



Tax Year 2024 CONSENT FORMS PACKET

ACKNOWLEDGMENT OF RECEIPT

IMPORTANT: The attached consent forms are required to be completed prior to filing your 2024 tax return with the IRS. Please insure that you submit these forms in advance of your scheduled tax preparation appointment.

The undersigned hereby acknowledges receipt of the following documents, which provides information on how **FACTS-5** may use and process your 2024 tax documents:

Initial:

Client Information Worksheet

1040 - Individual Tax Return Engagement Letter

Consent For Use of Form 1040 Information

FACTS-5 Privacy Notice Disclosure

Direct Deposit (Banking Info) Confirmation

NO CHANGE from previous year

NEW: Routing: _____ Bank Name: _____

Account #: _____

Return signed originals to:

FACTS-5, 118 LeBlanc Street, Abbeville, Louisiana 70510

Or mail to: P.O. Box 698, Abbeville, LA 70511-0698

Or scan and email this document to: paige@facts-5.com



Download e-Fillable Consent Forms
Visit us online @ www.facts-5.com



Tax Year 2024 - Client Info Worksheet

Today's Date: _____

Tax Preparer: _____

FOR OFFICE USE ONLY

Client folder pulled Verified prior year fees PAID
 Prepare as drop off Check if client has an appointment

Appointment DATE & TIME: _____

My Name: _____ SSN _____ DOB _____ Occupation _____

Spouse Name: _____ SSN _____ DOB _____ Occupation _____

My Physical Address: _____
(No post office box here)

City: _____ State: _____ Zip: _____

(If different)
 My Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Your Cell Phone: _____ Spouse Cell: _____

Your Email Address: _____

Spouse Email Address: _____

Check ALL that apply as of 12/31/2022:

- I am SINGLE
 Never Married
 Legally Divorced
- I am LEGALLY Married as of 12/31/2024
 If separated: Date Separated _____
 I have NOT lived with my spouse for the last 6 months of 2024 (July 1, 2024 thru 12/31/2024)

- I have a common law/same sex (If so, which state _____)
 I am a United States citizen
 I have cared for a dependent for over half the year and paid more than half the cost of maintaining a home for that dependent.

Tax Year 2024 Dependent Information

	First Name	Middle Initial	Last Name	Suffix Jr, Sr, III	Social Security #	Date of Birth	# Months Lived WITH YOU	Relationship
1								
2								
3								
4								
5								
6								

Please indicate preference for your tax appointment:

Virtual Internet Live Appointment (Zoom)

- Telephone Appointment
 Drop Off - No Appointment Needed
 Office Visit with Appointment

 Taxpayer's Signature

I certify that all information on this sheet was completed by me and is correct.

FACTS-5

1040 - Individual Tax Return Engagement Letter



Dear Valued Client

Thank you for selecting **FACTS-5** to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your Federal and all State Income Tax Returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. Upon your request, we will provide an "Organizer" which may help you gather the information required for a complete return. If you use the Organizer, it will help you avoid overlooking important information and contribute to efficient preparation of your returns. This helps keep the cost of our services as low as possible.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions for a period of 5 years. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the accuracy of your returns, therefore you should review them carefully before signing.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns.

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

Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions," that is, certain arrangements the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed to us for further disclosure to the IRS.

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

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable prior to electronic filing of your return or presentation to you for mailing. To the extent permitted by state law, a \$40 fee will be charged for any NSF check return to us by your bank.

We will retain electronic copies of records you supply to us along with our work papers for your engagement for a period of five years. After five years our electronic records will be destroyed. All of your original records will be returned to you with a copy of your return(s). You should keep the original records in secure storage.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided. We appreciate your confidence in us. Please call if you have questions.

Sincerely,

Visit us at www.facts-5.com

FACTS-5 

PAMELA C. TRAHAN, PRESIDENT
AZCO, INC. (d/b/a **FACTS-5**)

(Both husband and wife must sign for preparation of joint returns)



Taxpayer Signature:	Spouse Signature:	Date Signed:
Taxpayer Printed Name:	Spouse Printed Name:	
Taxpayer SSN:	Spouse SSN:	



FACTS-5

Consent for Use of Form 1040 Information

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

You are not required to complete this form. If we obtain your signature on this form by conditioning our 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.

(Check one)
Duration of Consent: One Year from this date Other _____

I/We _____, authorize **FACTS-5** to use any and all information having to do with my 2024 Tax Return for the purpose of:

- Investment advice to be given.
- Estate planning advice to be rendered.
- Electronic Filing of my 2024 Tax Return to a 3rd Party, Intuit, Inc. d/b/a ProSeries.
- Retirement planning advice.
- Social Security planning.
- Calling me to make an appointment or remind me of an appointment.
- Sending newsletters, birthday cards, etc.
- Text message me with tax alerts or information regarding my tax return.
- Acquisition and disposal information of stock, bonds and other assets with my financial advisor.
- General current and future tax advice.

(Cross through any not authorized)

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 by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Taxpayer Signature: _____

Date: ____/____/____

Visit us at www.facts-5.com

Spouse Signature: _____

Date: ____/____/____



(Both husband and wife must sign for preparation of joint returns)

Please make a copy of this signed form and return the original to our office at:

FACTS-5, 118 LeBlanc Street, Abbeville, Louisiana 70510

Or mail to: P.O. Box 698, Abbeville, LA 70511-0698

Or scan and email this document to: paige@facts-5.com



118 LeBlanc Street
P.O. Box 698
Abbeville, LA 70511-0698
Voice: 337-893-6798
FAX: 337-898-2787
pam@facts-5.com

Privacy Notice

Compliance with the Gramm-Leach-Bliley Act Public Law 106-102 (FTC 16 CFR Part 313)

To meet the requirements of the Gramm-Leach-Bliley Act of 1999, please be aware of the privacy policy of this firm.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications, tax preparation organizers, worksheets, and other documents we use in tax preparation or providing financial services, or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law or approved by you in writing (e.g. requirements to comply with federal, state or local law; requirements to comply with national, state or local licensing rules; requirements to disclose information in response to legal subpoenas; items you permit or request us to disclose, as authorized by you in writing; your electronically filed tax return(s), when applicable; information that you authorize us to disclose that discloses that you are our client, without disclosure of financial or other personal information).

We restrict access to nonpublic personal information about you to members of our firm who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. We retain records relating to the professional services that we provide you in accordance with accounting and government standards.

Your confidence and trust are important to us. If you have any questions or concerns regarding the privacy of your nonpublic personal information, please contact our firm at 337-893-6798.

Taxpayer Signature: _____

Date: ____/____/____

For a jointly filed tax return, BOTH taxpayers' signatures are required.

Spouse Signature: _____

Date: ____/____/____

Visit us at www.facts-5.com

