

BALDWIN HILLS TAX SERVICE

2022 FEE PAYMENT POLICY

Tax Return fees must be paid in full prior to filing with the government.

Exempt Programs:

- File-Now-Pay-Later (with direct deposit)
- Bank Refund Anticipation Check or Direct Deposit

Post date Credit Card/Checks can be accepted, if required (Held for 30 days Maximum)

Thank you for understanding.

Leo / Ken

2021 Individual Taxpayer Organizer

BALDWIN HILLS TAX SERVICE
3436 W. 43RD ST
LOS ANGELES, CA 90008
(323) 295-8359

Taxpayer				SSN	
First Name	M.I.	Last Name	Email	IP PIN	
Occupation	Date of birth		Are you new to our firm? Yes No		
Address	City		State	Zip	
County	Home phone		Work or cell		
Driver's License No.	State		Issue Date	Exp. Date	

Spouse				SSN	
First Name	M.I.	Last Name	Email	IP PIN	
Occupation	Date of birth		Are you new to our firm? Yes No		
Address <small>(If different from Taxpayer)</small>	City		State	Zip	
County	Home phone		Work or cell		
Driver's License No.	State		Issue Date	Exp. Date	

If you moved during 2021, enter your previous address.	Date of move
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Marital status at 12/31/21: Single Married Separated Widow(er) Registered Domestic Partnership (RDP) Unsure
 Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No
 Individuals who are in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes.
 Have you received any notice from the IRS or state revenue department within the past year? Yes No

Names of dependent children Child's full name	Social Security #	IP PIN	Date of birth	Months lived in home in 2021	Relationship to taxpayer	College student?

Did any of the children have unearned income above \$1,100 for the year? Yes No Do any of the children have a disability? Yes No
 Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2021? Yes No

Other dependents or people who lived with you						
Name	Social Security #	IP PIN	Date of birth	Months lived in home in 2021	Relationship	Income

Bank information: Use for Direct deposit of refund Direct debit of balance due Name of bank			
Checking Savings	Routing transit number	Account number	

Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.

Estimated Tax Payments — Tax Year 2021

<i>Installment</i>	<i>Date paid</i>	<i>Federal</i>	<i>Date paid</i>	<i>State</i>
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2020 overpayment?		\$		\$
Total		\$		\$

Advance Child Tax Credit Payments Received

<i>Payment date</i>	<i>Amount received</i>	<i>Payment date</i>	<i>Amount received</i>	<i>Payment date</i>	<i>Amount received</i>
July 15, 2021	\$	September 15, 2021	\$	November 15, 2021	\$
August 13, 2021	\$	October 15, 2021	\$	December 15, 2021	\$

Tax Preparation Checklist

Please provide the following documentation:

- ☐ All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.
- ☐ Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).
- ☐ If you are a new client, provide copies of last year's tax returns.
- ☐ The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."
- ☐ Copy of the closing statement if you bought or sold real estate.
- ☐ Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.
- ☐ Detail of estimated tax payments made, if any.
- ☐ Income and deductions categorized on a separate sheet for business or rental activities.
- ☐ List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.
- ☐ Copy of all acknowledgement letters received from charitable organizations for contributions made in 2021.

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.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

<i>Taxpayer</i>	<i>Spouse</i>	<i>Date</i>
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Privacy Policy

The nature of our work requires us to collect certain nonpublic information. 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 a third party without your 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.

