

NEW BUSINESS CLIENT - Intake Form

4525 Woodgate Drive
Janesville, WI 53546
(608) 754-8525

JANESVILLE, WI OR EVANSVILLE, WI

1 North Madison Street
Evansville, WI 53536
(608) 882-2795

APPOINTMENT DATE & TIME: _____ WITH: _____

CONTACT PERSON INFORMATION:

NAME (LAST, FIRST): _____

PHONE NUMBER: _____

EMAIL: _____

ROLE IN COMPANY: _____

OWNER(S)/PARTNER(S) INFORMATION:

NAME (LAST, FIRST): _____

PHONE NUMBER: _____

EMAIL: _____

ROLE: _____ SSN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

% OF OWNERSHIP: _____

NAME (LAST, FIRST): _____

PHONE NUMBER: _____

EMAIL: _____

ROLE: _____ SSN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

% OF OWNERSHIP: _____

NAME (LAST, FIRST): _____

PHONE NUMBER: _____

EMAIL: _____

ROLE: _____ SSN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

% OF OWNERSHIP: _____

PREFERRED METHOD TO SIGN TAX RETURN:

E-SIGN AT JVL OFFICE AT EVL OFFICE

COMPLETED TAX RETURN DELIVERY METHOD:

MAILED TO YOU PORTAL UPLOAD
PICK-UP AT JVL OFFICE PICK-UP AT EVL OFFICE

BUSINESS INFORMATION:

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

FEIN: _____ DOI (MM/DD/YY): _____

HOW LONG IN BUSINESS? _____

CALENDAR YEAR FISCAL YEAR YEAR-END? _____

ENTITY TYPE:

- | | |
|----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> GENERAL PARTNERSHIP |
| <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP |
| <input type="checkbox"/> C-CORPORATION | <input type="checkbox"/> LIMITED LIABILITY COMPANY |
| <input type="checkbox"/> NON-PROFIT | <input type="checkbox"/> S-CORPORATION |
| <input type="checkbox"/> OTHER: _____ | |

INDUSTRY CLASSIFICATION:

- | | | |
|----------------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> TECH SUPPORT | <input type="checkbox"/> BUSINESS SERVICES | <input type="checkbox"/> RETAIL |
| <input type="checkbox"/> FOOD SERVICE | <input type="checkbox"/> LEGAL SERVICES | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> E-COMMERCE | <input type="checkbox"/> FINANCIAL SERVICES | |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> HEALTHCARE SERVICES | |
| <input type="checkbox"/> FARMING/AGRICULTURE | | <input type="checkbox"/> OTHER: _____ |

SERVICES NEEDED:

- | | |
|--------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> START-UP PLANNING | <input type="checkbox"/> PAYROLL |
| <input type="checkbox"/> BUSINESS PLANNING | <input type="checkbox"/> ACCOUNTING/FINANCIAL ANALYSIS |
| <input type="checkbox"/> GROWING BUSINESS | <input type="checkbox"/> TAXES |
| <input type="checkbox"/> 1099S | <input type="checkbox"/> OTHER: _____ |

QUICKBOOKS:

YES NO YEAR: _____

VERSION: ONLINE DESKTOP

PAYROLL:

OF EMPLOYEES

HOW OFTEN ARE EMPLOYEES PAID? _____

FOR OFFICE USE ONLY

- *Request that the client **send or drop off Prior Year Tax Returns** (3 recommended) before their appointment.
- *Do not schedule appointments until we have received all the information.
- *Allow at least 3 weeks to review and prepare before scheduling.
- *Inform the client that they will receive a Tax Organizer via a Secure Portal

		YES	NO
1. Is there any reason to doubt the integrity of the company's management, directors, or those charged with governance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are we aware of any independence problems/conflicts of interest due to relationships with clients, partners, or staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the fee arrangement violate the AICPA's Code of Professional Conduct related to independence, e.g. through acceptance of equity interests, or rules on contingent fees and commissions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are we aware of any fee collection problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are we not licensed to perform services for this client (i.e., licensed with the applicable state board of accountancy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the professional competence (expertise), including any specialized industry knowledge, necessary to perform the engagement beyond our firm personnel's capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the staffing commitment, including the use of specialists, required by the engagement beyond our capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there disagreements with the present firm over accounting principles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there anything about the engagement (including the risk associated with the engagement) that subjects us to undue liability exposure, particularly to third parties, or causes us to be uncomfortable about being associated with the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE TASKS:

(date & initial each step completed)

