

JEFFREY W. LITTLE, CPA

ENGAGEMENT LETTER

I have engaged the firm of Jeffrey W. Little, CPA (here after referred to as "the firm") to prepare my Individual Federal Income Tax Return for the year ended December 31, _____. In that regard, I have completed the **Personal 1040 Tax Questionnaire**, or submitted information by mail or drop-off, and state that to the best of my knowledge and belief:

I have provided true, correct and complete information regarding my income. I understand that it is my responsibility to provide all the information necessary to complete the returns. I will retain for seven years all the documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on my return.

I have provided true, correct and complete information regarding amounts I claimed as tax deductions, and have maintained written documentation supporting all amounts, including log books and receipts. I am aware that documentation should be retained to support the information provided to the firm, particularly business travel and entertainment deductions, business use percentage of autos and other assets, barter activities, and the required documents to support charitable contributions. I understand the Taxing Authorities may examine the returns and that penalties and interest may be imposed on returns that are late, underpaid or incorrect all of which I will be responsible for.

I understand:

- It is **my responsibility** to review the return prepared by the firm **prior to signing** and sending to the proper authorities.
- The firm will not audit, or otherwise verify any information, but may require clarification or additional information.
- The firm is not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest.
- I will be required to sign a separate engagement letter and charged an additional fee if the firm is asked to assist or represent me in a tax examination or inquiry.

I will contact the firm immediately if I discover additional information that will lead to a change in my return, or if I receive any correspondence from the IRS or state taxing authorities. I understand that I will be responsible for additional fees should the need for an amended tax return arise.

I understand that I will be provided with one copy of the tax return and will be charged for additional copies. I understand that I will have to sign a release prior to requesting my tax return to be provided to any other individual or business.

I understand that the preparation fee will be **due and payable upon completion of the income tax return** and additional services will not be performed until the bill for these services is paid in full and the fee will be based upon the standard billing rate. I understand that if I do not pay the balance due upon completion of the income tax return I will be responsible for finance fees of 1.5% per month, any legal fees, court cost, or other expenses associated with the collection of the preparation fee.

Discussed, Understood and Accepted by:

Taxpayer: _____

Date: _____

Printed Name: _____

Spouse: _____

Date: _____

Printed Name: _____

NEW FRAUD PREVENTION MEASURES: We are **required** to obtain copies of documents to prove taxpayers are who they claim to be and to verify children live with the taxpayer. This can be documented with copies of Drivers License for taxpayer/spouse and Medical or School Records showing address of child. Other documents could work as well.

**2016
TAX ORGANIZER**

Taxpayer Information		Spouse Information	
Last name	Last name.....	First name	First name
Middle Initial.....	Suffix.....	Middle Initial.....	Suffix.....
Social security number	Social security number	Occupation.....	Occupation.....
Occupation	Work phone	Work phone.....	Ext ...
Work phone	Ext ...	Cell phone	Cell phone
Cell phone	E-mail address.....	E-mail address.....	E-mail address.....
E-mail address.....	Date of birth.....	Date of birth	Date of birth
Date of birth.....	Address	Address	Apartment number.....
Address	City	State.....	ZIP Code.....
City	Home phone.....	Fax number	Fax number
Home phone.....	Fax number	Fax number	Fax number

Dependent Information					
First name Last name	MI Suffix	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees
Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
Enter total 2016 qualified student loan interest.....

NEW FRAUD PREVENTION MEASURES: IF you are claiming a dependent that does not reside with you, we are **required** to have Form 8332 Custodial Release on file or we can not file the return with that dependent. Form 8332 is available on our web site www.littlecpa.com. PLEASE CALL 217-452-3260 if you have questions.

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2015 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld	_____	_____
Medicare C premiums withheld	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions	Taxpayer	Spouse
Traditional IRA contributions made for 2016	_____	_____
Roth IRA contributions made for 2016	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2016 Deductions

Medical and Dental Expenses	2016 Amount	2015 Amount
Prescription medications.....	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
Taxes	2016 Amount	2015 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____
Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098. Lender's Name	2016 Amount	2015 Amount
_____	_____	_____
Points paid on loan to buy, build or improve main home Lender's Name	2016 Amount	
_____	_____	
Cash/Check/Credit Contributions	2016 Amount	2015 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
Miscellaneous Deductions	2016 Amount	2015 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list): _____	_____	_____

	Yes	No
1 Did a lender cancel any of your debt in 2016? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2016 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
4 Did you purchase a hybrid or electric vehicle in 2016? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2016? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2016 ? % State ID	<input type="checkbox"/>	<input type="checkbox"/>
7 Did your marital status change during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain: _____		
8 Were you or your spouse permanently and totally disabled in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2016? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2016 ?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?.....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2016?.....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy or sell any stocks or bonds in 2016 ?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any moving expenses? If yes , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
24 Do you expect your income and deductions in 2017 to be the same as 2016 ?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
25a Did you and your dependents have health insurance coverage for the full year?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence.....	Taxpayer	Spouse

Electronic Filing and Direct Deposit of Refund

If your tax return is eligible for Electronic Filing, would you like to file electronically?..... **Yes** **No**

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit?

If **yes**, please provide a voided check (not a deposit slip) if **your bank account information** has changed.
What type of account is this?..... Checking Savings

Estimated Tax Paid							
Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																		
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																		
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:													
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2016 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2016 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2016. The national average bronze plan amount is \$225 per month and limited to \$1,115 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

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Process Information

Drop-off Procedure

We will contact you when your return is complete. At that time we will ask you if you need to meet with someone from our office to go over your income tax return. We will make an appointment for you to review the return with an available tax preparer. If you do not need an appointment, you may come in to sign and pick-up your return during the hours of 9am – 6pm Monday – Friday and 9am – 2pm on Saturday.

Payment

Payment is due upon pickup and must be received before your return can be filed, as stated in the engagement letter. We are no longer accepting post-dated checks. We have the following payment options:

- Cash
- Check
- Credit Card
- Money Order
- Bank Product (payment taken out of your refund additional fees will apply)

Refund Status

We will not be able to provide you with an anticipated refund release date. The following are options for checking your refund status:

Federal

- Website: www.irs.gov Click on : Where's My Refund?
- Download App: IRS2GO
- Phone: 1-800-829-1040

State

- Website: www.rcvnuce.state.il.us/ Click on "My Refund" under individuals
- Phone: 1-800-877-8078

Copies of your Tax Return

We cannot provide/send copies of your income tax return to anyone other than the taxpayer/spouse listed on the income tax return without a written release. As part of our tax preparation service you will be provided with one paper copy of your income tax return. Additional copies of your return (paper or electric) can be provided for an additional \$25 processing fee.