

EA Cornerstone, LLC
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Houston, TX 77070
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Individual Tax Organizer – For assistance in filing personal returns.

Dear Valued Client,

Enclosed is our questionnaire and organizer intended to assist you in gathering the relevant information necessary to prepare your personal tax return(s). Please complete the sections that pertain to you and notate any questions or concerns you may have in the applicable comment section(s).

We will prepare the current federal and state income tax return(s) you request using information you provide to us. This organizer will help you avoid overlooking important information and will contribute to efficient preparation of your return(s). It is your responsibility to provide complete and accurate information. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. You are responsible for the returns and should review them carefully before you sign them.

Please retain your original documents. You should keep all documents, receipts, canceled checks and other data that support your reported earnings and/or tax reductions. These documents may be necessary to prove accuracy and completeness of the return(s) to a taxing authority. Any original documents provided to us will be copied and returned to you upon request.

If we filed your previous year's return(s) and you would like an inventory of all relevant tax documents needed based on the prior year, please contact us.

To ensure that your return(s) are filed by the April 18th deadline, we ask that you submit your information to us no later than March 31st.

If you anticipate having to file an extension, please complete and return the enclosed extension request form.

Please send all documents electronically through eacornerstonellc.sharefile.com/filedrop, via fax 1-885-701-1085 or via mail.

Thank you,

The Tax Department

INSTRUCTIONS FOR COMPLETING INDIVIDUAL TAX ORGANIZER AND COMPLETING YOUR RETURNS

1. Please complete the enclosed questionnaire and applicable organizer fill-in fields.
2. You may complete only those sections that pertain to you.
3. Make be sure to sign and include the 2016 Engagement Letter.
4. For the safest delivery of your information, please scan and upload your documents via our client file drop at <https://eacornerstonellc.sharefile.com/filedrop>.
5. The firm's policy is to require payment before your final tax returns can be released or e-filed. Please pay your invoice upon completion or include a completed payment authorization form so your filing may be completed timely.
6. Please note that we are required to e-file all *federal* tax returns.
7. For state tax returns, some states do not have electronic filing capabilities. If this applies to you, we will send you the state tax return(s), which you will need to sign and mail to the appropriate state agency. Instructions for mailing will be included in the package.
8. Upon completion of your tax return and receipt of payment we will need Form 8879-Authorization to E-FILE signed and returned (by Taxpayer and Spouse). The form will be included as a PDF with your emailed tax returns. You (and your spouse) may sign, mail, fax or upload a copy. A digital version may be sent for electronic signature upon request.

2016 INCOME TAX RETURN – INDIVIDUAL TAX ENGAGEMENT LETTER

Dear Valued Client,

This letter is to confirm and specify the terms of our engagement with you for the year ended 2016 and to clarify the nature and extent of the tax services we will provide. To ensure an understanding of our mutual responsibilities, we ask that you read this letter, sign it, and return it to us. If you have any questions about this agreement or the responsibilities listed, please discuss this letter with us before you sign it.

We will prepare the federal and state individual income tax return for the calendar year 2016 as listed in your submitted documentation. If we become aware of any other filing requirement, we will notify you of the obligation and may prepare the appropriate returns at your request.

Our services are not intended to determine whether you have filing requirements in other taxing jurisdictions other than the one(s) you have informed us of. Our firm is available under the terms of a separate engagement letter to provide a nexus study that will enable us to determine whether any other state tax filings are required.

We will prepare the return(s) from the information you furnish to us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We will provide you with questionnaires and/or worksheets as needed to guide you in gathering the necessary information. Your use of such forms will increase accuracy and efficiency of the filing(s). Upon completion of your return(s) it is your responsibility to review each return for accuracy and potentially omitted information. You agree to not hold us liable for omitted information not provided for accurate preparation.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare the appropriate amended returns as a separate engagement.

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of the tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning certain positions taken on the return that do not meet these standards. Accordingly, we will advise you if we identify such a situation and we will discuss those tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement. Likewise, where we disagree about the obligation to disclose a position, you also have a right to choose another professional to prepare your tax return. In either event, you agree to compensate us for our services to the date of withdrawal.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending this privilege.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we may be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax returns.

