



# TAX PLANNING ESTIMATOR

[972] 335-6688 FAX [214] 872-1753 8204 Dock Street Frisco, Texas 75035  
www.profitpointe.com lesstax@profitpointe.com

**ESTIMATOR FORM: EVALUATION OF QUARTERLY TAX PAYMENTS AND/OR W-4 TAX DEDUCTIONS**  
**A deposit of \$150 must be provided with this Estimator which will be credited to your account.**  
**Profitpointe will apply the retainer to your total preparation fees.**

CLIENT NAME \_\_\_\_\_ TAX YEAR \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

- Attach the most recent pay stub for each wage earner. How often do you get paid?  
Taxpayer:  Weekly  Bi-weekly  Semi-monthly  Monthly  Other \_\_\_\_\_  
Spouse:  Weekly  Bi-weekly  Semi-monthly  Monthly  Other \_\_\_\_\_
- Attach the **FINAL** pay stub(s) for any W-2 employment or for any employment that you or your spouse have **DISCONTINUED** this tax year.
- **Current** W-4 deductions → Taxpayer:  Single  Married  Married – but withhold at higher single rate  
# of allowances claimed \_\_\_\_\_ Extra withholding \$ \_\_\_\_\_  
Spouse:  Single  Married  Married – but withhold at higher single rate  
# of allowances claimed \_\_\_\_\_ Extra withholding \$ \_\_\_\_\_
- Do you expect any changes in income compared to last year's income?  Yes or  No  
If yes → Increase of: Amount \$ \_\_\_\_\_ or Decrease of: Amount \$ \_\_\_\_\_  
Why? \_\_\_\_\_
- Do you expect any change in your number of dependents?  Yes or  No  
If yes, please explain: \_\_\_\_\_
- Do you expect any changes in your investments?  Yes or  No  
If yes, please explain: \_\_\_\_\_

- Is there anything else which may affect your tax situation for the next tax year?  Yes or  No

If yes, please explain: \_\_\_\_\_

- Do you expect any more or less expenses in the following areas:

	MORE	LESS	AMOUNT	REASON
Mortgage Interest	_____	_____	\$ _____	_____
Real Estate Tax	_____	_____	\$ _____	_____
Medical	_____	_____	\$ _____	_____
Contributions	_____	_____	\$ _____	_____
Education	_____	_____	\$ _____	_____

- Did you make any estimated **Federal or State** tax payments during the year?  Yes or  No

If yes, please complete the following information:

QUARTER		FEDERAL AMOUNT PAID	DATE FEDERAL AMOUNT PAID	STATE	STATE AMOUNT PAID	DATE STATE AMOUNT PAID
1st	by April 15 <sup>th</sup>					
2nd	by June 15 <sup>th</sup>					
3rd	by September 15 <sup>th</sup>					
4th	by January 15 <sup>th</sup>					

**CLIENT ACKNOWLEDGEMENT**

I understand that based on the information I am providing on this ESTIMATOR FORM Profitpointe Tax and Bookkeeping will be making an estimate of my tax payable situation for the current year. I further agree that if there are any changes to my tax situation, the initial results provided by Profitpointe will no longer apply and I will need to reevaluate my estimated payments. I give permission for Profitpointe to share my information on a need to know basis with employees, contractors, subcontractors, financial and legal experts. I realize that Profitpointe is advising me and providing tax services to the best of their knowledge and belief; therefore, I agree to release and indemnify, Pangaea Ventures, Inc., Profitpointe, Backlog Management, LLC, and their respective owners, employees, contractors, and subcontractors of any liability. I have read the policies and procedures outlined in the Profitpointe Policies, and I understand and agree to abide by them. I agree to pay for services rendered immediately upon completion of work. I further understand that my tax estimate will not be released prior to full payment to Profitpointe. Finance charges will accrue at 18% per annum or the highest interest rate allowed by the law of the State of Texas on any balance that remains unpaid after thirty (30) days. I understand that returned checks and charges unpaid for more than 30 days will be subject to legal actions and that I will be responsible for all legal and collection costs, including but not limited to attorney's fees and court costs. I further agree that I waive all rights to change of venue and any court proceedings will remain in Collin County, Texas.

\_\_\_\_\_  
Taxpayer signature Date

\_\_\_\_\_  
Spouse signature Date

**\*SIGNATURE REQUIRED AS AUTHORIZATION TO PROCEED WITH TAX ESTIMATION\***

**COMPLETE THIS SECTION IF YOU HAVE A SELF-EMPLOYED BUSINESS**

**Year-To-Date Expense Summary**

**Complete this page of the Estimator Form (one Year-To-Date Expense Summary) for EACH business activity** and answer the following questions (include any 1099 income):

- Dollar value of new equipment purchased this year: \$ \_\_\_\_\_
- a)  I expect the following changes to my business expenses:  
     Increase of: Amount \$ \_\_\_\_\_ or   Decrease of: Amount \$ \_\_\_\_\_
- b)  I do not expect any changes to my expenses; they should remain about the same
- Do you expect to open or close this or any other business during the next tax year?  Yes or  No  
**If yes**, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- Do you expect any **INCREASE** in your business activity for the remainder of the tax year?  
 Yes or  No
- Do you expect any **DECREASE** in your business activity for the remainder of the tax year?  
 Yes or  No

**If yes**, it is due to: \_\_\_\_\_

1. Business Income year-to-date: \_\_\_\_\_
2. Business Expenses year-to-date: \$ \_\_\_\_\_
3. Business Mileage (combine all vehicles) \$ \_\_\_\_\_

**\*\*THE ABOVE TOTALS (1-3) ARE CURRENT AS OF WHAT DATE?** \_\_\_\_\_

**OPTIONAL**

Please→ provide two (2) copies of Quickbooks back-up diskettes (**No Accountant's copies please**)  
OR a current Profit & Loss Statement and Balance sheet.

