900+ hours) with over \$250 in classroom supply expenses?
- Are you or anyone in your household a teacher, city, county or state employee? How much was withheld for state retirement?
- Did anyone in your household give any individual more than \$15,000 in the current year?

Federally Declared Disaster

Yes No

- Do you live/work/own property in an area declared a federal disaster?

City: _____ County_____

Records supporting value of property losses. Amount: \$ _____

Rebuilding or repair costs. Amount \$ _____ Attach supporting information.

Amount of insurance reimbursements/claims paid: \$ _____

Attach FEMA assistance information (or check FEMA site to see your county was declared a federal disaster area)

Self-employment **NA.** *If you are not self-employed skip to page 16.*

Name of Business _____ Type of Business _____

Business address _____ Tax Identification # _____

Date business began: ____/____/____

Income

- Are you collecting and remitting tax on sale of product?
- Are you remitting use tax on business purchases for out of state vendors?
- Have you made payments for services requiring you to issue a 1099?
- If yes, have you (or will you) file with the IRS? (Last filing fee for 1099-MISC/1099-NEC is \$260)

Gross receipts/sales: \$ _____ Attach information

- Any Income from sale of business equipment or assets. Total: \$ _____

Cost of Goods

Beginning Inventory: \$ _____

Merchandise purchased \$ _____

Cost of Labor \$ _____

Material/Supplies resold \$ _____

Other

_____ \$ _____

_____ \$ _____

End of year inventory \$ _____

Yes No

- Do you have a list of business-use assets with cost, date placed in service, etc. for depreciation? Provide documentation.

Expenses

- Prior year tax preparation fee \$ _____

- Other Accounting/legal/bookkeeping expenses \$ _____
- Advertising \$ _____
- Bank charges-biz account \$ _____
- Business insurance (not auto, health/disability) \$ _____
- Car expenses \$ _____
- Continuing Education/Seminars/Workshops \$ _____
- Dues & Publications \$ _____
- Meals (no entertainment) \$ _____
- Health insurance for employees \$ _____
- Internet fee \$ _____
- Licenses & fees \$ _____
- Office rent \$ _____
- Repairs and Maintenance \$ _____
- Small equipment/tools \$ _____
- Software and upgrades \$ _____
- Subcontract labor \$ _____
- Supplies \$ _____

Yes No

- Telephone expense \$ _____
- Travel & lodging \$ _____
- Utilities \$ _____
- Wages to employees \$ _____
- Did you have other expenses? List below
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____

_____ \$ _____

Did you acquire new asset this year for the business?

Date Acquired	Description of Asset	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you use part of your home exclusively for business?

Office Location: _____

Square footage of House: _____(A) Square footage of business area: _____(B)

Divide B by A = _____% of home used for business

Expenses

Rent paid	_____	Electricity	_____
Mortgage interest	_____	Oil & Gas	_____
Real Estate taxes	_____	Water & Sewer	_____
Insurance	_____	Miscellaneous	_____
House repairs	_____	Office specific repairs	_____
Other expenses	_____	Other expenses	_____

Automobile expenses

Yes No

Did you use a vehicle for business use? You are required to keep documentation of your travels.

Description of vehicle _____

Is vehicle leased?

Was vehicle purchased in current tax year?
 Cost of vehicle/or fair market value if leased: \$ _____
 Date purchase or lease inception _____/_____/_____
 Date first used for business _____/_____/_____
 Total miles for this tax year _____ miles
 Miles used for business _____ miles
 Percentage of business use _____ %
 Average distance of a round trip commute _____ miles
 Other personal miles _____ miles

Do you or your spouse have access to another vehicle for personal use?

If the vehicle is provided by your employer, is personal use permitted?

Do you have evidence to support your deduction? Is it written? Yes No

Fuel	\$ _____	Registry Fess	\$ _____
Loan Interest	\$ _____	Insurance	\$ _____
Parking & Tolls	\$ _____	Repairs/Maintenance	\$ _____
Lease Payments	\$ _____	Auto excise tax	\$ _____
Other expenses	\$ _____		

Rental Income **NA.** *If you do not have rental property skip to page 17.*

See previous page for automobile expenses information.

Yes No

Did you receive rental Income?

Description of property: _____ Acquisition date _____/_____/_____

Type Single family/condo Multi-family Commercial

Address of property: _____ Purchase Price \$ _____

Rental income \$ _____

Did you have rental expenses? Attach details of expenses.

Advertising	\$ _____	Other	\$ _____
Mortgage interest	\$ _____	Other	\$ _____
Auto & Travel	\$ _____		
Professional Fees	\$ _____		
City taxes	\$ _____		
Utilities	\$ _____		
Water & Sewer	\$ _____		
Insurance	\$ _____		
Cleaning/supplies	\$ _____		
Condo fees	\$ _____		

Do you have a list of past depreciation of the property, improvements, etc.? If so, attach information.

