

Liberty Financial Consulting, Inc.

Accurate Books. Confident Filing. Trusted Support.

CLIENT PACKET

Privacy Notice | Engagement Letter | Client Forms | Business Services

2026

CONTACT INFORMATION

2499 Rice Street North #221
Roseville, MN 55113
Phone: (651) 204-6577
Email: accounting@lfconinc.com
Website: www.lfconinc.com
EIN: 26-3118363

01

PRIVACY NOTICE

Your Privacy Is Our Priority

Privacy Notice

Effective Date: January 1, 2026 | Rev. 2026-01

Liberty Financial Consulting, Inc. ('the Firm') is committed to protecting the privacy and confidentiality of our clients' nonpublic personal information (NPI). This Privacy Notice applies to all current and former clients of the Firm.

1. Information We Collect

- Information you provide on intake forms, agreements, or directly to our staff (name, address, SSN or EIN, date of birth, financial records, payroll data, and prior-year tax returns).
- Financial records, bank statements, receipts, invoices, and other source documents you share with us for bookkeeping or tax preparation purposes.
- Information we receive from third-party platforms such as QuickBooks, payroll providers, or government agencies as necessary to perform our services.

2. How We Use Your Information

- Performing bookkeeping, accounting, and bank reconciliation services on your behalf.
- Preparing and filing federal, state, and local tax returns accurately and on time.
- Providing setup, training, and ongoing support for QuickBooks and related software.
- Communicating with you regarding your account, document requests, and deadlines.
- Complying with federal and state legal and regulatory requirements.
- Detecting and preventing errors, fraud, or unauthorized activity in your records.

3. Information We Share

- With government agencies (IRS, MN Dept. of Revenue) as required for tax filing.
- With service providers assisting us in delivering services, subject to confidentiality agreements.
- As required by applicable law, including in response to lawful subpoenas or court orders.
- With your express written authorization.

4. Data Security

- We maintain physical, electronic, and procedural safeguards to protect your NPI.
- Access to client records is restricted to authorized personnel only.
- Electronic files are protected by password controls and encryption where applicable.

5. Retention

- Tax records are generally retained for a minimum of seven (7) years per IRS guidelines.
- Records no longer required are securely destroyed or de-identified.

6. Your Rights

- The right to access or receive a copy of the NPI we hold about you.
- The right to request correction of inaccurate or outdated information.
- The right to request return or destruction of records upon termination of services.

7. Changes to This Notice

- Material changes will be communicated to active clients by written notice or email.

8. Contact Us

Questions about this Privacy Notice? Contact us:

- Liberty Financial Consulting, Inc.
- 2499 Rice Street North #221
- Roseville, MN 55113
- Phone: (651) 204-6577
- Email: accounting@lfconinc.com
- Website: www.lfconinc.com

This notice is provided in accordance with the Gramm-Leach-Bliley Act (GLBA), IRS Publication 4557, and applicable state privacy laws.

02

ENGAGEMENT LETTER

Individual Client — Tax Preparation Services

Engagement Letter — Individual Tax Client

Date

Tax Year(s) to be Prepared

Client Full Name

Thank you for choosing Liberty Financial Consulting, Inc. for your tax preparation needs. We are pleased to confirm the terms of our engagement. Please review this letter carefully, complete the fields above, and sign below.

Scope of Services

- Preparation of your federal individual income tax return (Form 1040) and applicable schedules based on the documents and information you provide.
- Preparation of your Minnesota state individual income tax return (Form M1) and required supporting schedules.
- Preparation of additional state returns if you had out-of-state income, as agreed.
- Review of the prior year's return as needed to ensure accuracy and continuity.
- Calculation and communication of any balance due or refund amount prior to filing.
- Electronic filing (e-file) of your federal and state returns upon receipt of your signed authorization.
- Response to IRS or MN Dept. of Revenue notices related to returns prepared by the Firm, as separately agreed in writing.

Services are strictly limited to individual income tax return preparation as described. The Firm does not provide bookkeeping, payroll, legal, investment, insurance, or financial planning services.

How Our Process Works

- You deliver your tax documents to our office (in person, by mail, or electronically).
- We prepare your return based on the documents and information you provide.
- We present your completed return for your review and questions.
- You sign the e-file authorization form and pay our fee.
- We electronically file your return(s) and provide you with a copy.

Client Responsibilities

- Provide all tax documents prior to preparation (W-2s, 1099s, SS statements, etc.).
- Inform us of life changes that may affect your return (marriage, dependents, home purchase, etc.).
- Review your completed return carefully before signing the e-file authorization.
- Respond to requests for additional documentation promptly to avoid filing delays.
- Retain copies of your signed tax return and supporting documents for at least seven (7) years.

The Firm prepares returns based on information you provide and does not independently audit source documents. Penalties or assessments arising from inaccurate or incomplete information you provide are your sole responsibility.

Fees & Payment

Our fee is based on the complexity of your return. It will be communicated before or upon completion. Payment is due before or at the time your completed return is delivered and your e-file authorization is signed. The Firm reserves the right to withhold completed returns until all fees are paid.

