



## Individual Income Tax Engagement Letter

We appreciate the opportunity to work with you. This agreement confirms the services you have asked our firm to perform and the terms under which we will perform that work. Please read this letter carefully because it is important to both our firm and you to understand what will and will not be expected.

We will prepare your Individual Federal and State Income Tax Returns and related schedules for 2015 using the information you provide us. If you have taxable activity in a state other than Colorado, you are responsible for informing us of the applicable state(s). It is your responsibility to meet documentation requirements and to provide us all information necessary to complete your tax returns. We will not audit or verify the data you submit to us; however we may ask you for additional information. Before signing, review carefully for accuracy and completion, as well as omissions or misstatements as you have ultimate responsibility for the information reported on your income tax returns.

You should retain copies of all documents, receipts, canceled checks, and other records needed to substantiate the items of income and deductions which are claimed on your return. We do not keep original documents. Any original information and documentation you provide will be returned to you upon completion of your tax returns. We will provide a copy of your tax return for your records. That delivery will be in the medium your request: email or paper copy. Additional copies, either email or paper, will be provided for a fee of \$40 to be paid in advance of releasing said copies. We will not release your information to anyone without your prior written consent. Dependents 16 and over, which are required to file an income tax return, must provide written consent to us in order to release documents to their parents. All tax returns not picked up within 30 days of completion will be assessed a \$5 monthly finance charge.

Fees for our services will be at our standard rates. Your income tax preparation fee does not include bookkeeping services, tax planning, tax projections, or tax consultation services. Other additional fees may include copy costs and computer processing fees. Payment is due upon completion. All income tax return preparation fees must be paid in full prior to the release of the return. We are not responsible for any late fees, penalties or interest imposed by the various taxing authorities for failure to file timely. Any preparation services canceled prior to completion will be billed for time spent at the standard hourly rate of \$120 per hour.

We must receive all information necessary to prepare your return by March 31, 2016, to ensure that your return will be completed by April 15, 2016. If we do not have all the necessary information, you will need to file a request for an extension of time to file. Fees for this service begin at \$40. We will not file extensions unless you specifically request us to do so. If you wish for us to prepare an extension for you, you must notify us by April 1, 2016. You must provide us with adequate income information, for us to estimate the amount of tax that you should send with your extension, if applicable. Filing an extension does not relieve you from paying any tax due on the due date. Failure to pay any tax due with the extension or failure to pay the quarterly estimated tax payments may make you subject to various penalties and interest. This estimate will be based solely on the information you provide to us, and we are not responsible for under estimation of tax due to missing information. If an extension *is not filed*, you may be subject to late filing or late payment penalties by the taxing authorities.

Your returns are subject to review by taxing authorities. Should an examination occur, we will be available to represent you for an additional fee. If you wish us to represent you it is imperative that you notify us immediately upon receipt of a notice from a taxing agency proposing a change to any income tax return.

In the interest of facilitating our services to you, we may communicate by fax or e-mail. Such communications may include information that may be confidential to you. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and you consent to our use of these devices during this engagement.

In recognition of the relative risks and benefits of this agreement to you the client, and the firm, the client and the firm have agreed on the fair allocation of risk between them. As such, the client agrees, to limit the liability of the firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the firm to the client shall not exceed the firm's total fee for services rendered under this agreement. The client and the firm intend and agree this limitation applies to any and all liability or cause of action against the firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree there is a one-year limitation period to bring a claim against the firm for errors or omissions. The one-year period will begin upon the date of signing this agreement.

Estimated tax payments required for 2016 will be calculated according to current tax law legislation.

We appreciate the opportunity to serve you. We are pleased to have you as a client and look forward to a long and mutually satisfying relationship. If you ever have any questions or feel like you need advice regarding a tax or financial matter, please do not hesitate to call us.