- SETUP IN OFFICE TOOLS: _____
- SETUP IN DRAKE: _____
- SETUP IN PORTALS: _____
- BLUE FOLDER: _____
- PROJECT STARTED: _____
- QUICKBOOKS: _____
- DATE: _____

WE SHOULD:

ACCEPT NOT ACCEPT

ENGAGEMENT PARTNER:

DATE:

NOTES:

NEW INDIVIDUAL CLIENT - INTAKE FORM

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(608) 754-8525

JANESVILLE, WI OR EVANSVILLE, WI

1 North Madison Street
Evansville, WI 53536
(608) 882-2795

APPOINTMENT DATE & TIME: _____ WITH: _____

PRIMARY TAXPAYER INFORMATION:

NAME (LAST, FIRST): _____

PHONE NUMBER: _____

E-MAIL: _____

SSN: _____

DOB (MM/DD/YYYY): _____

DOD (MM/DD/YYYY): _____

OCCUPATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DRIVER'S LICENSE (SCAN):

NUMBER: _____

ISSUED (MM/DD/YYYY): _____

EXPIRES (MM/DD/YYYY): _____

DEPENDENT INFORMATION:

NAME (LAST, FIRST): _____

SSN: _____

DOB (MM/DD/YYYY): _____

NAME (LAST, FIRST): _____

SSN: _____

DOB (MM/DD/YYYY): _____

NAME (LAST, FIRST): _____

SSN: _____

DOB (MM/DD/YYYY): _____

PREFERRED METHOD TO SIGN TAX RETURN:

E-SIGN AT JVL OFFICE AT EVL OFFICE

COMPLETED TAX RETURN DELIVERY METHOD:

MAILED TO YOU PORTAL UPLOAD
PICK-UP AT JVL OFFICE PICK-UP AT EVL OFFICE

SPOUSE INFORMATION:

NAME (LAST, FIRST): _____

PHONE NUMBER: _____

E-MAIL: _____

SSN: _____

DOB (MM/DD/YYYY): _____

DOD (MM/DD/YYYY): _____

OCCUPATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DRIVER'S LICENSE (SCAN):

NUMBER: _____

ISSUED (MM/DD/YYYY): _____

EXPIRES (MM/DD/YYYY): _____

ADDITIONAL INFORMATION:

COMPLETED CHECKLIST? YES No

OWN A BUSINESS? YES No

IF YES:

BUSINESS NAME: _____

BUSINESS FEIN: _____

****FILL OUT BUSINESS INTAKE FORM, IF APPLICABLE****

HOW DID YOU HEAR ABOUT US?

REASON FOR APPOINTMENT:

FOR OFFICE USE ONLY

OFFICE TASKS:

(date & initial each step completed)

SETUP IN OFFICE TOOLS: _____

SETUP IN DRAKE: _____

SETUP IN PORTALS: _____

BLUE FOLDER: _____

PROJECT STARTED: _____

QUICKBOOKS: _____

DATE: _____

- *Request that the client **send or drop off Prior Year Tax Returns** (3 recommended) before their appointment.*
- *Do not schedule appointments until we have received all the information.*
- *Allow at least 3 weeks to review and prepare before scheduling.*
- *Inform the client that they will receive a Tax Organizer via a Secure Portal*

NOTES:



CAPITALIZATION POLICY FOR: _____
(Company/Individual Name)

The following guidelines are to be known as the company's capitalization policies and serve as the company's compliance with the Internal Revenue Code and the tangible property regulations promulgated thereunder. The guidelines are intended to be used for the company's financial accounting purposes.

The general policy of the company is that all property acquired or produced by the company will be capitalized in accordance with IRS de minimis safe harbor limit provided in 1.263(a)-1(f) regulations. Amounts paid for property not exceeding \$2,500.00 are to be charged to expense accounts. Amounts paid for property having an economically useful life of 12 months or less are also to be charged to expense accounts. This policy does not apply to land and property intended to be included in inventory.

ACCEPTED BY:

(Signature)

(Date)

TAX PREPARATION CHECKLIST FOR 2023

TAXPAYER'S NAME: _____

SPOUSE'S NAME: _____

Please make sure to answer these questions BEFORE your appointment and bring this (and any supporting documents) to your appointment. If you are unsure about any of these questions, please ask us!

2023 CHANGES

YES NO

--	--

1. If you are due a refund, would you like it direct deposited into your bank account?

Bank Name: _____

Routing Number: _____

Account Number: _____

Is it a savings account? Yes No

--	--

2. If you have a balance due, would you like it electronically withdrawn from your bank account?

--	--

3. Were you legally married as of December 31, 2023?

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4. Are you considered unmarried and provide more than 50% of support for a child or dependent who lived with you over half the year?

