OUCU Financial Tax Services

90 S Shafer Street
Athens, OH 45701
tax@oucu.org
Phone: (740)597-2820 | Fax: (740)597-2827

Welcome New Client!

We are glad you have chosen OUCU Financial Tax Services to assist you with the preparation of your 2024 tax returns. We look forward to working with you!

Attached you will find a tax organizer which will assist you in gathering your documents. The organizer consists of several forms. First, is a personal information sheet. Please take the time to fill in each section with your information and answer the questions. Next, is our questionnaire. Please be sure you answer all the questions on the first side and, if applicable, the second side. Also, you will find our engagement letter that we ask you to read, sign and date.

We will not be able to start on your tax return until we receive all these completed forms along with your tax documents. When you have finished the organizer and gathered your documents you are ready to begin our process. You do not need to schedule an appointment and may drop off the organizer with your documents at any time during our open hours (Monday through Friday 9:00 am to 5:00 pm) You may also send us your documents securely online. We utilize a program called ShareBase. This program allows us to share sensitive financial documents more securely than through emails. If you would like to receive an electronic folder to upload your documents, please email us at tax@oucu.org.

We are also happy to announce we will be offering a discount of \$10 for taxpayers who have brought us their completed organizer and tax documents by March 3, 2025.

Your options for getting your documents to us include:

- Drop off at our reception desk located at our Shafer Street location Financial Services entrance (our doors face Shafer Street.) No appointment is needed and, you may drop off any time during our open hours.
- Deposit in our locked drop box also located at Shafer Street location Financial Services entrance (between doors, monitored, secure and available during our open hours)
- Request an electronic ShareBase folder by emailing tax@oucu.org. Please do not email documents directly.
- Mail your documents to 90 S. Shafer St. Athens, OH 45701 Attn: Tax Department

While appointments are not required, we are available for appointments both in person and virtually. We offer two types of appointments, one for assistance in completing the enclosed questionnaire only and one for more in-depth tax questions. You may schedule an appointment online at www.oucu.org under the "Schedule an Appointment" tab.

Thank you for your business! We appreciate you choosing OUCU Financial Tax Services and look forward to serving you this tax season.

The OUCU Tax Preparation Service Team

2024 Tax Organizer Personal Information

	Name			s	SN	Has IP PIN	Date of Birth
Taxpayer							
Spouse							
Name of per	rson to whom all information should be addressed,	if not the taxpayer					
Street add	Iress, city, state, and ZIP						
	Occupation		Daytime Phone	Evening	Phone	С	ell Phone
Taxpayer							
Spouse							
Taxpayer	email						
Spouse er	mail						
Taxpayer' Drive Photo ID n State photo Date photo	Are you or your spouse blind? Are you or your spouse disabled? Are you or your spouse a full-time studer Do you or your spouse want to designate At any time during 2024 did you: (a) receive (as a reward, award, or pay (b) sell, exchange, gift, or otherwise discation Information stype of photo ID er's license State-issued pho	e \$3 to go to the President rment for property or servi spose of a digital asset (o	ice) a digital asset?	a digital asset) (to ID St	ate-issued p	photo ID	
	Name of Bank	Bank	Bank	Type of A	ccount	Use th	is Account for
	Name of Bank	Routing Number	Account Number	Checking	Savings	Deposit	s Withdrawals
	tment Information appointment is scheduled for		Nambu da una potano do da Nobelo de	мамининин	REBERERARIA		arahamananahaman

2024 Page 2

	Dependent and Other Information	
Name:		SSN:

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return

)t												

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates						
	Fee	deral	Reside	nt State	Reside	nt City
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023						
First quarter				-		
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Page 3

