Instructions: Print out this organizer, then complete it and bring it to our office at your scheduled tax appointment.

Tax Organizer
for

____
(Year)

Taxpayer's Name ____________________________________

L&Co. Langwasser & Company, CPAs

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L&Co. Langwasser & Company, CPAs

Engagement Letter - Please Sign and Return

We appreciate the opportunity of working with you and advising you regarding your income taxes. To ensure a complete understanding between us, we are setting forth the pertinent information about the services in which we propose to render for you.

We will prepare your 2015 Individual Federal and California Income Tax Returns (Form 1040 and 540). We will also prepare any necessary supporting schedules from information you will furnish to us. We will not audit or independently verify the data you submit; however we may ask for clarification of some of the information. Upon request, we will furnish you a tax organizer and questionnaire to guide you in gathering the required information for us to prepare Individual Tax Returns (Form 1040). Your use of such forms will assist us in keeping our fee to a minimum.

The law provides for a penalty to be imposed where a taxpayer makes a substantial understatement of their tax liability. If you would like information on the amount or circumstances of this penalty, please let us know.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. Records, as required by law, must support all deductions; it is especially important that you maintain records to support expenses for meals, entertainment, travel, gifts, vehicle, and home office use. We will not verify the information you give us. However, we may ask you for clarification of some of the information.

You understand that some figures reported may be estimated based on reasonableness. If a taxing authority should request supporting documentation on these estimates, it is your responsibility to provide that information.

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 we find necessary for preparation of the income tax returns.

Because the law requires that all individual tax returns must be filed electronically, Langwasser & Co, CPAs is not responsible for any information altered after electronic filing is processed. **You have the final responsibility for the income tax returns and therefore, you should review them carefully before you sign them.**

We will also be available to answer inquiries on specific tax matters, or to assist you in planning to minimize taxable income or estate taxes. Your return 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 fee for these services will be based upon the amount of time required at our standard billing rates, in addition to charges for computer processing services, and any out-of-pocket costs. **All invoices are due before efiling your tax return or payable upon receipt if your return is not electronically filed.** Finance charges of 1.5% per month (18% per year) may be added to each invoice for which payment is not received within 30 days. This charge will be computed from the date of the unpaid invoice until payment is made. You are responsible for paying all invoices and finance charges. If you do not make payment according to our terms, we may initiate legal action to collect the unpaid amount plus all costs incurred to collect that amount, including our attorney fees. For your convenience, we gladly accept Cash, Visa, Mastercard, American Express, Discover or ACH Debit.

If your return is rejected by the IRS and/or your state agency due to information we were not made aware of, there will be fees assessed at our standard hourly rates (CPAs and Professionals $225, Staff Accountants $165, all other staff $125) to correct the errors and re-submit the return. The fee to file an extension with the IRS and state is $125. An extension will be filed on your behalf on April 1, 2016, if we have not received your tax documents prior to that date.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. If there are any additional returns you expect us to prepare, please note this at the end of this letter, just below your signature.

Accepted By:

______________________________________ Date: ________________

Client

2015	1040	US	Miscellaneous Questions

Please check the appropriate box if any of the following pertain to you or your spouse for 2015,

Yes	No	
☐	☐	Did your marital status, address, cell phone or email change during the year?
☐	☐	**Did your direct deposit bank account information change within the last twelve months? If so, please update: Routing Number: __________________ Acct. No.__________________**
☐	☐	**Were there any changes in dependents, listed on page 2 for your review, and did or will any dependents listed file their own tax return?**
☐	☐	Did you and your dependents have healthcare coverage for the full-year?
☐	☐	Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of $1,000, or total investment income in excess of $2,000?
☐	☐	Did you receive unreported income of $20 or more in any month?
☐	☐	Did you receive any disability income or have higher than normal medical expenses?
☐	☐	Did you have any debt cancellations, foreclosures, or short sales?
☐	☐	Did you buy or sell any stocks, bonds or other investment property?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	**Did you receive a distribution from a retirement plan (401(k), IRA, etc.)?**
☐	☐	**Did you make a contribution to a traditional IRA or a Roth IRA or** did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
☐	☐	Did you incur a loss because of damaged (i.e., fire, wind, water, etc.) or stolen property?
☐	☐	Did you use your car on the job (other than to and from work) or have any non-reimbursed employee business expense
☐	☐	Was your home rented out or used for business?
☐	☐	Did anyone owe you money which had become uncollectible?
☐	☐	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, security account, or other financial account?
☐	☐	Did you receive any notices by either the Internal Revenue Service or the State taxing agency?

