



Dear Tax Client:

The 2009 tax season is upon us! We would like to remind you that it is time to put together your tax data so that we can assist you in filing your return in a timely manner.

Enclosed you will find an organizer to help you put together your figures. We have also listed some items below that we will need from you (where applicable). These items will be extremely useful for us to file your return accurately and efficiently.

- Prior tax returns (if new client)
- W-2 forms and 1099 Misc. for wages
- Social security numbers and dates of birth for all dependents
- Child care provider's name, address, ID number, phone number, and amount paid
- 1099 forms for interest, dividends, retirement, SS unemployment, and other income
- Year end statements for mutual funds
- Purchase and sale info for anything sold during the year
- IRA year end statements
- Medical expenses
- 1098 forms for mortgage or student loans interest
- Property tax statements
- Donations of money/property to charitable organizations. Name, address, ID number, list of items donated
- Job related expenses
- Signed Engagement Letter

Give us a call (415-252-7552) to make an appointment or mail your information at your earliest.

Please do not hesitate to contact us, should there be any further questions.

Best regards,

WEL Enterprise



Complete Tax & Bookkeeping Services,
Mortgage Loans, Notary Services & Securities*

2352 Market Street, Suite B,
San Francisco, CA 94114
T. 415-252-7552
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Your Name		DOB	Blind <input type="checkbox"/>	Over 65 <input type="checkbox"/>	
Spouse's Name		DOB	Blind <input type="checkbox"/>	Over 65 <input type="checkbox"/>	
Your Social Security No.		Spouse's Social Security No.			
Your Work Phone No.		Spouse's Work Phone No.			
Cell Phone No.		Spouse's Phone No.			
Home Phone No.		Email Address			
Home Address			Do You Rent? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Your Occupation?		Spouse's Occupation?		CARDP Yes <input type="checkbox"/> No <input type="checkbox"/>	
Names of Dependents Claimed as Exemptions		DOB	Dependents SSN	Relationship	
Name of Persons or Organizations who provided the care		Address (Street Number, City, State & Zip code)	Identification Number (SSN or Emp. ID No)	Amount Paid	
				\$	
				\$	
Current Year Contribution	IRA/ROTH				
You	\$	\$			
Spouse	\$	\$			
ESTIMATED TAXES PAID AND CREDITS					
	Due Date	Date Paid	Federal	State	
Prior Year 4th Quarter	Last January		\$	\$	
First Quarter	April		\$	\$	
Second Quarter	June		\$	\$	
Third Quarter	September		\$	\$	
Fourth Quarter	This January		\$	\$	
STOCKS, BONDS, PROPERTY, etc. SOLD (Please Provide 1099 B's and any Related Documentation)					
Description	Date Acquired	Date Sold	Sales Price	Cost	Sale Expenses
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

IMPORTANT - TO E-FILE YOUR RETURN, PROVIDE BANK INFO OR ATTACH A VOID CHECK.		
Bank Name	Routing #	Bank Account #

WORKSHEET FOR SCHEDULES C AND E

Client _____

Tax Year _____

Accounting Fees		Home Owner Association Fees	
Advertising & Promotion		Mortgage Interest Expense	
Alarm Services		Property Tax Expense	
Bank Charges (Business Account)		Management Fees	
Business Travel			
Business Mileage @ 55 cents/mile			
Commissions			
Continuing Education Courses			
Conventions & Seminars			
Dues – Professional Societies		Home Office:	
Education - Books		Rent/Mortgage	
Entertainment		Insurance	
Equipment Repairs		Utilities	
Equipment Rental		Property Tax	
Gifts (\$25 Max per person)			
Insurance		Assets:	
Legal Fees		Equipment Purchase in 2009	
License		Type/Date	
Maintenance & Repair			
Medical – Employee Related			
Medical – Owner Related (1040)			
Office Supplies – Pens, pencils, etc			
Payroll paid to Others (W-2s)			
Payroll Taxes			
Pest Control			
Postage & Delivery			
Printing			
Professional Services			
Software			
Sub Contractors (1099 Misc.)			
Taxes			
Telephone			
Transportation Expenses			
Uniforms			
Uniform Laundry & Dry Cleaning			
Utilities			
		Gross/Rental Income:	



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Engagement Letter - Income Tax Return

We are pleased to confirm our understanding of the arrangements for your income tax return(s). The Internal Revenue Service imposes penalties on taxpayers (you), and on us (WEL) as tax return preparers, for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

We will prepare your **2009 Federal and State** income tax return from information you furnish us. We will not audit or verify the data you submit, although we may ask you to clarify some of the information. We must receive all information to prepare your return by April 1, 2010. If we have not received all of your information by then we cannot guarantee your tax return will be filed by April 15, 2010. Tax returns not filed by April 15th may be subjected to late filing or late payment penalties. **We do not file tax extensions for clients unless specifically requested to do so.**

We will use our professional judgment in preparing your returns. Whenever we are aware that the possibility of an applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will adopt whatever position you request on your return so long as it is consistent with the codes, regulations, and interpretations that have been promulgated. If the Internal Revenue Service should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

Estimated Tax Liabilities

It is your responsibility to pay your quarterly estimated tax liabilities timely. You will be expected to pay penalties and interests if you have not paid them throughout the year. Please provide us the documents needed to assist you in estimating the potential tax liability. Should you require an extension for the 2009 tax return, the associated tax liability must be paid by April 15th to avoid penalties and interest.

Billing

Billings are payable upon receipt of completed tax return (s), prior to E-filing, or prior to work starting. You acknowledge and agree that **WEL Enterprise, Inc.** is not required to continue work in the event of your failure to pay on a timely basis for services rendered as required by this engagement letter. We accept payment in the form of check, cash or credit card.

Records Retention Responsibility

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We will rely, without further verification, upon information you provide to us from 3rd parties including, but not limited to, K-1s, 1099's, 1098's, receipts and similar items.

WEL Enterprise, Inc. Record Retention Policy

It is our policy to keep records related to this engagement for four years after which they are destroyed. However, **WEL Enterprise, Inc.** does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential audit by any government or regulatory agencies.

We appreciate the opportunity to serve you. To avoid any delay in processing, please return to our office the signed and dated engagement letter acknowledging your agreement with and acceptance of your responsibilities and the terms of this engagement

I have read the above terms of the engagement letter and agree with the terms of this engagement.

_____ (Client Name, Please Print)

_____ (Client Signature) _____ (Date)