Questions — All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

LIFESTYLE & TAXES	Yes	No	Are either you or your spouse legally blind?		
	Yes	No	Did you pay or receive alimony in 2021? <i>Paid Received \$</i>		<i>Recipient's SSN</i>
	Yes	No	Did you purchase health insurance through a public exchange?		
	Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?		
	Yes	No	Did you pay anyone for domestic services in your home?		
	Yes	No	Did you purchase a new energy-efficient car, truck, or van?		
	Yes	No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?		
	Yes	No	Are you a member of the military?		<i>State of residency</i>
	Yes	No	Were you a citizen of or lived in a foreign country?		<i>Foreign country</i>
	Yes	No	Do you own or have financial interest in a foreign bank or financial account? Balance exceeds \$50,000 Yes No		
	Yes	No	Did you receive any economic impact payments (stimulus payments) during 2021? If yes, provide the amount(s) and dates received.		
	Yes	No	Would you like to allow your tax preparer or another person to discuss your return with the IRS? <i>Designee's name Phone number PIN (any five digits)</i>		
CHILDREN & EDUCATION	Yes	No	Were any children born or adopted in 2021? (Provide statement for other expenses.)		
	Yes	No	Did you receive any advance Child Tax Credit payment? If yes, enter the amounts on last page. (Attach Letter 6419.)		
	Yes	No	Were any children attending college?	<i>Year in college</i>	<i>Paid by you: Tuition \$ Student loan interest \$ Books \$</i>
					<i>Paid by student: Tuition \$ Student loan interest \$ Books \$</i>
	Yes	No	Did you pay any tuition for a private school for a dependent or take classes yourself?		
			<i>Student</i>		<i>Amount paid \$</i>
			<i>Name and address of school</i>		
	Yes	No	Did you pay for child or dependent care so you could work or go to school? (add statement if needed)		
			<i>Name of provider</i>		<i>EIN or SSN</i>
			<i>Address</i>		<i>Amount paid \$</i>
	Yes	No	Do you have any children who have unearned income of \$1,100 or more?		
	Yes	No	Did you make any contributions to a 529 plan in 2021?		
INVESTMENTS	Yes	No	Did you, or will you, contribute any money to an IRA for 2021?		<i>Traditional IRA Roth IRA</i>
	Yes	No	Did you roll over any amounts from a retirement account in 2021?		
	Yes	No	Did you sell or transfer any stock or sell rental or investment property?		
	Yes	No	Did you receive any income from an installment sale?		
	Yes	No	Did you have any investments become worthless or were you a victim of investment theft in 2021?		
	Yes	No	Were you granted, or did you exercise, any employee stock options during 2021?		
	Yes	No	Did you receive, sell, send, exchange, or otherwise dispose of any financial interest in any virtual currency?		
	Yes	No	Did you, or do you plan to, contribute money before April 18, 2022 to an HSA for 2021? If yes, provide details.		
DEDUCTIONS	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.		
	Yes	No	Did you pay sales taxes on a major purchase in 2021, such as a vehicle, boat, or home?		
	Yes	No	Did you make any charitable contributions in 2021? If yes, provide details.		
	Yes	No	Did you work from a home office or use your car for business?		
BUSINESS	Yes	No	Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)?		
	Yes	No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?		
	Yes	No	Did you purchase or sell a main home during the year? If yes, provide closing statement.		
HOME	Yes	No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.		
	Yes	No	Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement.		
	Yes	No	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.		

State information	Full-year resident	Part-year resident	Nonresident	School district
States of residence during 2021 and dates	Do you rent or own your home?			Rent Own

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate "T" for taxpayer, "S" for spouse, "J" for joint

Provide additional statements if more room is needed

Forms W-2—Wage and Tax Statement

T/S	Employer name	T/S	Employer name
	1)		4)
	2)		5)
	3)		6)

Forms 1099-INT—Interest Income

T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-DIV—Dividends and Distributions

T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-R—Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

If the distribution is before age 59½, give a reason to determine if an exception to penalty applies.

Tax-Exempt Interest (such as municipal bonds—include statement)

Payer	\$	Payer	\$
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Other Income

State tax refund	\$	Unreported tips	\$
Unemployment compensation	\$	Other	\$
Social Security (taxpayer)—provide SSA-1099 or RRB-1099	\$		\$
Social Security (spouse)—provide SSA-1099 or RRB-1099	\$		\$
Gambling income—provide W-2G	\$		\$
Business income (see <i>Sole Proprietorship Tax Organizer</i>)		Stock sales	See "Sales and Exchanges Worksheet" below.
Rental income (see <i>Rental Property Tax Organizer</i>)		Sale of other property	

Sales and Exchanges Worksheet

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$12,550 **Single**, \$25,100 **MFJ**, \$18,800 **HOH**, or \$12,550 **MFS** to be a tax benefit.