Our fees for tax services will be based in part upon the amount of time required at our standard billing rates for the personnel working on the engagement, plus out-of-pocket expenses. An invoice will be presented to you upon electronic delivery of your tax return(s). All invoices are due and payable upon presentation. We will not deliver your final tax returns without a completed Payment Authorization Form on file.

New law mandates preparers to E-file all returns. Form 8879 (Authorization for E-file) must be signed and returned prior to our E-filing of the returns. Originals are not required.

In order to meet the filing deadline for your 2016 income tax return, your completed Tax Organizer and/or other documentation needs to be received by our office no later than March 31, 2017. Any information received after that date may require an

extension be filed for your return. If your return has been extended, the due date will then be October 16, 2017 and any information needed to file your return will need to be received by our office no later than October 10, 2017.

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve.

We will retain copies of records you supply to us along with our work papers for your engagement for a period of seven years. After seven years, our work papers and engagement files will be destroyed. Upon request, all your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

Notwithstanding anything contained herein, EA Cornerstone LLC and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into at EA Cornerstone's location located in Harris County, Texas, USA, and Harris County, Texas, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Texas.

Please note that only one signature is required for jointly filed returns. Your signature below confirms the acceptance of terms by you and your spouse. If you disagree with any of these terms, please notify us immediately.

Thank you for the opportunity to serve you.

Thank you,

EA Cornerstone, LLC

Accepted by:

Printed Name (Taxpayer)

Printed Name (Spouse)

Signature of Taxpayer or Spouse

Date

2016 Form 1040 Extension Request (Due to EAC by April 10, 2017)

**Without a fully completed extension form, the Internal Revenue Service may consider your extension request invalid and subject you to late filing penalties.

Please provide the following information.

YES

NO

- ▶ 1) Do you plan to make an extension payment for your 2016 Tax Return?

If so, what amount? _____

- ▶ 2) Do you want us to calculate an extension payment for you?

If so, please provide the following:

W-2s, 1099s, K-1s, other earnings, any deductions or significant changes from last year with a list of your 2015 estimated payments.

- ▶ 3) Do you expect to make quarterly estimated payments for 2016?

If so, do you want us to calculate safe-harbor payments?

- ▶ 4) Do your children or other relatives need tax returns filed by us?

If so, do you want us to file an extension for them?

- ▶ 5) Do you need to file any state tax returns?

General Information - Personal & Dependent(s)

Personal Information

Legal Name		Phone Number		
Taxpayer				
Spouse				
Profession		Social Security No.	Date of Birth	
Taxpayer				
Spouse				
Home Address		City	State	Zip Code
	Email Address			
Taxpayer				
Spouse				

Dependent Information (Children & Qualifying Relatives)

Full Legal Name	Relationship	Social Security No.	Date of Birth

Child & Dependent Care Expenses

Provider Name	Provider EIN/SSN	Address, City, State, Zip Code	Dependent	Amount

*Attach provider statement.

Comments & Questions

Personal & Dependent Information

Please answer YES or NO to the following questions and submit applicable details.

YES NO

Personal Information

- | | | |
|--|--------------------------|--------------------------|
| ▶ 1) Did your marital status change during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 2) Did your address change from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 3) Do all names and social security numbers match those in the social security system? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 4) Do you want to allocate \$3 to the Presidential Election Campaign Fund (or \$6 if MFJ)? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependent Information

Children & Qualifying Relatives

- | | | |
|---|--------------------------|--------------------------|
| ▶ 1) Were there any changes in your dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 2) Are you claiming a dependent child who lived with you for less than 1/2 year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 3) Are you divorced or separated with child(ren)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, do you have a separation agreement which establishes custodial responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 4) Are any of your unmarried children who might be claimed as dependent(s) 19 years of age or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, are they students? | <input type="checkbox"/> | <input type="checkbox"/> |
| If students, do you provide more than half of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 5) Do you have any children under age 19 with unearned income in excess of \$1,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 6) Do you have any children under age 24 with unearned income in excess of \$2,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 7) Did you pay any expenses related to the adoption of a child during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 8) Do you have a dependent(s) who must file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, would you like EAC to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 9) Did you provide over 1/2 the total support for any person other than your current dependent(s) during the previous year? | <input type="checkbox"/> | <input type="checkbox"/> |

Child & Dependent Care Expenses

- | | | |
|---|--------------------------|--------------------------|
| ▶ 1) Did you pay dependent care expenses for a child or qualifying relative during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 2) Did you pay an individual or an organization to perform services for the care of a dependent under the age of 13 in order to enable you to work or attend school on a full-time basis? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments & Questions

Higher Education Costs

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

Tuition, Fees & Related Expenses

▶ 1) Did you, your spouse, or your dependent(s) attend a post-secondary school during the year?

