

McLeod Ascanio Services, LLC

15 Sky View Drive, suite 101
Cumberland Foreside, ME 04110

Dear Client,

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide.

We will prepare your federal and state(s) income tax returns (collectively, the “returns”) from information you furnish to us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We will furnish you with questionnaires and/or worksheets as needed to guide you in gathering the necessary information. To the extent we render any accounting and/or bookkeeping assistance, it will be limited to those tasks we deem necessary for preparation of the returns. Such additional services will be billed separately from your tax preparation fee.

The timeliness of your cooperation is essential to our ability to complete this engagement. Specifically, we must receive sufficient information from which to prepare your returns within a reasonable period of time prior to the applicable filing deadlines. Annually we will notify you of these deadlines and the desired intake dates. We will process extensions in those scenarios where timely filing is not possible.

You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

We will not audit or otherwise verify the data you submit. Accordingly, our engagement cannot be relied upon to disclose errors, fraud, or other illegal acts that may exist. However, it may be necessary to ask you for clarification of some of the information you provide, and we will inform you of any material errors, fraud, or other illegal acts that come to our attention.

You are responsible for maintaining an adequate and efficient accounting system, for safeguarding assets, for authorizing transactions, and for retaining supporting documentation for those transactions, all of which will, among other things, help assure the preparation of proper returns. Furthermore, you are responsible for evaluating the adequacy and results of the services we provide.

We will annually provide you with tax estimates as deemed necessary, and it is your responsibility to make those payments. The law provides various penalties and interest that may be imposed when taxpayers underestimate their tax liability. You acknowledge that any such understated tax, and any imposed interest and penalties, are your responsibility, and that we have no responsibility in that regard. If you would like information on the amount or circumstances of these penalties, please contact us.

We may encounter instances 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 those instances, we will outline for you each of the reasonable alternative courses of action, including the risks and consequences of each such alternative. In the end, we will adopt, on your behalf, the alternative which you select after having considered the information provided by us.

Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having a value exceeding \$10,000 in a foreign country shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporation *and* by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties.

If you and/or your entity have a financial interest in any foreign accounts, you are responsible for providing our firm with all the information necessary to prepare FinCEN Form 114 (formerly Form TD-F-90-22.1) required by the U.S. Department of the Treasury on or before June 30 of each tax year. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required disclosure statements.

Our fees for this engagement are not contingent on the results of our services. Rather our fees, including tax planning, preparation of your returns, and any representation of your interests during an examination by a taxing authority and/or any subsequent appeal, will be based on our standard hourly rates which range from \$85-\$250. In addition, you agree to reimburse us for any of our out-of-pocket costs incurred in connection with the performance of our services.

Please reach out for our current minimum fees based on tax return type. Depending on the complexity of your return, you may be billed a higher amount than the minimum. Please contact your relationship partner with any questions on fee estimates.

If we elect to terminate our services for any other reason provided for in this letter, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed your return. You will be obligated to compensate us for all time expended, and to reimburse us for all of our out-of-pocket costs, through the date of termination.

It is our policy to retain engagement documentation for a period of seven years in hardcopy or digital form, after which time we will commence the process of confidentially destroying the contents of

any hardcopy engagement files. To the extent we accumulate any of your original records during the engagement, those documents will be returned to you promptly upon completion of the engagement.

Your returns may be selected for review by one or more than one taxing authority. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon your written request to represent you during the examination and/or during any appeal. Any such representation will be the subject of, and governed by, a separate engagement letter.

In the event we are required to respond to a subpoena, court order, or other legal process for the production of documents and/or testimony relative to information we have obtained and/or prepared during the course of this engagement, you agree to compensate us at our hourly rates, as set forth above, for the time we expend in connection with such response, and to reimburse us for all of our out-of-pocket costs incurred in that regard.

If you agree to the terms set forth above, please sign this letter on the line below and return to our office along with your completed tax organizer and supporting documentation. You should also keep a copy of the signed engagement letter for your records. If this firm does not receive a signed engagement letter, but receives from you a completed copy of the tax organizer and/or supporting documentation, such receipt shall be deemed evidence of your acceptance of the terms set forth above. If, however, this office receives no response to this letter and/or the annual organizer, then we will not provide any professional services including income return or extension preparation.

Thank you for your attention to this matter, and please contact me with any questions that you may have.