		aire

Questionnaire	
Name:	SSN:
Orrockion-sciro	
Questionnaire	
Yes No	
[] [] Did your marital status change during the year? If yes, please explain including dates	
[] [] Can you or your spouse be claimed as a dependent by someone else?	
[] [] Did your address change during the year? If yes, please provide dates and locations of	
[] [] Are you a U.S. Citizen or a Permanent Resident (Green Card Holder?) If no, please fill	out NR form
[] [] Are you a member of OUCU Financial? If yes, please provide member number here: Dependent/Education Information	
[] [] Are you claiming any dependents on your return? If yes, please fill out section A on opposition of the control of the	posite side of form
[] [] Did anyone in your household attend college last year? If yes, please fill out section B o	
Health Care Information	n opposite olde
[] [] Do you have subsidized health insurance (Affordable Care Act?) If so please provide us	with your 1095A
[] Are you currently on Medicare or will you be within the next year?	,
Income, Purchases & Sales	
[] [] Did you have a change in employment or new employment in 2024? If yes, please provi	ide details
[] [] Did you receive any retirement and/or Social Security income in 2024?	
[] [] Did you receive any interest or dividends last year? Please include traditional and/or onl	line (ex. Robinhood)
[] [] Did you buy or sell any stocks, bonds or other investments during the year?	
[] [] Does OUCU Financial Services manage your investment and/or retirement accounts?	
[] [] Do you have bank accounts in a foreign country?	la.
	No
 [] [] Did you have any income from, or pay taxes to a foreign country? [] [] Did you sell your personal residence in 2024? If yes, provide original purchase & selling 	dates & amounts:
[] [] Did you receive or pay alimony in 2024? If yes, provide date of final divorce (mo/yr) & a	
[] [] Did you receive any income that will not be provided with the forms and documents you	
Business/Rental Property	3 ,
[] [] Do you own a business or rental property? If yes, please fill out section C on next page	
Itemized Deductions and Adjustments If YES, please provide documentation.	
[] [] Did you pay any out of pocket medical or dental expenses (premiums, prescriptions, mil	leage etc?) If yes, and
itemizing, please fill out medical expense worksheet. Note we are not staffed to total rec	
[] [] Did you pay long-term health insurance (nursing home) premiums for you, your spouse	or dependents in 2024?
[] [] Did you pay any real estate property tax or mortgage interest during the year?	
[] [] Did you pay any student loan interest in 2024? If yes, please provide statement	h (Caadwill ata)
[] [] Did you make any contributions to charity during the year? Cash/Check/CC or Non-Cas Miscellaneous	ii (Goodwiii etc.)
[] [] Did you make any contributions to a Traditional or Roth IRA? (please circle type) (Amou	int \$
Please note this is not contributions you made through your employer.	j γ
[] [] Did you perform a backdoor Roth contribution or Qualified Charitable Distribution (QCD	1)?
[] [] Did you make gifts to anyone in excess of \$18,000 during the year?	,.
[] Did you pay wages of \$2,700 or more to any household employees? (babysitter, nanny,	tutor, housekeeper etc.)
[] [] Did you make any contributions to an Ohio Qualified Tuition program during the year?	
[] [] Do you have any use tax to declare? (Example: Online purchases where you did not pay	y sales tax.)
[] [] Did you receive a first time home buyer credit in 2008?	
[] [] Did you receive any notices from the IRS or a state taxing authority? If yes, please prov	* *
[] [] Have you ever been disallowed an Earned Income, Child Tax or American Opportunity of	
[] [] Were you, your spouse, or any dependents issued an Identity Protection PIN by the IRS	3?
[] [] Would you like to pay for your tax return preparation with OUCU Reward Points?	hiah #
[] [] May we communicate with you via text regarding the status of your tax return? If yes, will [] [] Do you have a preference on how we communicate with you? Please circle: Phone Em	
[] [] Do you have a preference which taxpayer we communicate with? Please circle: Taxpayer	
[] [] Do you acknowledge you will sign your return in the same manner you dropped off your	
Electronic) Please note if you are dropping off originals in person and opt to sign via em	
your originals back to you and a \$25 surcharge will be added to your fee. Note all federa	
will be e-filed.	
Signature: Date:	

2024 Page 4

Questionnaire
Name: SSN:
Questionnaire
Yes No
Section A Dependents [] [] Is the child(ren) you are claiming your: son, daughter, stepchild, foster child, brother, sister, step-sibling, half-sibling or descendant of any of them? [] [] Does the child(ren) have a valid social security number(s) or ITIN(s)? [] [] Did the child(ren) live with you in the United States for over half of the year? [] [] Was the child(ren) between the ages of 19 to 23 and a full time student? [] [] Did you pay for any childcare expenses during the year? If yes please include provider name and EIN or SSN number, and amount paid. [] [] Were any of the children permanently and totally disabled? (please provide documentation) [] [] Are any of the children married and filing a joint return? [] [] Did the child(ren) pay for more than half of their own support during the year? [] [] Did the child(ren) have more than \$2,600 in un-earned income (ex. interest or dividends) [] [] Do any of your dependents need their own tax return completed? If yes please ask for dependent tax return checklist. Also, please note the minimum charge for dependent returns this year is \$25. This fee includes one W2 or 1099. If additional schedules are required fees start at \$50. [] [] Can you provide documentation to substantiate the eligibility for your dependent? Please check all that apply: School Records , Medical Records , Social Services Statement , Other (specify) [] [] Unmarried or Separated Individuals - Did you pay for more than half the cost of maintaining your home in 2024? Note you may only include costs for rent, mortgage, property tax, home insurance, home repairs &
maintenance, utilities and food eaten in the home. [] [] If you are the non-custodial parent do you have an active Form 8332? (If so please provide us with a copy)
Section B College Students [] [] Was the student enrolled at least half-time for one academic period in 2024? [] [] As of January 1, 2024 (beginning of last year) has the student completed their first bachelor's degree? [] [] Have you provided us with a copy of all Forms 1098-T? [] [] Have you ever claimed the American Opportunity Credit? If yes please provide number of years claimed [] [] Are there any other fees not listed on the Form(s) 1098-T? (ex books) Please provide details [] [] Has the student ever been convicted of felony possession or distribution of a controlled substance (drugs?) [] [] Please provide us with an account statement from the school and book receipts if available.
Section C Business/Rental Property Owners [] [] Do you have a separate bank account for business transactions? [] [] For rental property owners: How many hours are you actively involved annually with your property(ies)? [] [] Do you have documentation to substantiate your business/rental income and expenses? [] [] Did you purchase or sell any business assets? If yes please provide details. [] [] Do you have automobile expenses/mileage relating to this activity? If yes please provide both 2024 business miles by month & total annual vehicle miles. By providing mileage you agree you can provide written documentation such as a log of business miles & third party verification of total miles (ex: an oil change) [] [] Have you been issued a 1099 to support the income for this business? [] [] For business owners: Please list all cities in which you earned income for this business
Section D Any Additional Information
Taxpayer Signature Date
Spouse Signature Date [] [] Custom Double Checkbox Items

OUCU Financial Tax Services

90 S Shafer Street Athens, OH 45701 tax@oucu.org Phone: (740)597-2820 | Fax: (740)597-2827

Engagement Letter for Preparation of Your 2024 Tax Returns

:

Thank you for choosing OUCU Financial Tax and Accounting Services to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2024 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon document signature. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

Review all tax-return documents carefully before signing them. Our engagement to prepare your 2024 tax returns will conclude with the presentation of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (740)597-2820.

Sincerely, Lesa Wood Lisa Wood EA OUCU Financial Tax and Accounting Services **Engagement and Preparation of Your 2024 Tax Returns** (Both spouses must sign for preparation of joint returns.) Accepted By: Taxpayer Spouse Date