▶ 2) Did you, your spouse, or your dependent(s) incur any higher education expenses during the year?

▶ 3) Did you, your spouse, or your dependent(s) receive reportable scholarship, grant, and/or fellowship monies?

▶ 4) Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

If so, were they used for education purposes?

▶ 5) Did you make any withdrawals from an education savings or 529 Plan account?

Was the distribution used to pay for qualified higher education expenses?

Was the account open for 12 months or will it be open for 12 months?

Student Loan Interest

▶ 1) Did you pay any student loan interest this year for yourself, your spouse or your dependent(s) during the year?

Comments & Questions

Higher Education Costs

Tuition, Fees & Related Expenses

University Name	Student Name	Year in School	Tuition	Books/Supplies	Scholarships

*Attach Form 1098-T.

Student Loan Interest

Institution		Interest Paid
Taxpayer		
Spouse		

*Attach Form 1098-E.

Comments & Questions

Health Care Information

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

Health Care Information

Individual Insurance Mandate

- | | | |
|---|--------------------------|--------------------------|
| ▶ 1) Did you enroll in Marketplace Coverage through HealthCare.gov? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 2) Was each member of your family covered by a qualified health insurance plan during all 12 months of the year?
*Please note we must report on your tax return, and calculate a penalty, if you, your spouse or any of your dependents did not have insurance for any full month during the year. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 3) Did anyone in your family qualify for an exemption from the health care coverage mandate?
*If you did NOT have insurance for each month of the year, you are required to provide details of insurance coverage for each family member by month. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 4) Do you have any reason to believe you should be subject to minimum health insurance coverage penalties? | <input type="checkbox"/> | <input type="checkbox"/> |

Health Savings Accounts (HSA), Archer MSA, or Medicare Advantage MSA

- | | | |
|---|--------------------------|--------------------------|
| ▶ 1) Did you make a contribution(s) to a Health Savings Account (HSA) or Archer MSA? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 2) Did you receive a distribution(s) from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA?
If so, did you use all the distributed monies for qualified medical expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 3) Did your employer make contributions to a Health Savings Account (HSA) or Archer MSA for the year? | <input type="checkbox"/> | <input type="checkbox"/> |

Total Health Care Costs

- | | | |
|--|--------------------------|--------------------------|
| ▶ 1) Did your total out-of-pocket medical expenses exceed 10% (7.5% if over 65) of your Adjusted Gross Income? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 2) Did you pay long-term care premiums for yourself or your family? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments & Questions

Health Care Information

General Health Care Information

Individual Insurance Mandate

*If you received Form 1095-A, 1095-B, or 1095-C, please attach.

Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA

*Attach Forms 1099-SA or Form 5498-SA.

	Contribution Amount	Date of Contribution	Plan Type - HSA, FSA, HRA
Taxpayer			
Spouse			

Total Healthcare Costs

Medical Insurance Premiums	\$	Doctors Fees & Copays	\$
(Paid by you, not your employer)		Dental Services	\$
Disability Insurance	\$	Other	\$
Long Term Care Insurance	\$	Medical Miles Driven (# of miles)	

*Only provide totals if you believe the aggregate to exceed 10% of your gross income (7.5% if over the age of 65).

*Expenses can be paid for either you, your spouse, or your dependents only.

Comments & Questions

Retirement Account Information

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

Retirement Account Contributions

▶ 1) Have you or will you make any pension plan contributions through your own business?

▶ 2) Did you make contributions this year to an IRA, Roth IRA, Keogh, Simple or SEP?

If you have not done so already, do you plan on making a retirement plan contribution this year for the previous plan year?

Would you like us to calculate the hypothetical impact of a contribution on your current year's taxes?

▶ 3) Did you convert, rollover, or recharacterize any retirement plan monies during the year?

▶ 4) Did you take out a loan against any existing retirement account?

▶ 5) Are you an active participant in a pension or retirement plan?