Confidentiality

All information you share is strictly confidential per our Privacy Notice, IRS Circular 230, and IRC Section 7216. We will not disclose your information without your written consent, except as required by law.

Limitation of Liability

The Firm's liability shall not exceed the total fee paid for the return giving rise to the claim. The Firm is not liable for penalties resulting from inaccurate information you provided or changes in tax law after your return is filed.

Governing Law

Governed by the laws of the State of Minnesota. Disputes shall first be subject to good-faith negotiation; unresolved disputes submitted to binding arbitration in Ramsey County, Minnesota.

Acceptance & Authorization

By signing below, you confirm you have read and agree to the terms of this Engagement Letter and the attached Privacy Notice, and authorize the Firm to prepare and electronically file your tax return(s) for the tax year(s) indicated.

Client Signature

Date

Print Name

Accepted on behalf of Liberty Financial Consulting, Inc.:

Authorized Representative Signature

Date

Print Name & Title

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CLIENT INTAKE FORM

Individual Client — Please Complete All Sections

Client Intake Form — Individual

Please complete all fields. Information is used solely to establish your tax preparation services and is kept strictly confidential. Fields marked * are required.

SECTION A: Personal Information

* Full Legal Name

* Date of Birth (MM/DD/YYYY)

* Social Security Number (SSN)

* Home Address

City

State

ZIP Code

* Primary Phone Number

Alternate Phone Number

* Email Address

Filing Status

Number of Dependents

Spouse / Partner Full Name (if filing jointly)

Spouse SSN

SECTION B: Income & Employment

Primary income type(s) — check all that apply:

- ☐ W-2 Employment
 ☐ Self-Employment / 1099
 ☐ Rental Income
☐ Social Security / SSI
 ☐ Pension / Retirement
 ☐ Investment Income
☐ Other (describe below)

Other Income Source(s)

Employer Name(s) / Source(s) of Income

Approx. Gross Annual Income (\$)

State(s) Where Income Was Earned

Did you receive any of the following? — check all that apply:

- ☐ 1099-NEC / 1099-MISC
 ☐ 1099-K (payment apps)
 ☐ 1099-G (unemployment)
☐ K-1 (partnership/S-corp)
 ☐ Foreign income
 ☐ Cryptocurrency

SECTION C: Tax Preparation Details

Tax year(s) to be prepared:

- ☐ 2025
 ☐ 2024
 ☐ Other (list below)

Other Tax Year(s)

Have you filed in prior years? If not, explain:

Prior Filing History / Notes

Did you receive any IRS or state tax notices? (attach copies if yes)

☐ Yes ☐ No

Preferred method to receive completed returns

Electronic Filing Consent (Yes / No)

Documents you will provide — check all that apply:

☐ W-2(s) ☐ 1099(s) ☐ Prior-year return ☐ Social Security Statement
☐ Mortgage Interest Statement ☐ Charitable Contribution Records ☐ Other

SECTION D: Acknowledgement & Consent

By signing below, I confirm that the information provided is accurate and complete to the best of my knowledge. I authorize Liberty Financial Consulting, Inc. to use this information solely to perform the services described above. I have received and reviewed the Firm's Privacy Notice and agree to its terms.

Client Signature

Date

Print Name

05

PREPAYMENT AUTHORIZATION

Credit Card Authorization Form

Credit Card Prepayment Authorization

This form authorizes Liberty Financial Consulting, Inc. to charge the credit or debit card below for tax preparation or accounting service fees as described. Please complete all fields, sign, and return this form. Your card information is handled in strict confidence and is not stored after processing.

SECTION A: Cardholder Information

* Cardholder Full Name (as it appears on card)

* Billing Address

City

State

ZIP Code

* Cardholder Phone Number

Cardholder Email Address

SECTION B: Card Information

* Card Type:

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

* Card Number:

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* Expiration Date (MM/YY)

* CVV / Security Code

* ZIP Code on Card

SECTION C: Payment Details

* Service(s) Being Paid For (e.g., Tax Year 2025 Individual Return Preparation)

* Amount to Be Charged (\$)

Payment Date

Payment type:

☐ One-time charge ☐ Deposit / partial prepayment ☐ Balance due

SECTION D: Authorization & Agreement

By signing below, I authorize Liberty Financial Consulting, Inc. to charge the credit or debit card described above in the amount shown for the services listed. I confirm that I am the authorized cardholder, that the information provided is accurate, and that I agree to pay the stated amount in accordance with my card issuer's agreement. This authorization is valid for the one-time charge indicated above only.

I understand this form will be retained solely for the purpose of processing this payment and will not be used for any future charges without a new signed authorization. A receipt will be provided upon successful processing.

Cardholder Signature

Date

Print Name

Amount Authorized (\$)

Last 4 Digits of Card

FOR OFFICE USE ONLY	
Date Processed: _____	Processed By: _____
Auth / Confirmation #: _____	Amount Charged: \$ _____