*If so, please list name(s),
SSN(s), and DOB(s) of
child(ren) or dependent(s)
you are claiming for 2023:* _____

--	--

5. Are there changes to who you may claim as dependents for 2023? *(If yes, please attach proof of residency or Form 8332)*

--	--

6. Did you purchase your health insurance coverage from the ACA Marketplace? *(If yes, please attach form 1095-A)*

--	--

7. Did you move, purchase, sell, or refinance during 2023? *(If yes, please attach Home Sale/Closing Information)*

--	--

8. Did you earn income in a state other than the state you live in?

--	--

9. Did you receive any notices from the IRS or the state taxing agency? *(If yes, please attach)*

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10. Did you receive any type of prize, award, or gambling winnings?

--	--

11. Did you receive jury duty or alimony pay?

--	--

12. Did you receive, sell, send, exchange, or acquire any financial interest in any digital assets?

--	--

13. Did you make any gifts to any one person in 2023 more than \$17,000?

--	--

14. Did you pay wages to any household employees *(such as a nanny)*?

--	--

15. Did you have any debts forgiven or cancelled in 2023?

--	--

16. Did you pay any college tuition during 2023? *(If yes, please attach form 1098-T)*

How much was paid for any out-of-pocket expenses (books, fees, etc.)? \$ _____

--	--

17. Did you pay any private school tuition cost for Grades K -12? *(If yes, please attach documentation from the school)*

--	--

18. Did you pay any student loan interest? *(If yes, please attach 1098-E)*

--	--

19. Do you have any home equity loans where **any** proceeds were **not** used to improve your residence?

--	--

20. Did you have any foreign assets during the year?

--	--

21. Did you make any purchases in 2023 from out-of-state companies that did not charge sales tax?

If yes, please provide the amount of purchases subject to your state's Use Tax: \$ _____

--	--

22. Are you expecting any significant changes to 2024's income, deductions, or credits?

--	--

23. Did you make any contributions/deductions to an HSA? *(If yes, please attach Form 1099-SA or Form 8889)*

--	--

24. Do you have an identity protection PIN used to file your return due to identity theft? *(If yes, please attach documentation)*

--	--

25. Did you make any federal or state estimated tax payments? *(If yes, please attach documentation)*

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26. Did you make improvements to your home that may qualify for Energy credits? *(If yes, please attach documentation)*

--	--

27. Did you make any contributions to a retirement plan? *(If yes, please attach documentation)*

--	--

28. Did you pay any rent for housing? \$ _____ Was heat included? Yes No

--	--

29. Did you make any contributions/deductions to any college savings plan? *(If yes, please attach documentation)*

--	--

30. Did you pay for any health insurance premiums out-of-pocket? \$ _____



BUSINESS AND RENTAL QUESTIONS *(skip this section if not applicable)*

YES NO

1. Did you start a new business or purchase any rental property during 2022?
2. Did you purchase (or begin using) any assets for your business?
3. Did you sell (or stop using) any assets for your business?
4. Did you make any business payments that require you to issue 1099s? *(Not needed for rentals)*
5. If yes, have you filed all 1099s?
6. Do you have all the documentation to support all business expenses? *(If yes, please attach Schedule C)*
7. Do you have all the documentation to support all rental expenses? *(If yes, please attach Schedule E)*
8. Did you spend 250 or more hours of rental service activity? *(If yes, please attach log)*
9. Do you have a log for business mileage? *(If yes, please attach log)*
10. Are any of your Rentals, Businesses, and/or Farms registered as an LLC? *(If yes, please attach which ones)*

CHECK YOUR PREFERRED METHOD FOR SIGNING YOUR TAX RETURN

- Sign Electronically
- Sign in the Janesville Office
- Sign in the Evansville Office

CHECK YOUR PREFERRED METHOD FOR TAX RETURN DELIVERY

- Mail
- Portal Upload via SecureFilePro
- Pick-Up at Janesville Office
- Pick-Up at Evansville Office

If signing electronically, please provide your e-mail address(es).

TAXPAYER E-MAIL: _____

SPOUSE E-MAIL: _____

DRIVER'S LICENSE INFORMATION

TAXPAYER: DOB: _____ LICENSE #: _____
 STATE: _____ ISSUE DATE: _____ EXP. DATE: _____

SPOUSE: DOB: _____ LICENSE #: _____
 STATE: _____ ISSUE DATE: _____ EXP. DATE: _____

By signing below, I certify all information provided on and in connection with this form is true and correct to the best of my knowledge. If any information provided is incomplete, inaccurate, misleading, or false, I may be subject to tax filing delays, tax audits, or legal action.