▶ 6) Is your spouse an active participant in a pension or retirement plan?

Retirement Account Distributions

▶ 1) Did you receive any distribution from a profit-sharing plan, retirement plan, or an individual retirement account?

▶ 2) If you are over 70 1/2, did you receive your correct required minimum distribution?

Retirement Account Contribution Information

*Attach Form 5498.

	Contribution Amount	Date of Contribution	Plan Type - SEP, Roth, or Traditional
Taxpayer			
Spouse			

Comments & Questions

Expense & Credit Information

Personal Property Expenses

Mortgages and Debts (Interest paid during the year)	Total
Personal Residence (1st Loan)	\$
Personal Residence (2nd Loan)	\$
Second Home/Vacation Home	\$

***Attach all Form(s)1098.**

Real Estate and Property Taxes (Paid during the year)	Total
Personal Residence	\$
Second Home/Vacation Home	\$
Other Property, Land, Etc.	\$
Personal Property Tax	\$

***Attach property tax statements with proof of payment date.**

Charitable Contributions

	Total
Cash/Checks/Credit - <u>Paid</u>	\$
Noncash Donations	\$
Charitable Mileage (To/From: Donation Delivery and/or Volunteering) _____	

***Please provide a list and receipts of all noncash donations.**

Moving Expenses

	YES	NO		Total
Did you move due to a change in employment?	<input type="checkbox"/>	<input type="checkbox"/>	Storage	\$
Number of miles from old home to new workplace _____			U-Haul, Movers, Etc.	\$
Number of miles from old home to old workplace _____			Miles Driven	\$
			Lodging During Move	\$
Job Search Costs \$			Reimbursements	\$

Other Expenses

Alimony Paid	Name	Social Security No.	Total
Gambling Losses			\$
Margin Interest			\$

Comments & Questions

Income & Investments

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

General Questions

- | | | |
|--|--------------------------|--------------------------|
| ▶ 1) Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 2) Did you receive wages/W-2 income from an employer during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 3) Did your spouse receive wages/W-2 income from an employer during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 4) Did you receive any installment income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 5) Did you receive any Social Security benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 6) Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 7) Did you receive any disability income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 8) Did you receive tip income not reported to your employer during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 9) Did any of your life insurance policies mature, or did you surrender any policies during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 10) Did you receive any awards, prizes, hobby income, gambling, or lottery winnings during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 11) Did you have any debts cancelled or forgiven (this includes foreclosure of residence/other real property)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 12) Did you receive any disability income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, did your employer pay the premiums? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 13) Did you receive any royalty income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 14) Did you receive any income from mineral rights or working interests during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments & Questions

Income & Investments (Continued)

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

Investment and Partnerships

- | | | |
|--|--------------------------|--------------------------|
| ▶ 1) Did you start a new business during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 2) Did you acquire a new or additional interest in a partnership or S-corporation during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 3) Did you sell any interest in a partnership or S-corporation during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 4) Did you sell an existing business or other property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 5) Did you sell, exchange, or purchase any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 6) Did you sell any stocks, bonds, or other investment properties during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 7) If you received a 1099-B for sales of property or assets, do you agree with the basis information provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ 8) Have you personally loaned any non-relative money with the understanding of repayment which has become totally uncollectible this year? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments & Questions

Unreimbursed Employee & Partnership Expenses

Unreimbursed Employment Expenses (W2-Employee)	Total
Number of Business Miles Driven for Your Employer	_____
Total Miles Driven for Any Purpose	_____
Parking & Tolls Paid Related to Your Employment	\$
Business Meals & Entertainment Not Paid for by Your Employer	\$
Transportation While Traveling & Lodging Away From Home	\$
Services (Fax, Postage, Cleaning, Etc.) Used While Traveling on Business	\$
Business Publications Needed for Work Purposes	\$
Seminars, Training, & Continuing Education	\$
Uniforms & Dry Cleaning	\$
Tools for Work	\$
Professional Licenses, Association, & Union Dues	\$
Teacher Expenses (Classroom Supplies, Books, Etc.)	\$

