

Tax Return Preparation Agreement

This letter is to confirm and specify the terms of our agreement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2015 and subsequent federal income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets at your request to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should send copies of all the documents, canceled checks and other data that form the basis of income and deductions. These will be returned to you, and 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.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. Additional fees may be required for accounting or bookkeeping services.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

You agree that in the event your return cannot be completed by the due date, it may become necessary for us to apply to extend the due date. Extensions are required when we do not receive information needed to prepare a return on a timely basis. Applying for an extension of time to file may extend the time available for a government agency to undertake an audit of your return or may extend the statute of limitations. Additionally, extensions may affect your liability for penalties and interest or compliance with government and constituent deadlines.

The law provides various penalties that may be imposed when taxpayers understate their tax liability.

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your tax return is selected for examination/audit, or you cannot pay your tax liability - we would be pleased to discuss providing assistance to you under the terms of a separate engagement for those purposes.



EXPERIENCED
TAX DEFENSE ATTORNEYS

Your returns may be selected for review by the taxing authorities. 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 request to represent you and will render additional invoices for the time and expenses incurred.

Our estimated fee for these services may change if the amount of work increases. No tax return can be released to you until payment in full is received.

Please sign the enclosed copy of this agreement in the space indicated and return it to our office. If there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Signature: _____ Date: _____

Personal Information* Tax Year 2015

| Name | | Social Security Number | Date of Birth | Occupation | Phone Number |
|-----------------|--|------------------------|---------------|------------------------|--------------|
| Taxpayer | | | | | |
| Spouse | | | | | |
| Street Address* | | | City* | State* | Zip* |
| Email Address: | | | | Alternate Phone Number | |

Dependents (Children & others)

| Name | Relationship | Date of Birth | Social Security Number | Months lived with you | Disabled | Full time Student |
|------|--------------|---------------|------------------------|-----------------------|----------|-------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Filing Status*

| | | | | | |
|---------------------------|--|--|--|-----------------------|---|
| Single | <input type="checkbox"/> | | | | |
| Married | <input type="checkbox"/> | | | | |
| Widower | <input type="checkbox"/> | Date of Death | | | |
| Married Filing Separately | <input type="checkbox"/> | Spouse's Name* | Spouse's SSN* | Lived with Spouse | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Taxpayer | | Spouse | | Presidential Campaign | |
| Blind | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Taxpayer | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disabled | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Spouse | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Health Insurance Coverage

| Covered | Purchased from Market Place 1095-A | Purchased from Insurance company 1095-B | Covered By an Employer 1095-C |
|------------|------------------------------------|---|-------------------------------|
| Taxpayer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Income

| | Description | Taxpayer | Spouse | | Description | Taxpayer | Spouse |
|-----------|--------------------|--------------------------|--------------------------|---------------|-------------------|--------------------------|--------------------------|
| W2 | Wage | <input type="checkbox"/> | <input type="checkbox"/> | 1099-C | Cancelled Debt | <input type="checkbox"/> | <input type="checkbox"/> |
| W2G | Gambling | <input type="checkbox"/> | <input type="checkbox"/> | 1098-T | Education Expense | <input type="checkbox"/> | <input type="checkbox"/> |
| 1099-R | Retirement | <input type="checkbox"/> | <input type="checkbox"/> | 1099-B | Stock Sales | <input type="checkbox"/> | <input type="checkbox"/> |
| 1099 SSA | Social security | <input type="checkbox"/> | <input type="checkbox"/> | 1099-G | Unemployment | <input type="checkbox"/> | <input type="checkbox"/> |
| 1099-MISC | Self Employment | <input type="checkbox"/> | <input type="checkbox"/> | 1099-S | House Sale | <input type="checkbox"/> | <input type="checkbox"/> |
| 1099-INT | Interest | <input type="checkbox"/> | <input type="checkbox"/> | Alimony | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1099-DIV | Dividends | <input type="checkbox"/> | <input type="checkbox"/> | Child Support | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1120-K1 | Corporation Income | <input type="checkbox"/> | <input type="checkbox"/> | Rental Income | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1120S-K1 | Corporation Income | <input type="checkbox"/> | <input type="checkbox"/> | Jury Duty | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1065-K1 | Partnership Income | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

* Denotes Required Fields

| Deductions | | | | | |
|-----------------------|------------------------------|--------------|------------------------------|-----------------------------------|------------------------------|
| Property Tax | Yes <input type="checkbox"/> | Day Care | Yes <input type="checkbox"/> | Job Related Expenses | Yes <input type="checkbox"/> |
| Mortgage | Yes <input type="checkbox"/> | Donations | Yes <input type="checkbox"/> | Foreign Bank Account | Yes <input type="checkbox"/> |
| Business Miles | Yes <input type="checkbox"/> | Student Loan | Yes <input type="checkbox"/> | Energy Efficient Updates | Yes <input type="checkbox"/> |
| Schedule A | | | Day Care | | |
| Medical | | | | Company Name | |
| Prescription | | | | Company Address | |
| Glasses | | | | | |
| Property Tax | | | | Company EIN # | |
| Personal Property Tax | | | | Total Expenses | \$ |
| Mortgage | | | | Employee Business Expenses | |
| Donations | | | | Auto Make & Year | |
| | | | | Mileage | |
| | | | | Dues | \$ |
| | | | | Tools/Equipment | \$ |
| | | | | Uniforms/ Clothing | \$ |
| | | | | Other | \$ |

| | |
|--------------------|--|
| Non Cash Donations | |
| Name _____ | |
| Address _____ | |
| Tax ID # _____ | |

Other Information Necessary for Tax Preparation

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records. I understand it is my responsibility to provide all information required for the preparation of the return and to retain the documents to present to the taxing authority for any reason. I understand and acknowledge that the Tax Preparation and Tax Organizer are completed in conjunction with each other and the language of the agreement shall govern. Additional fees may apply if bookkeeping or accounting assistance is needed. I understand my return will not be released until paid in full. By signing below, I agree to all terms listed herein.

Payment Information (choose one)

Credit Card Number _____ Exp: _____ CVV _____

Direct Debit (Bank Authorization)

Routing Number _____ Account Number _____

Taxpayer Signature Date

Spouse Signature Date