



**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

<b>Medical and Dental Expenses</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
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: _____		
<b>Taxes</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
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 .....		
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098.		
<b>Lender's Name</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Points paid on loan to buy, build or improve main home		
<b>Lender's Name</b>	<b>2016 Amount</b>	
<b>Cash/Check/Credit Contributions</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
<b>Noncash Charitable Contributions</b>		
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.		
<b>Miscellaneous Deductions</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
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): _____		

**2016 Questions**

	<b>Yes</b>	<b>No</b>
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 <b>yes</b> , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2016 ?..... If <b>yes</b> , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2016? If <b>yes</b> , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2016? If <b>yes</b> , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2016 ? ..... % State ID .....		
7 Did your marital status change during 2016?..... If <b>yes</b> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
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 <b>not</b> 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 <b>yes</b> , 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 <b>yes</b> , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer?..... If <b>yes</b> , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you expect your income and deductions in 2017 to be the same as 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , 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..... <b>Taxpayer</b> _____ <b>Spouse</b> _____		

**Electronic Filing and Direct Deposit of Refund** **Yes**  **No**

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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This letter confirms the arrangements for income tax services provided by Senior Tax Strategies of Ohio, LLC, as follows:

1. We will prepare your federal, state and local individual income tax returns from information provided by you. We will furnish you with the tax organizer and worksheets to assist you in gathering the necessary information per your request. We will not audit or verify the data you submit, although we may ask you to clarify it, or furnish us with additional data. All requisite information for the preparation of your income tax returns needs to be furnished to us.
2. Your return is subject to review by taxing authorities. If your return is selected for review, you are responsible to provide documentation to prove the deductions claimed. However, just because you receive a letter from the IRS or your return is selected for audit does not mean there is a problem. In your interest, it is advisable to contact this office immediately upon receiving correspondence from the Internal Revenue Service or other taxing authority. We will be available to assist you; however, you may have to authorize us to represent you with the IRS by completing an authorization form before the IRS will talk with us.
3. Whenever we are aware that possible applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will discuss with you our knowledge and understanding of the possible positions, which may be taken on your return. We will adopt whatever position you request on your return so long as it is consistent with our professional standards and ethics. If the applicable taxing authority should later contest the position taken, then there may be an assessment of additional tax liability, plus interest and possible penalties. We assume no liability for any such additional assessments.
4. If there is an error on the return, which results from incorrect information supplied by you, you are responsible for the payment of any additional taxes, which would have been properly due on the original return(s) plus any interest and penalties charged by the taxing authority. If we have made an error, other than an error caused by incorrect information you supplied, we will be responsible for payment of penalties assessed within 12 months of the preparation of the return affected. We will not pay interest nor any additional tax due since the tax would have been payable had the return been correctly prepared, and you have had use of such monies in the interim. Senior Tax Strategies of Ohio, LLC's liability for payment of penalties will be limited to no more than 500% of the fee actually collected for preparation of the tax return regardless of the reason for the assessment of the penalty. It is in your best interest to allow Senior Tax Strategies of Ohio, LLC to speak with the taxing authority about any additional taxes; penalty or interest the taxing authority is considering charging you.
5. The fee you are charged from year to year can vary. Your base fee is \$89.99. This includes 1040, one State and one Local. Other charges may apply, see fee schedule. We will make you aware of any fee changes before you engage us to complete your taxes. We will provide incentive discounts to encourage you to engage our services earlier, rather than later, in the tax cycle. Submitting your complete information after March 31 may, at our discretion, require you to file an extension. We complete returns in the order that complete information is given to us.
6. If you do not consent to allow your tax preparer to use the information from your tax return to make recommendations to you regarding your current financial situation, please initial below. Only if you DO NOT want financial recommendations based on your current situation initial below, otherwise leave blank. We attempt to assist all clients with recommendations to help our clients utilize their resources in more efficient manners, but, due to the pace of tax season, we may or may not have time to consult with you about these things until the rush of tax season is over. We appreciate your patience.

Tax reduction study using tax deferred accounts or investments, including annuities, life insurance, and IRAs, and Eligibility for Long Term Care Insurance, Medicare Supplement.

**Initialed By/Date if you do NOT want advice or recommendations** \_\_\_\_\_

7. The tax return information may not be used or disclosed by the preparer for any purpose other than the purpose stated in the above consent without consent of the taxpayer. My consent does not obligate me to the purchase of any products or additional services.
8. As your tax preparer, we collect information provided by you from your tax organizer, worksheets, documents, discussions, and information that we develop as part of the engagement. We are required to keep all information about our engagement confidential so we will not make any disclosure about you unless we have your approval or are required/permitted by law. This applies even if you are no longer a client. We are committed to safekeeping of your confidential information and we maintain physical, electronic, and procedural safeguards to protect it.
9. Your original records, which will be returned to you, comprise the backup and support for your income tax returns. Our records and files are our property and not a substitute for your own records. Our firm maintains no printed copies of your return only electronic copies. Catastrophic events or physical deterioration may result in our records being unavailable. Maintain your records a minimum of 7 years. We do not archive any copies of any of your documentation nor receipts. We only keep an electronic copy of what was filed and the worksheets used to do so. You will receive a copy of all worksheets used to prepare your return.
10. This engagement letter shall remain in effect until canceled by either party.

If the above fairly sets forth your understanding, please sign and date on the line below.

Client: \_\_\_\_\_ Date \_\_\_\_\_

Client: \_\_\_\_\_ Date \_\_\_\_\_