Unreimbursed Partnership Expenses	Total
Number of Business Miles Driven for Your Partnership	_____
Total Miles Driven for Any Purpose Throughout The Year	_____
Parking & Tolls Paid Related to Your Partnership	\$
Business Meals & Entertainment Not Paid for by Your Partnership	\$
Transportation While Traveling & Lodging Away From Home	\$
Services (Fax, Postage, Cleaning, Etc.) Used While Traveling on Business	\$
Business Publications Needed for Work Purposes	\$
Seminars, Training, & Continuing Education	\$
Uniforms & Dry Cleaning	\$
Tools for Work	\$
Professional Licenses, Association, & Union Dues	\$

Comments & Questions

Automobile Expenses (Employment & Partnership Activities)

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

Vehicle Information (Employment, Partnership Interests, Management Companies)

▶ 1) Did you use your vehicle for (non-commuting) business use?

▶ 2) Which business activity did you use this automobile for?

a) Employment (W-2 Wage Employee)?

b) Partnership Interest(s)?

c) Management Company?

Vehicle Questions

▶ 1) Did you receive any reimbursement(s) or allowance(s) for your out-of-pocket vehicle expenses?

If not, were you eligible to be reimbursed?

▶ 2) Was the vehicle available for use during off-duty hours?

▶ 3) Do you have another vehicle for personal use?

▶ 4) Do you have sufficient records to support this deduction?

If yes, do you have written documentation?

*Complete the bottom section for each vehicle driven for business purposes.

Business Vehicle Information

Taxpayer or Spouse

Year/Make/Model

Vehicle Asset Information

Total Cost

\$

Sales Price

\$

Purchase/Lease Acquisition Date

/ /

Date Sold/Turned In

/ /

Mileage

Business Miles

Commuting Miles

Personal Miles

Total Annual Miles Driven

*Commuting miles are from your home to your regular place of business.

Annual Totals

Gas

\$

Registration & Inspection Fees

\$

Interest Paid (On the note)

\$

Tires

\$

Insurance (For this auto only)

\$

Oil Changes

\$

Car Washes

\$

Lease Payments (If NOT purchased)

\$

Repairs

\$

Tolls & Parking (Business related only)

\$

Home Office Expenses - Employment & Partnership Activities

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

▶ 1) Did you utilize an area of your home for business purposes?

If yes, was it used regularly and exclusively for business purposes?

If yes, was it used for management or administrative purposes and there is no other fixed location where such activities are conducted?

▶ 2) Were you reimbursed for out-of-pocket expenses?

If not, were you allowed to be reimbursed and weren't due to extenuating circumstances?

Home Office

*If new, attach HUD stmt.

Purchase Price of Your Home

\$

Date Placed in Service

/ /

Business Square Feet

Total Home Square Feet

Number of Rooms Used For Business

Number of Rooms (Not closets, bathrooms, utility areas)

Annual Totals

Mortgage Interest

Rent (If you don't own your home)

Property Taxes

Outside Maintenance

Insurance

Security Services

Utilities

HOA Fees

Repairs, Cleaning, Etc.

Other _____

*If you lived in more than 1 home during the year, complete a separate page for each home.

Comments/Questions

Foreign Bank & Financial Accounts Information

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

Foreign Bank & Financial Accounts Information

- ▶ 1) Did you have a financial interest in, or signature authority over a financial account located in a foreign country?

* This includes bank account(s), security account(s), and/or brokerage account(s).

- ▶ 2) Do you have any foreign financial assets, or hold interest in a foreign entity?

- ▶ 3) Did you have any foreign income or pay any foreign taxes during the year?

*Either directly or indirectly from investment accounts, partnerships, or a foreign employer.

- ▶ 4) Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

- ▶ 5) Did you hold an interest in a Canadian Registered Retirement Savings Plan ("RRSP") or Registered Retirement Income Fund ("RRIF")?

Comments & Questions

Foreign Bank & Financial Accounts Information

Foreign Bank & Financial Accounts

TP or SP	Institution Name	Account Number
Institution Address, City, State, Postal Code		Country
Type of Account (Checking, Savings, Brokerage, Retirement, Etc.)	Value on December 31st	Highest Annual Value

TP or SP	Institution Name	Account Number
Institution Address, City, State, Postal Code		Country
Type of Account (Checking, Savings, Brokerage, Retirement, Etc.)	Value on December 31st	Highest Annual Value

TP or SP	Institution Name	Account Number
Institution Address, City, State, Postal Code		Country
Type of Account (Checking, Savings, Brokerage, Retirement, Etc.)	Value on December 31st	Highest Annual Value

***Include all foreign accounts with aggregate balances over \$10,000.**

Comments

Refunds, Estimates, & Tax Planning

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

Taxes Information

Estimated Tax Payments

- ▶ 1) If you had quarterly estimated tax payments due for the year, did you pay them as scheduled?