Please date and sign below to acknowledge your understanding of the terms and acceptance of your responsibilities of this engagement for the current tax year & all future years. **It is our policy to initiate services after we receive this signed engagement letter.**

\_\_\_\_\_  
**Print Your Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Spouse's Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please provide your preferred phone number and e-mail address:

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Best Regards,

LeAnn Wilson & Associates, Inc.  
Tax and Accounting Specialists

6770 Foxtrot Lane  
Colorado Springs, CO 80924  
Phone: 719-528-8100 Fax: 719-599-3541  
Website: [www.taxandaccountingspecialists.com](http://www.taxandaccountingspecialists.com)



## 2015 INDIVIDUAL TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current 2015 tax situation. Please answer each question by circling yes (Y) or no (N). **Sign and return the completed form** to us with your tax information. If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

1. I prefer to receive my completed tax return via  email,  printed copy of return, or  both (for an additional fee of \$40)
- Y N 2. Electronic filing is now mandated for most tax preparers with some exceptions. One exception is a written request by the taxpayer not to electronically file. Do you wish to file a written request not to electronically file?
- Y N 3. Would you like to have "Direct Deposit" if you receive a refund this year? Please provide us with the following information for direct deposit of a refund.  
 Routing Number (9 digits): \_\_\_\_\_ Bank Account Number \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Bank Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_
- Y N 4. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return)?
- Y N 5. On your state tax return, do you wish to make any political, charitable or other type of contributions?
- Y N 6. Are you, your spouse or any dependents blind/or disabled?
- Y N 7. Did your address, phone number or e-mail address change during the year? If yes please provide the new information on the bottom of this form.
- Y N 8. Did you have any moving expenses for a move in excess of 50 miles?
- Y N 9. Did your marital status change?  
 Common law  Divorced  Married  Separated  Single  Widowed
- Y N 10. Did you have any dependents living with you or were you supporting anyone not living with you?
- Y N 11. Were there any births, deaths, or marriages in your household or did any children cease to be your dependent?
- Y N 12. Did any of your children (whether claimed as a dependent or not) under age 19 (or 24 if a full-time student) have any income (wages, interest, dividends, capital gains, etc.)?
- Y N 13. Did you incur childcare or dependent care expenses?
- Y N 14. Did you adopt a child during the year 2015?
- Y N 15. Did you receive or pay any alimony or maintenance payments?
- Y N 16. Were you a resident of, or did you have income in, or own property in, more than one state during 2015?
- Y N 17. Did you receive unemployment benefits?
- Y N 18. Did you, your spouse or any dependent receive disability payments?
- Y N 19. Did anyone in your household receive Social Security, retirement or annuity benefits?
- Y N 20. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to, or receive disbursements from, any retirement plan, or did you convert any retirement funds to Roth funds?
- Y N 21. Did you buy, sell, or trade stocks, bonds, mutual funds, or any other assets during the year?
- Y N 22. Did you have any interest, dividends or capital gain income?
- Y N 23. Did you have any investment related expenses?
- Y N 24. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account or property in a foreign country? Did the total amount of these accounts exceed \$10,000 at any time during 2015?
- Y N 25. Did you own a rental property? (If yes please complete the enclosed rental property information.)
- Y N 26. Did you own a vacation home that was rented to someone else at anytime during the year?

(continued on reverse side)

- Y N 27. Did you purchase, sell, or refinance your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S or other related documentation if applicable.
- Y N 28. Did you file for bankruptcy or have a foreclosure, short sale or cancellation of debt (mortgage, credit card, etc) in 2015? (If yes, please provide documentation and copies of any 1099-A or 1099-C you receive).
- Y N 29. Did you make any large purchases or home improvements (e.g. purchase a vehicle, trailer, etc), or did you make any energy saving improvements to your home (e.g. insulation, windows, doors)?
- Y N 30. Did you pay any educational expenses for yourself, your spouse or a dependent child? Did you contribute to or take distributions from a 529 plan?
- Y N 31. Did you cash any series EE or I Bonds, issued after 1989, that you used to pay qualified higher education expenses?
- Y N 32. Did you make any payments on a student loan?
- Y N 33. Did you pay long-term care premiums on a qualified policy? If yes, please provide us with page 1 of the policy.
- Y N 34. Did you incur and pay medical expenses including insurance premiums?
- Y N 35. Did you, or anyone listed on your tax return, receive a health insurance premium credit?  
**\*Please complete the enclosed "Health Insurance Questionnaire"\***
- Y N 36. Did you contribute to or receive a distribution from a Health Savings Account (HSA)?
- Y N 37. Did you make cash or non-cash charitable contributions?  
**(Please complete the Noncash Contributions Worksheet.)**
- Y N 38. Did you have any casualty or theft losses?
- Y N 39. Did you have any business, charitable or medical miles?
- Y N 40. If you or your spouse are self-employed, did you pay any health insurance or long-term care premiums?
- Y N 41. Did you make any Federal or State Estimated payments? If yes please provide dates, amounts and copies of checks.
- Date \_\_\_\_\_ Amount \_\_\_\_\_ Fed / State \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Fed / State \_\_\_\_\_
- Date \_\_\_\_\_ Amount \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ / \_\_\_\_\_
- Y N 42. Do you expect a significant fluctuation in your income, deductions or withholding in 2016? If yes, you should discuss the need for a tax projection and possible estimated payments with your tax preparer.
- Y N 43. Has the IRS/State/Local taxing authority made you aware, or are you aware, of any changes to your income, deductions and credits reported on any prior year tax returns?
- Y N 44. Did you pay wages of \$1,900 or more in any calendar quarter during the year to any one household employee?
- Y N 45. Did you make any gifts during the year directly or in a trust exceeding \$14,000 per recipient?
- Y N 46. Have you provided ALL your income from ALL sources? Please use the space at the end to list any other income.
- Y N 47. Have you provided ALL your deductions? If you are uncertain about an item please provide details.