TAXPAYER SIGNATURE: _____ **DATE:** _____

SPOUSE SIGNATURE: _____ **DATE:** _____

EXAMPLES OF SUPPORTING DOCUMENTS TO INCLUDE

YES	N/A	<u>INCOME</u>
		Salaries and Wages (<i>Form W-2 and final paystub</i>)
		Gambling Income (<i>Form W-2G</i>)
		Retirement Plan Distributions (<i>Form 1099-R</i>)
		Social Security Income (<i>Form SSA-1099</i>)
		Railroad Retirement Income (<i>Form RRB-1099-R</i>)
		Interest Income (<i>Form 1099-INT</i>)
		Dividend Income (<i>Form 1099-DIV</i>)
		Sales of Stocks and Bonds, Bartering, and Stock Options (<i>Form 1099-B, 3921, 3922 or Brokerage Statement</i>)
		Unemployment Income (<i>Form 1099-G</i>)
		Other Income (<i>Form 1099-MISC</i>)
		529 Tuition Plan Distributions (<i>Form 1099-Q</i>)
		Health Savings Account Distributions (<i>Form 1099-SA</i>)
		Proof of residency for children under seventeen that qualify for Child Tax Credit or Form 8332
		Income from Estates, Trusts, Partnerships, or 'S' Corporations (<i>Schedule K-1</i>)
		Detailed Mileage Log or print out
		Other Sources of Income, <i>i.e. Alimony received, jury duty pay, prizes & awards, etc. (Please list):</i>

YES	N/A	<u>DEDUCTIONS AND CREDITS</u>
		Student Loan Interest Paid (<i>Form 1098-E</i>)
		Alimony Paid
		Contributions to a Traditional IRA
		Contributions to a Health Savings Account (<i>HSA</i>)
		College Tuition paid for you or your dependents (<i>Form 1098-T</i>)
		Childcare Expenses for children under the age of thirteen (<i>provide facility name & EIN</i>)
		Other Deductions and Credits (<i>please list</i>):

YES	N/A	<u>ITEMIZED DEDUCTIONS</u>
		Medical, Dental, and Vision expenses, prescriptions, and health and long-term insurance premiums
		Miles driven and lodging for seeking medical care
		Property and other State or Local Taxes
		Mortgage Interest and Mortgage Insurance Premiums (<i>Form 1098</i>)
		Donations to charity (<i>cash and non-cash</i>)
		Casualty or theft losses
		Gambling Losses (to the extent of winnings)
		Other Itemized Deductions (<i>please list</i>):

YES	N/A	<u>WISCONSIN DEDUCTIONS</u>
		Property Taxes or Rents paid for a Wisconsin residence
		Contributions made for Private School Tuition (<i>Grades K-12</i>)
		Contributions made to an EdVest college savings plan.
		Health Insurance Premiums Paid, <i>excluding any amounts paid under a 'flexible spending' or cafeteria-type plan</i>
		Other Wisconsin Deductions (<i>please list</i>):

		Other State Deductions (<i>please list</i>):
--	--	------------------------------------------------



Hagen CPA, LLC. will be withdrawing your professional fees electronically from your bank account on the 5th of each month. Please fill out the Ach Debit Authorization below and return it to us as soon as possible.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: _____

I (we) hereby authorize HAGEN CPA, LLC., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (**select one**) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME: _____ **BRANCH:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

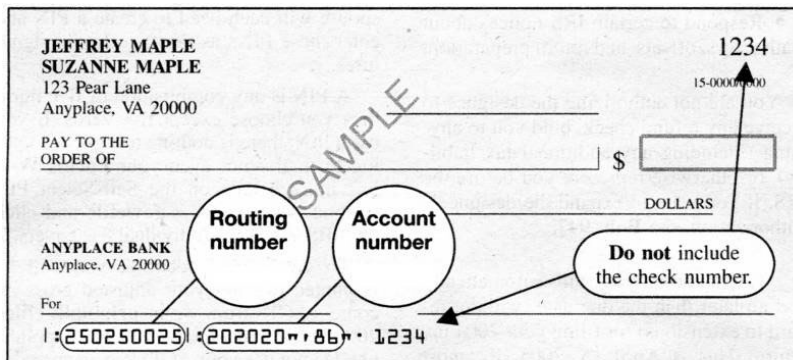
ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____
(Please Print)

SIGNATURE(S): _____ **DATE:** ____ / ____ / ____

Please attach a VOIDED CHECK to this authorization if a checking account is debited.