Tax Payment Information

- ▶ 1) Did you change a bank account that had been used last year to direct deposit/ACH funds to/from?

- ▶ 2) Do you expect to receive a refund?

If so, would you like to receive your refund via direct deposit?

- ▶ 3) Do you expect to owe additional monies?

Would you like to pay the balance due by check?

Do you want to withdraw your taxes on the date we electronically file?

Estimated Payments and Tax Planning

- ▶ 1) Do you want us to provide you with current year quarterly estimated tax payments?

- ▶ 2) Do you want your current year estimated tax payments automatically withdrawn from your account?

- ▶ 3) Do you want us to sign you up for a personal IRS tax payments account at www.eftps.gov?

- ▶ 4) For the current year, do you expect a large fluctuation in income, deductions or withholding?

- ▶ 5) Do you expect to retire or change jobs this year?

Miscellaneous

- ▶ 1) Did you receive an Identity Protection PIN from the IRS or have you been a victim of identity theft?
If yes, attach the IRS letter.

- ▶ 2) Were you audited or did you receive correspondence from the IRS or a state taxing agency?

- ▶ 3) Did you receive correspondence from the IRS stating an applied overpayment from a prior year was adjusted or refunded?

Comments & Questions

Refunds, Estimates, & Tax Planning

Estimated Tax Payments Paid

Federal Tax Payments	Date Paid	Amount
First Quarter Due: 4/16		
Second Quarter Due: 6/16		
Third Quarter Due: 10/16		
Fourth Quarter Due: 1/16		

State Tax Payments	Date Paid	Amount
First Quarter Due: 4/16		
Second Quarter Due: 6/16		
Third Quarter Due: 10/16		
Fourth Quarter Due: 1/16		

Refund Information

Name of US Bank

Routing Number (9-digit number on the bottom left of a check)

Account Number

Checking or Savings Account?

***Attach a VOIDED CHECK.**

Balance Due Information (If Different From Refund Information)

Name of US Bank

Routing Number (9-digit number on the bottom left of a check)

Account Number

Checking or Savings Account?

***Attach a VOIDED CHECK.**

Comments & Questions

Gifts & Inheritance

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

Gifts & Inheritance

▶ 1) Did you and/or your spouse make gifts of more than \$14,000 to any individual?

▶ 2) Did you and/or your spouse receive any gifted property during the year?

▶ 3) Did you and/or your spouse inherit any monies or property during the year?

* Provide the full legal name, address, SSN and amount of gifts made over \$14,000 (\$28,000 for split MFJ gifting).

Comments & Questions

Self Employment - Contract Labor Information

Business Information

Business Name

(If not your own name)

Business Address

(If different from home)

Type of Business Activity

EIN Number

(Please be specific, e.g., if consultant, in what field?)

(If applicable)

Gross Income (Do not include amounts already totaled on Forms 1099MISC)

Commission Income

\$

Service Fee Income

\$

Product Sales Gross Receipts

\$

Business Expenses (Do not include any personal or home office expenses)

Accounting & Bookkeeping Fees

\$

Office Supplies

\$

Advertising & Promotions

\$

Parking & Tolls

\$

Bank Service Charges

\$

Payroll Expense - Gross Employee Wages

\$

Continuing Education

\$

Payroll Taxes (Employer FICA, SUTA, FUTA, etc.)

\$

Contract Labor

\$

Postage, Delivery, & Freight Costs

\$

Credit Card Annual Fees

\$

Printing, Copying, & Fax Charges

\$

Employee Pensions & Benefit Programs

\$

Repairs & Maintenance

\$

Gifts (Up to \$25 per person per year)

\$

Rent of Equipment, Storage, or Office Space

\$

Insurance (Non-health related)

\$

Small Furnishings & Equipment

\$

Interest Expense

\$

Small Tools

\$

Legal & Professional Fees

\$

Telephone/Cell Phone

\$

Licenses & Fees

\$

Travel (No travel meals)

\$

Magazines, Books, & Trade Publications

\$

Uniforms & Special Work Clothing

\$

Meals & Entertainment

\$

Utilities

\$

Other

\$

Other

\$

*List inventory separately if applicable.