Medical Expenses. Must exceed 7.5% of income to be a benefit — include cost for dependents — do not include any expenses that were reimbursed by insurance.

Dentists	\$	Hospitals	\$
Doctors	\$	Insurance	\$
Equipment	\$	Prescriptions	\$
Eyeglasses	\$	Other	\$
Medical miles: _____		@ 16¢	

Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

State withholding	Reported on W-2
State estimated taxes — paid in 2021	\$
Real estate tax — residence	\$
Real estate tax — other	\$
Personal property taxes	\$
Property tax refund — received in 2021	\$ ()
Foreign tax paid	\$
Other	\$
Other	\$
Other	\$
Balance paid in 2021 from prior year state returns (do not include interest or penalties)	\$

Did you keep receipts for sales tax paid during 2021? Yes No
 Did you purchase a car, plane, boat, or home in 2021? Yes No
 Sales tax paid \$ Purchase paid \$ Date

Interest Paid. Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide all Forms 1098 or lender information and ID numbers.

Main home	\$	Equity loan	\$
Second home	\$	Equity loan	\$
Points	\$	Investment interest	\$

Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.

Cash	\$
Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$
Did you transfer funds from an IRA directly to a charity? Yes No	\$
Charitable mileage	

Casualty and Theft Losses

If you suffered any sudden, unexpected damage or loss of property, or a theft in a federally-declared disaster area, provide details to your tax preparer. Yes No

Miscellaneous Itemized Deductions. Miscellaneous itemized deductions subject to the 2% AGI limitation are no longer deductible on the federal return. However, these expenses may still be deductible on your state return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer? Yes No

Dues	\$	Subscriptions	\$
Investment expenses	\$	Supplies	\$
Job education	\$	Tax prep fees	\$
Job seeking	\$	Tools	\$
Legal fees	\$	Uniforms	\$
Licenses	\$	Union dues	\$
Safety equipment	\$	Other	\$

Other Deductions. The following deductions are not subject to a 2% of income limit.

Gambling losses	\$	Federal estate tax on IRD	\$
Impairment-related expenses	\$	Other	\$

Did you pay a mortgage insurance premium when you purchased your home? Amount \$ Date

Other Deductions or Questions

- Notes:**
- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
 - Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
 - Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.	\$
Health savings account deduction (HSA). Some contributions for 2021 may be made in 2022.	\$
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2021 may be made in 2022.	\$
Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2021 may be made in 2022.	\$
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$
Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer
Charitable contributions. For taxpayers who take the standard deduction. Up to \$300 (\$600 for MFJ).	\$
Other adjustments. Include description.	\$

2021 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)

	<i>EIC</i>	<i>AOC</i>	<i>CTC/ACTC/ODC</i>	<i>HOH</i>
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
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
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, <i>Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent</i> , 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
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
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

- School records or statement.
- Landlord or a property management statement.
- Health care provider statement.
- Medical records.
- Child care provider records.
- Placement agency statement.
- Social service records or statement.
- Place of worship statement.
- Indian tribal official statement.

Disability of Qualifying Child

- Medical doctor's statement.
- Other health care provider's statement.
- Social services agency or program statement.

Schedule C

- Business license.
- Forms 1099.
- Records of gross receipts.
- Summary of income.
- Records of expenses.
- Summary of expenses.
- Bank statements to show income and expenses.