Tax Organizer for __________________ (year)

Please complete this organizer and bring it to your tax appointment. Your last year's tax return is an excellent guide for completing this organizer. Make a special note wherever you have additional information not on last year's return.

<u>Personal Information</u>

Taxpayer
Name ____
Social Security Number ____________________
Date of Birth ____________________________
Occupation ____

Spouse
Name ____
Social Security Number ____________________
Date of Birth ____________________________
Occupation ____

Mailing Address ____
City ______________________________ State ________ Zip______________
Work Phone ____________________________ Home Phone ________________________

	Taxpayer Yes	Taxpayer No	Spouse Yes	Spouse No
Blind	☐	☐	☐	☐
Disabled	☐	☐	☐	☐

Marital Status	
Married	☐
Single	☐
Widow(er)	☐

Filing Jointly Yes ☐ No ☐

Do you want to contribute $3 to the Presidential Campaign Fund Yes ☐ No ☐

<u>Dependent Children (others)</u>

Name	Social Security Number	Date of Birth	Relationship	Dependent's Income

Please bring the following to your appointment:

- Last year's tax return, unless we prepared it.
- Copies of all W-2s, 1099s, supporting documents of income and expense.
- The mailing label given to you on the IRS tax booklet, if any.

Please answer the following questions:

Did you receive any notices from the IRS this past year?	Yes	☐	No	☐
Do you have a foreign bank account?	Yes	☐	No	☐
Did you pay to attend classes beyond high school?	Yes	☐	No	☐
Did you pay interest on a student loan this past year?	Yes	☐	No	☐
Did you receive any rental income from property?	Yes	☐	No	☐
Did you receive any farm income?	Yes	☐	No	☐
Do you have self-employment income or expense?	Yes	☐	No	☐
Were there any births, adoptions, or deaths in the family?	Yes	☐	No	☐

Income

Wages (attach W-2s)

Name of Employer

Taxpayer ______________________________

Spouse ______________________________

Interest Income (attach 1099-INT)

Payor (bank, etc.)	Amount

Dividends (attach 1099-Div)

Payor (company name)	Ordinary Div.	Capital Gain	Nontaxable

Partnership, S-Corp., and Other Income (attach K-1)

List the sources

____

____

____

____

Real Estate Sold (home, vacation property, bare land, etc.)

Description	Selling Price	Date Purchased	Cost

Investments Sold (stocks, bonds, mutual funds, other)

Name	Cost	Date Acquired	Date Sold	Selling Price

Individual Retirement Account (IRA)

Contributions for this past year

	Amount	Roth	Regular
Taxpayer			
Spouse			

Withdrawals from IRA (attach 1099-R)
Reason for withdrawals:

____

____

Other Pension or Annuity Income (attach 1099-R)

Payor	Reason for withdrawal

Other Income

Source	Amount
State income tax refund	
Commissions	
Unreported tips	
Installment sales payments received	
Alimony received	
Scholarships or grants	
Unemployment compensation	
Worker's compensation	
Disability income	
Other ____________________	

Expenses

Medical Expense (insurance, drugs, equipment, nursing, hospital, doctors, etc.)

List type: Amount

____ _____________
____ _____________
____ _____________
____ _____________

Taxes Paid (other than on W-2 wage statements)

Type of tax	Amount
Federal income tax estimates (Form 1040-ES)	________________
State income tax	________________
Real estate tax	________________
Personal property tax	________________
Other___________________________________	________________

Interest Paid

Amount

Mortgage paid to: ________________________________ ______________
Investment interest paid to: _________________________ ______________

Child or Other Dependent Care Expenses

Did you pay for dependent care this past year? Yes ☐ No ☐

Details: (Care provider, social security number, amount)

____
____

Casualty or Theft Loss

Did you have property stolen or damaged by storm, water, fire, or accident this past year?
Yes ☐ No ☐
Details: ____
____
____

Charitable Contributions

Paid by cash (check)
Organization: Amount

____ _____________
____ _____________
____ _____________
____ _____________

Moving Expenses (job related)
Did you move this past year due to change in job locations?
Yes ☐ No ☐
Details: ____
____
____

Employment Related Expenses (not reimbursed)
Did you buy tools, uniforms, licenses, or pay dues or educational expenses in relation to your work this past year?
Yes ☐ No ☐
Details: ____
____
____

Investment Expenses

Item	Amount
Investment interest paid	____________
Safe deposit box rent	____________
Tax preparation fee	____________
Other ____________	____________