*Please provide a list of new business assets and capital improvements paid for during the year.

Automobile Expenses for Self Employment - Contract Labor

Vehicle Information

*Complete a separate page for each vehicle/business activity.

Vehicle Information

Taxpayer or Spouse	
Year/Make/Model	
Date Placed in Service	

Annual Mileage (For this auto only)

Business Activity Mileage	
Commuting Miles	
Personal Miles	
Total Miles Driven	

Annual Totals (For this auto only)

Gas	\$
Interest Paid on Note	\$
Insurance	\$
Car Washes	\$
Repairs, Tires, Oil Changes, etc.	\$
Registration & Inspection Fees	\$
Lease Payments (If not purchased)	\$
Tolls and Parking (Business related only)	\$

*Commuting miles are from your home to your regular place of business.

Vehicle Asset Information

Total Cost	\$	Sales Price	\$
Purchase/Lease Acquisition Date	/ /	Date Sold/Turned In	/ /

Home Office

Purchase Price of Your Home (Attach HUD Stmt.)	\$	Date Placed in Service	/ /
Number of Rooms Used for Business		Business Square Feet	
Number of Total Rooms (Not closets, bathrooms, utility areas)		Total Home Square Feet	

*If you lived in more than 1 home in during the year, complete a separate page for each.

Annual Totals

Mortgage Interest	Rent (If you don't own your home)
Property Taxes	Outside Maintenance
Insurance	Security Services
Utilities	HOA Fees
Repairs, Cleaning, Etc.	Other _____

*List capital improvements separately.

Comments/Questions

Rental Property Information

Please answer YES or NO to the following questions and submit applicable details.

YES

NO

Rental Property Income/Expenses

▶ 1) Did you rent a personal residence, vacation home, or other property for more than 14 days during the year?

▶ 2) Did you receive any prepayments of rental income during the year?

▶ 3) Did you receive or return any security deposits during the year?

▶ 4) Did you materially participate in the rental activities during the year?

▶ 5) Do you have any pre-rental expenses?

*You can deduct your ordinary and necessary expenses for managing, conserving, or maintaining rental property from the time you make it available for rent.

▶ 6) Did you make any capital improvements to the property during the year?

*You must capitalize any expense you pay to improve your rental property. An expense is for an improvement if it results in a betterment to your property, restores your property, or adapts your property to a new or different use. If so, list out each improvement cost and date in service.

Comments & Questions

Rental Property Information

*Please complete a separate page for each rental property.

*Complete an auto/home office page if you have associated expenses.

Property Information

Address

City	State	Zip Code
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Property Purchase Date

Date Began Renting/Placed on The Market

Purchase Price *Attach HUD statement if purchased this year.

Rental Income

Rent	\$
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*DO NOT include income reported on Form(s) 1099MISC or Form(s) 1099K.	\$
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Tenant Expense Reimbursements	\$
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Advance Rent	\$
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Security Deposits	\$
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Property Expenses

Advertising	\$	Maintenance & Repairs	\$
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Bank Service Charges	\$	Supplies (Cleaning, etc.)	\$
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Contract Labor	\$	Parking & Tolls	\$
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Dues & Fees	\$	Postage, Delivery, & Freight	\$
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Insurance	\$	Printing, Copying, & Faxing	\$
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Interest Expense (Credit cards, etc.)	\$	Property Taxes	\$
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Legal & Professional Fees	\$	Small Furnishings & Equipment	\$
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Licenses & Fees	\$	Telephone/Cell Phone	\$
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Management Fees	\$	Travel (No travel meals)	\$
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Mortgage Interest	\$	Utilities	\$
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Other	\$	Other	\$
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*Please provide a list of new business assets and capital improvements paid for during the year.