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

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

Taxpayer

Spouse (if filing jointly)

Date

Name: _____ SSN: _____

General Requirements

- | | | | |
|---|---|------------------------------|-----------------------------|
| 1 | Was the taxpayer a U.S. citizen or resident alien for the entire year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Was the taxpayer legally married at the end of the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Can the taxpayer provide a marriage certificate or divorce decree to confirm their mutual status? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Did the taxpayer live with their spouse for the last 6 months of this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Child Information

Child's name: _____

Child's age: _____

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1 | Was the child married at the end of the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | If married, did or will the child file a married filing joint return for any reason other than to obtain a refund of income tax withholding or estimated tax payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | What is the taxpayer's relationship to the child? | | |
| 4 | If the child is a stepchild, can the taxpayer provide a marriage certificate and proof verifying their relationship with the child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | If the child is related to the taxpayer (brother, sister, grandchild, etc.), can the taxpayer provide proof verifying their relationship with the child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | If the child is a foster child, does the taxpayer have a letter from the placement agency or court decree or other document? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | If the child is adopted, is the adoption final? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 | If the adoption is not final, is the child lawfully placed with the taxpayer for legal adoption? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 | Did the child live with the taxpayer in the U.S. for more than half of the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 | If "Yes", how many months did the child live with the taxpayer? | | |
| 11 | Can the taxpayer provide documentation regarding the time the child lived with them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Can anyone else claim the child as a dependent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Does the other individual that can claim the child as a dependent know that the taxpayer is claiming the child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14 | Of the individuals that can claim the child as a dependent, which individual has the highest income? _____ | | |
| 15 | Where are the other parents? _____ | | |

Children Ages 19-23

- | | | | |
|----|--|------------------------------|-----------------------------|
| 16 | What school did the child attend? | | |
| 17 | Can the taxpayer provide proof that the child was a full-time student for at least 5 months of the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Children Ages 24 or Older

- | | | | |
|----|--|------------------------------|-----------------------------|
| 18 | Was the child totally and permanently disabled at any time during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19 | If "Yes", does the taxpayer have a letter from a doctor, health care provider, social service program or government agency stating the child was permanently and totally disabled during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional Questions

- | | | | |
|----|---|------------------------------|-----------------------------|
| 20 | Did the taxpayer provide more than half the cost of keeping up a home for the child and themselves? Costs include food, rent, utilities, mortgage payments, insurance, repairs, and property taxes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21 | Did the taxpayer receive any other income or support such as child support, food stamps, housing assistance, etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Under penalties of perjury, I _____ declare and affirm that I have provided the answers to and/or supplied documentation to obtain the answers to the above questions. The above answers, either supplied or derived during my

Tax Preparer's interview are true, correct and complete.

Signature of Taxpayer _____

Date _____

I, the below signed Tax Preparer, do not know or have reason to know that any of the above information is incorrect or incomplete.

Signature of Taxpayer _____

Date _____

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

00969212

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Taxpayer's name

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1
2	Total tax	2
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3
4	Amount you want refunded to you	4
5	Amount you owe	5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize BALDWIN HILLS TAX SERVICE to enter or generate my PIN

ERO firm name

12345

Enter five digits, but
don't enter all zeros

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN

ERO firm name

Enter five digits, but
don't enter all zeros

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

96921212345

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature

Date

ERO Must Retain This Form — See Instructions**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev. 01-2021)

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Your name

Your SSN or ITIN

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

- | | | |
|---|--|---|
| 1 | California adjusted gross income (AGI). See instructions | 1 |
| 2 | Amount You Owe. See instructions | 2 |
| 3 | Refund or No Amount Due. See instructions | 3 |

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize BALDWIN HILLS TAX SERVICE to enter my PIN 12345
 ERO firm name Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ to enter my PIN _____
 ERO firm name Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature

Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

96921212345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature

Date

Tax Information Authorization

- Go to www.irs.gov/Form8821 for instructions and the latest information.
► Don't sign this form unless all applicable lines have been completed.
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

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

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ► ☐

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"/>

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 ► ☐

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ► ☐
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature

Date

Print Name

Title (if applicable)

THIS SECTION IS FOR
BANK PRODUCT ONLY

BALDWIN HILLS TAX SERVICE

Consent to Disclose Tax Return Information in a Context Other Than Tax Return Preparation or Auxiliary Services

(To be completed by the taxpayer.)