Did you make major improvement or repairs to the property this current tax year? Please list below

Date	Cost	Description	Major improvement or repair
_____	_____	_____	<input type="checkbox"/> Improvement <input type="checkbox"/> Repair
_____	_____	_____	<input type="checkbox"/> Improvement <input type="checkbox"/> Repair
_____	_____	_____	<input type="checkbox"/> Improvement <input type="checkbox"/> Repair
_____	_____	_____	<input type="checkbox"/> Improvement <input type="checkbox"/> Repair
_____	_____	_____	<input type="checkbox"/> Improvement <input type="checkbox"/> Repair

General information

Yes No

Has the IRS or any other taxing authority notified you of any changes to any prior year tax returns? Were you audited? If yes to either, please provide copies of notices and additional details

May the IRS discuss your tax return with your preparer?

- Did you incur a loss because of damage or stolen property that was not fully reimbursed by insurance?
- Did you purchase items over the internet that you were not charged for state taxes?
- Did you have any personal interest in or signature authority over any bank account, security account or other financial account in a foreign country? If yes, you will be required to file a supplemental report to the US Treasury on FIN CEN 114 by the tax deadline if the balance was over \$10,000 at any time during the year. (Timely filing penalty is \$10,000)

ENGAGEMENT POLICY STATEMENT

We appreciate the opportunity to serve and advise you regarding your 2021 income taxes. To ensure a complete understand of the scope of work we will provide, we are reporting pertinent information about the services we propose to provide you.

Tax Work: We will prepare your federal and state income tax returns based on the information you furnish to us. We will not audit or otherwise verify the data you submit; however, we may ask you to clarify information we receive. In order to timely file your tax return, we need all required information no later than 20 days prior to the tax filing deadline. You may be required to request an extension if we do not receive all required information by the above due. (This may be necessary for some taxpayers as IRS clarifies some of the provisions in new tax law.)

We will use our judgement in resolving question where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such question in your favor whenever possible.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You represent that you have adequate substantiation to support deductions for any expenses claimed on your return. Remember, you are ultimately responsible for the accuracy of your return, so review it carefully before signing it.

You should retain all the documents, canceled checks, and other data which form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority.

Your return 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, our partners will be available upon request to represent you but may require a retainer before performing such services.

As disappoint as it may be, if there is an error on the return resulting from incorrect information supplied by you, or due to your subsequent receipt of amended or corrected tax forms (W-2s, 1099s, etc.), you are responsible for the payment of any additional taxes which would have been properly due on the original return(s), in addition to any interest or penalties the IRS assesses. Therefore, if you receive corrected information, notify us immediately to amend your return.

Services: We provide tax preparation, tax planning, financial statements, financial planning, letter, report preparation, and consultations in person, over the phone or secure internet conferencing. Our fees are based on several factors including how many and which tax forms need to be completed for your situation. We have become knowledgeable and proficient with our services through continuous education which is required for our licenses. When you contact us, it is because you need to utilize our expertise and assistance which is a billable event. When you call our office with a "general" question that

we can quickly answer, we consider this a courtesy service, and you will not be billed. However, questions outside the scope of our tax preparation services that require research, business or personal planning, tax compliance or other services, will be billed an hourly fee of \$185/hour.

Fees. Fees vary based on what forms need to be file for a given situation. This includes circumstance changes or new/corrected information. All fees and cost incurred to prepare your tax returns are due and payable before the returns are released from our office and filed with the appropriated taxing authority. You will receive a full paper of .pdf of your return. Additional copies are available for a \$30.00 fee. Before we will electronically file your return(s), we must receive payment in full and have your signature on the E-File authorization form.

If your return is for a closely held corporation, partnership, limited liability company or other entity, the person signing the return agrees to personally liable for our fees if the entity does not pay. A finance charges o1.5% per month will be assessed 45 days after the initial billing date. Any non-sufficient funds checks will be charged an additional \$50.

Either party may terminate this agreement upon giving a (10) ten day written notice. Should this agreement be terminated prior to completion of services, we will prepare a final bill showing the total fees incurred for the services rendered. This amount will be due and payable upon receipt.

Please be advised that certain communication involving tax advice between you and our firm may be privileged and not subject to disclosure to the IRS. If you disclose the contents of those communications to anyone or turn over information about those communications to the government, you may be waiving this privilege. To protect your rights, please consult us or your attorney prior to disclosing any information.

We must have a signed Engagement Statement to commence work on your 2021 tax return. If you agree to the terms and conditions of this Engagement Policy Statement, please carefully read the acknowledgement and sign below.

Check to verify you have read the above and the following acknowledgement.

- Acknowledgement:** Having read and fully understood the engagement letter. I/we agree to engage Design Life’s Journey, LLC with the term indicated. I/we understand the returns and /or tax planning services are to be prepared from information I/we provide and that the final responsibility for a complete and accurate return/services rest with me/us. It is also my/our responsibility to review and understand the information on the return prior to signing and filing them.

Signature _____ Date ____/____/____

Signature _____ Date ____/____/____

Company Name (if applicable) _____