Automobile Expenses for Rental Property Activities

Vehicle #1 Information

Vehicle Information		Annual Totals (For this auto only)	
Taxpayer or Spouse		Gas	\$
Year/Make/Model		Interest Paid on Note	\$
Date Placed in Service		Insurance	\$
Annual Mileage (For this auto only)		Car Washes	\$
Business Activity Mileage		Repairs, Tires, Oil Changes, etc.	\$
Commuting Miles		Registration & Inspection Fees	\$
Personal Miles		Lease Payments (If not purchased)	\$
Total Miles Driven		Tolls and Parking (Business related only)	\$

Vehicle Asset Information

Total Cost	\$	Sales Price	\$
Purchase/Lease Acquisition Date	/ /	Date Sold/Turned In	/ /

Vehicle #2 Information

Vehicle Information		Annual Totals (For this auto only)	
Taxpayer or Spouse		Gas	\$
Year/Make/Model		Interest Paid on Note	\$
Date Placed in Service		Insurance	\$
Annual Mileage (For this auto only)		Car Washes	\$
Business Activity Mileage		Repairs, Tires, Oil Changes, etc.	\$
Commuting Miles		Registration & Inspection Fees	\$
Personal Miles		Lease Payments (If not purchased)	\$
Total Miles Driven		Tolls and Parking (Business related only)	\$

Vehicle Asset Information

Total Cost	\$	Sales Price	\$
Purchase/Lease Acquisition Date	/ /	Date Sold/Turned In	/ /

Farming & Raising/Breeding Livestock

Sales of Products Purchased for Resale

Crops	\$
Grain & Produce	\$
Livestock	\$

Sales of Products You Raise

Crops	\$
Grain & Produce	\$
Livestock	\$

Other Income

Cooperative Distributions (Form 1099-PAT)	\$	Other Income	\$
Crop Insurance Proceeds & Federal Crop Disaster Payments	\$		

Items Purchased for Resale

Crops (Livestock, Crops, Etc.)	\$	Livestock	\$
Grain	\$	Produce	\$

*List Animals Purchased for Breeding in Asset Field below.

Farm Expenses - Do not include personal or living expense

Advertising	\$	Fuel & Diesel for Farm Equipment	\$
Breeding Fees	\$	Interest	\$
Chemicals, Insect Sprays, & Dusts	\$	Postage & Stationary	\$
Commissions	\$	Equipment Rent & Leasing	\$
Consultant Fees	\$	Repairs & Maintenance	\$
Continuing Education	\$	Seeds & Plants	\$
Crop Scouting	\$	Service Fees	\$
Custom Hire - Hired Labor	\$	Small Tools	\$
Dues to Cooperatives	\$	Supplies	\$
Magazines & Publications	\$	Taxes - Property	\$
Professional Fees	\$	Taxes - (Other, sales, etc.)	\$
Insurance	\$	Tenant House Expenses	\$
Feed	\$	Travel Expenses	\$
Fertilizer & Lime	\$	Utilities	\$
Freight & Trucking	\$	Other Expenses	\$

Farm Assets Purchased During the Year

Date Placed in Service	Description	Purchase Price	Bus.%

Automobile Expenses for Farming Activities

Vehicle #1 Information

Vehicle Information		Annual Totals (For this auto only)	
Taxpayer or Spouse		Gas	\$
Year/Make/Model		Interest Paid on Note	\$
Date Placed in Service		Insurance	\$
Annual Mileage (For this auto only)		Car Washes	\$
Business Activity Mileage		Repairs, Tires, Oil Changes, etc.	\$
Commuting Miles		Registration & Inspection Fees	\$
Personal Miles		Lease Payments (If not purchased)	\$
Total Miles Driven		Tolls and Parking (Business related only)	\$

Vehicle Asset Information

Total Cost	\$	Sales Price	\$
Purchase/Lease Acquisition Date	/ /	Date Sold/Turned In	/ /

Vehicle #2 Information

Vehicle Information		Annual Totals (For this auto only)	
Taxpayer or Spouse		Gas	\$
Year/Make/Model		Interest Paid on Note	\$
Date Placed in Service		Insurance	\$
Annual Mileage (For this auto only)		Car Washes	\$
Business Activity Mileage		Repairs, Tires, Oil Changes, etc.	\$
Commuting Miles		Registration & Inspection Fees	\$
Personal Miles		Lease Payments (If not purchased)	\$
Total Miles Driven		Tolls and Parking (Business related only)	\$

Vehicle Asset Information

Total Cost	\$	Sales Price	\$
Purchase/Lease Acquisition Date	/ /	Date Sold/Turned In	/ /