Purpose of disclosure: _____

Name and address to whom the information is being disclosed:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than those related to the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I, _____ (taxpayer), authorize _____ (tax preparer)
to disclose to _____ my tax return information for tax year _____.

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

CONSENT TO USE OF TAX RETURN INFORMATION

For the purposes of this consent form, "we," "us," and "our" mean

(Printed Name of Tax Preparer)

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage in our tax return preparation services. If we obtain your signature on this form by conditioning our tax preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you do not consent, you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into an arrangement with third parties to provide qualifying taxpayers with the opportunity to apply for an Electronic Refund Disbursement Service and/or Loan product. To determine whether these products may be available to you, we will need to use your tax return information in order to calculate the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you authorize us to use the information you provide to us during the preparation of your 2021 tax return to determine whether to present you with the opportunity to apply for these products and services.

Printed Name of Taxpayer: _____

Taxpayer Signature: _____ Date: _____

Printed Name of Joint Taxpayer (if applicable): _____

Joint Taxpayer Signature (if applicable): _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

BALDWIN HILLS TAX SERVICE

BANK PRODUCT USE ONLY

* **Expected Refund Amount** is an estimate based upon the tax information to be filed with the IRS and/or state taxing authority by your Tax Preparer.

† **Disbursement Fee(s)** include the applicable fees in connection with your selected disbursement option. This amount may be higher if you receive a second deposit, and we only anticipated one deposit (in which case the fees for a second disbursement in connection with your disbursement selection will apply).

**Estimated Total Deductions are a good faith estimate of associated fees and payments to be disbursed from your Tax Refund. All deductions will be paid upon commencement of disbursement services.

†† **Estimated Refund Amount Paid to You** equals the **Expected Refund Amount** less the **Estimated Total Deductions** and may be made in multiple disbursements. The amount paid to you may be higher or lower if the refund amounts from the IRS or state taxing authorities differ from the **Expected Refund Amount**.

CERTIFICATIONS:

By signing this Application, you, the Primary Applicant (and Joint Applicant if applicable), hereby certify:

1. The information you have provided is true and accurate.
2. You are at least eighteen (18) years old (or older as required by applicable state law), and have presented to Tax Preparer one of the following valid forms of Picture ID: Driver's License, BMV/DMV State ID, Military ID, Passport, Resident Alien ID, or other Government-Issued Picture ID.
3. **You understand that the Refund Disbursement Service is (i) an optional product offered in exchange for payment of a fee, (ii) not a loan or an extension of credit, (iii) not required in order to file your taxes or receive a Tax Refund.**
4. You received a completed copy of this Application and Agreement, and you have carefully read and considered all of the provisions of this Application and Agreement.
5. You agree that the "Expected Refund Amount," "Authorized Fees and Payments Disbursed from Refund," "Estimated Total Deductions," and "Estimate Refund Amount Paid to You" are good-faith estimates based upon the amount of your tax return filings.
6. You authorize that we make each disbursement specified on the "Authorized Fees and Payments Disbursed from Refund" prior to disbursing the remaining proceeds to you.
7. You have selected the disbursement option above to receive the remaining proceeds from your Tax Refund(s), if any.
8. You have authorized your Tax Preparer to submit this Application on your behalf.
9. You have read, understand, and agree to all of the terms of this Application and Agreement, including the **ARBITRATION PROVISION AND JURY TRIAL WAIVER.**
10. You understand and agree to be bound by the terms of the Refund Disbursement Service Agreement.

x _____
Primary Applicant Signature Date

x _____
Joint Applicant Signature Date
(Joint Applicant signature required if filing joint return.)

USA PATRIOT ACT DISCLOSURE: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: In an effort to protect you and our country, the USA PATRIOT Act was signed into law. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a new account. As such, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask for a driver's license or other identifying documents. We will share certain of this information with third parties as necessary to fulfill our obligations and as disclosed in this Application and Agreement.

For questions, complaints and concerns, call toll free at (888) 782-0860.