Very truly yours,

Relationship Partner

ACCEPTED AND AGREED:

Client Name

Date

1040**US****Client Information****1**

McLeod Ascanio Services LLC
15 Sky View Drive, Suite 101 lower level
Cumberland Foreside ME 04110
Telephone number: 207-878-2727
Fax number: 207-553-9059
E-mail address:

Tax Return Appointment**Date:****Time:****Location:**

This tax organizer will assist you in gathering information necessary for the preparation of your tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying surviving spouse	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

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	1040	US	Client Information (continued)	1 p2	
Please add, change or delete information for 2025.					
CLIENT INFORMATION					
Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile		
	Work phone.....				
	Work extension.....				
	Daytime phone (table).....				
	Mobile phone.....				
	Fax number.....				
	E-mail address.....				
Spouse Contact Information	Home phone.....				
	Work phone.....				
	Work extension.....				
	Daytime phone (table).....				
	Mobile phone.....				
	Fax number.....				
	E-mail address.....				
Taxpayer Authentication	Driver's license no.....				
	Driver's license state.....				
	Issue date (m/d/y).....				
	Expiration date (m/d/y).....				
	Theft protection PIN.....				
Spouse Authentication	Driver's license no.....				
	Driver's license state.....				
	Issue date (m/d/y).....				
	Expiration date (m/d/y).....				
	Theft protection PIN.....				
				1 p2	

	1040	US	Dependents	2
Please add, change or delete information for the subsequent tax year.				
DEPENDENTS				
	Dependent	Dependent	Type of Dependent 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement	
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
	Dependent	Dependent		
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
	Dependent	Dependent	NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement	
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				

1040**US****Miscellaneous Questions**

If any of the following items pertain to you or your spouse for the subsequent tax year, please check the appropriate box and provide additional information if necessary.

YES**NO****PERSONAL INFORMATION**☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

In the subsequent tax year, could you be claimed as a dependent on another person's tax return?

DEPENDENTS☐☐

Were there any changes in dependents?

☐☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of the subsequent tax year?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of the subsequent tax year, with interest and dividend income in excess of \$1,350, or total investment income in excess of \$2,700?

HEALTH CARE COVERAGE☐☐

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

INCOME☐☐

Did you receive unreported tip income of \$20 or more in any month?

☐☐

Did you receive any overtime pay in the subsequent tax year?

☐☐

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse or your dependents?

☐☐

Did you receive any disability income?

☐☐

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

In the subsequent tax year, did you buy or sell any stocks, bonds or other investment property?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?

1040**US****Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for the subsequent year, please check the appropriate box and provide additional information if necessary.

YES**NO****RETIREMENT PLANS**

- ☐ ☐ Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you transfer or rollover any amount from one retirement plan to another retirement plan?

EDUCATION

- ☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- ☐ ☐ Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

- ☐ ☐ Did you incur a loss because of damaged or stolen property?
- ☐ ☐ Did you work out of town for part of the year?
- ☐ ☐ Did you purchase a new or used vehicle in the subsequent tax year?

ESTIMATED TAXES

- ☐ ☐ Did you apply an overpayment of prior year taxes to your subsequent year estimated tax (instead of being refunded)?
- ☐ ☐ If you have an overpayment of [subsequent tax year] taxes, do you want the excess applied to your next years estimated tax (instead of being refunded)?
- ☐ ☐ Do you expect your next years taxable income and withholdings to be different from prior year?

MISCELLANEOUS

- ☐ ☐ Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

1040**US****Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse in the subsequent tax year, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
☐	☐	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
☐	☐	Was your home rented out or used for business?
☐	☐	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
☐	☐	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
☐	☐	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station or an employee/appointee of the intelligence community who were required to relocate due to a change in assignment?
☐	☐	Did you engage the services of any household employees?
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
☐	☐	Did you or your spouse make any gifts to an individual that total more than \$19,000 or any gifts to a trust?
☐	☐	Did your bank account information change within the last twelve months?
☐	☐	At any time during the subsequent tax year, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
☐	☐	In the subsequent tax year, did you finance the purchase of a new personal use vehicle which was assembled in the U.S.?

	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent the subsequent tax year information.

APPLICATION OF OVERPAYMENT (7.1)

If you have an overpayment of subsequent year taxes, do you want the excess refunded? ☐ or applied to next year estimate? ☐ Other (please explain):

next year ESTIMATED TAX INFORMATION

Do you expect your next year taxable income to be different from prior year? Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.:

Do you expect your next year withholding to be different from prior year? If "yes" explain any differences: Yes ☐ No ☐

				7.1
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