*Please use the lines below to provide additional information regarding the above questions. (Indicate question number)*

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Please provide your preferred e-mail address \_\_\_\_\_

\_\_\_\_\_ Print Your Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Print Spouse's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



We have all been made aware of the Affordable Care Act (ACA) which will impact every individual in America. ACA will require certain information be reported on your 2015 Federal Income Tax Return. In order to correctly and completely prepare your tax return you will need to complete the following Health Insurance Questionnaire.

Preparing your 2015 return will include the reporting of your health insurance whether or not you obtained it through the Health Care Exchange, had it provided by your employer, had a government provided plan, or purchased insurance privately from a carrier. This includes numerous new, complicated, and time consuming forms that will have to be completed to validate coverage of health insurance for every member of your household reported on your tax return.

Our firm has taken every opportunity to learn the impact of the Affordable Health Care Act and how it will affect you and your taxes. We continue to study and attend seminars to address this complex legislation which will impact taxpayers progressively into the future.

We want to take this opportunity to thank you for your trust in us and to inform you that we have done our best to keep our fees for tax preparation reasonable and respectful of you, however the time commitment in preparing returns with the implementation of the Affordable Health Care Act is simply beyond our control. Without question, the time involved to prepare your 2015 tax return will require we increase our fees proportionately.

Our commitment to you remains strong. Our fee characterizes the quality of our work and will always represent a value to you.

Sincerely,

Tax and Accounting Specialists



## Health Insurance Coverage:

The IRS requires that you report information related to your health care coverage on your 2015 tax return. Please read through the following statements and provide what is necessary for us to complete your tax return.

- If you had health care coverage with a government marketplace (exchange) during 2015, please provide **Form 1095-A**.
- If you had compliant health insurance through an employer plan, private policy or with a government plan, please provide **Form 1095-B, 1095-C** or **other proof of insurance document**.
- If any member of your tax household received a credit or subsidy through the Marketplace/Exchange, please indicate who and the amount. Attach **form 1095-A**.
- If any member of your tax household received an EXEMPTION through the Marketplace, please attach the Exemption Certificate you obtained through Healthcare.gov.

Complete the following for each member of your tax household, as it pertains to health insurance for the year 2015:

NAME of each household member	Full Year Coverage Y or N	<i>*Indicate months you or any household member were covered by insurance *</i>											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Taxpayer Signature

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## Non-Cash Contribution Worksheet

Taxpayer Name: \_\_\_\_\_

Tax Year: \_\_\_\_\_

Name and Address of Organization	Date of Contribution	Description of Property Donated	*FMV of Donated Items	How did you Determine FMV?	Original Cost of Item Donated
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*Under the Pension Protection Act of 2006, the clothing and household items must be in 'good used condition or better'. Appliances donated must be in good working condition. It is recommended you have photos of clothing and household items to illustrate condition. Unless otherwise stated, it is assumed the items were acquired through purchase. If acquired as a Gift, Inheritance, or Exchange, please indicate.*


\*You must provide FMV (Fair Market Value) of donated items. Suggestion: FMV of DONATED ITEMS may be found at [www.itsdeductible.com](http://www.itsdeductible.com), [www.satruck.org](http://www.satruck.org), [www.irs.gov](http://www.irs.gov)



Privacy Policy  
Of  
Tax and Accounting Specialists  
LeAnn Wilson & Associates

Enrolled agents, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. We have always protected your rights to privacy.

**Types of Nonpublic Personal Information We Collect**

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

**Parties to Whom We Disclose Information**

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

**Protecting the Confidentiality and Security of Current and Former Clients' Information**

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

**Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.**