Note. The routing and account numbers may be in different places on your check.

FOR OFFICE USE ONLY:
ACH Set-Up: ___ YES ___ NO
Staff: _____



BENEFICIAL OWNERSHIP REPORTING REQUIREMENTS

Due to the Corporate Transparency Act, a law that mandates that a business entity must disclose who the beneficial owners of the entity are. Business Entities are the following: Corporations, LLC's, Partnerships, and other entities that file formation papers with a state's Secretary of State's office (or similar government agency) must file a report with the U.S. Treasury Department's Financial Crimes Enforcement Network (FinCEN) providing information regarding the entity's "beneficial owners." Entities in existence prior to January 1st, 2024, have until December 31st, 2024, to file those reports. However, entities formed in 2024 will have 30 days from the entity's formation/registration to file these reports. Entities formed after 2024 must file the report within 30 days of the entity's formation/registration, *although there is a proposal to extend this to 90 days for entities formed in 2024 only.*

This is part of the federal government's anti-money laundering and anti-tax evasion efforts and is an attempt to look beyond shell companies that are set up to hide money. Unfortunately, this will impose burdensome reporting requirements on most businesses, and the willful failure to report information and timely update any changed information can result in significant fines of up to \$500 per day until the violation is remedied, or if criminal charges are brought, fines of up to \$10,000 and/or two years imprisonment. These penalties can be imposed against the beneficial owner, the entity, and/or the person completing the report.

Beneficial owners are those who directly or indirectly own/control at least 25% of the reporting company. While this may seem to only impact a few significant owners, it can encompass many senior officers of the business as well as those individuals who engage in any significant business decisions (e.g., board members). *Given the severity of the fines, it may be safer to error on the side of overinclusion rather than under inclusion.*

Hagen CPA can process this for you – our fee is \$275.00 and \$75.00 per each additional Member, Shareholder, or Partners of your business. To file the Beneficial Ownership Information Report yourself, you can go to <https://boiefiling.fincen.gov/fileboir>. You can also contact your lawyer to process this for you as well.

ITEMS NEEDED TO FILE BENEFICIAL OWNERSHIP INFORMATION REPORT

For Reporting Company

- Articles of LLC
- Current Address of Business
- Identification Number of Business (EIN, TIN, LEI, SSN, etc.)

For Any Beneficial Owner(s)

- Nonexpired Passport or Driver's License
- Current Address for each owner

If you would like us to process this report for you, please return this checklist with the following items and our fee to process.

Sincerely,

Hagen CPA, LLC

CORPORATE TRANSPARENCY ACT (CTA)

A law that mandates that a business entity must disclose who the beneficial owners of the entity are.



WHAT YOU NEED TO KNOW



32 MILLION
corporations, LLCs,
partnerships, and small
businesses will be
impacted by the CTA



BENEFICIAL OWNERS
are those who directly or
indirectly owns/controls
at least 25% of the
reporting company



Fines can be from **\$500**
per day to up to **\$10,000**
for non-compliance
and/or imprisonment of
up to 2 years



REPORTING BEGINS
ON JANUARY 1,
2024

*Hagen CPA is here to
confidently and efficiently
help you navigate the CTA*

DEADLINES

- The Reporting Rule goes into effect on **January 1, 2024**
- Reporting companies created **prior to January 1, 2024** have one year to file
- Reporting companies **created on/after January 1, 2024** must file within thirty days after receiving notice of an effective formation or registration

EXEMPT ENTITIES

- Issuers registered with the Securities & Exchange Commission
- Accounting Firms
- Banks, bank holding companies, credit unions, and money services registered with FinCEN
- Registered Commodity Exchange Act entities and investment advisers and/or companies
- Insurance Companies or state-licensed insurance producers
- Public Utilities
- Tax-exempt entities
- Certain pooled investment vehicles
- Inactive companies

Business must meet ALL of the following:

- More than 20 full-time employees
- More than \$5 million in gross receipts, or sales
- An operating presence at a physical office in the United States.

WHAT MUST BE REPORTED?

Reporting Company

Entity Name
(and any d/b/a names)

Business Address

Jurisdiction of Formation

Unique Identification Number
(TIN, EIN, LEI, etc.)

Beneficial Owner

Full Legal Name

Date of Birth

Unique Identification Number
(state-issued ID, passport, etc.)

Current Residential or
Business Address