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January 2015

New Client

Dear New Client,

It's income tax season again! Contained in this packet you will find:

The 2014 Organizer – Please fill it out entirely

The 2014 Engagement letter – please read and sign this document each year prior to my starting your tax return

My Privacy Policy – I provide to you each year for your information and records

When submitting your information to me, please include this organizer, the signed engagement letter, and all supporting documents, including W-2 and 1099 statements.

Here is a list of example supporting documents you should include:

- _____ Employee Earnings, Form W2
- _____ Copy of your last pay stub
- _____ Social Security Earnings, Form SSA-1099
- _____ Pension Income, Form 1099R
- _____ Bank Interest, Form 1099-INT
- _____ Dividends Earned, Form 1099-DIV
- _____ Debt Cancellation, Form 1099-C
- _____ Foreclosure / Short Sale, Form 1099-A
- _____ Sale of stocks, bonds, mutual funds and options, Form 1099B
- _____ Earnings from partnership or S-corp, Form K-1
- _____ Unemployment earnings, Form 1099-G
- _____ Student Loan Interest, Form 1098-E
- _____ College Tuition Expense, Form 1098T as well as any receipts for education costs
- _____ Mortgage Interest Statements, Form 1098
- _____ Property Tax Statement
- _____ Auto License plate fees
- _____ Health Insurance Premiums (not pre-tax)
- _____ Long Term Care (not pre-tax) insurance name and policy number
- _____ Receipts for charitable contributions
- _____ Receipts for child care, including provider name, address and social security #
- _____ Closing Statements on home purchase, sale or refinance

New Clients:

- _____ Copy of previous 2 years tax returns
- _____ Copies of driver's license for you and your spouse
- _____ Copies of Social security cards for you, spouse and dependents
- _____ Copy of divorce decree and amendments and alimony payments

I appreciate your trust in my business. Please feel free to contact me at 612-201-7234 if you have any questions or need additional information.

Sincerely,
Della Miller, CPA

Personal Data

| | |
|--|--|
| Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) | |
| Taxpayer Name | SSN |
| Spouse Name | SSN |
| Address | Apt no. |
| City | State Zip |
| Foreign State/Province | Foreign Postal Code |
| Foreign Country | |
| Taxpayer Date of Birth | Spouse Date of Birth |
| Occupation | Occupation |
| Daytime phone: Ext: | Daytime phone: Ext: |
| Evening phone: Ext: | Evening phone: Ext: |
| Cell: | Cell: |
| E-mail | E-mail |
| <input type="checkbox"/> Full time student <input type="checkbox"/> Blind | <input type="checkbox"/> Full time student <input type="checkbox"/> Blind |
| Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/> | Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/> |
| Date and time of this year's appointment | |

Income Taxes Paid

| Federal | 2014 estimate date due | 2014 estimated amount | Amount paid | Date paid | Check no. |
|-----------------------------|---------------------------|-----------------------|-------------|-------------|-----------|
| 2013 Refund | April 17, 2014 | | | | |
| 2013 Refund applied to 2014 | June 15, 2014 | | | | |
| 2013 Balance Due | Sept. 15, 2014 | | | | |
| | Jan. 15, 2015 | | | | |
| Additional payments made | Amount paid | Date paid | Check no. | Amount paid | Date paid |

| Resident State | 2014 estimate date due | 2014 estimated amount | Amount paid | Date paid | Check no. |
|-----------------------------|---------------------------|-----------------------|-------------|-------------|-----------|
| 2013 Refund | April 17, 2014 | | | | |
| 2013 Refund applied to 2014 | June 15, 2014 | | | | |
| 2013 Balance Due | Sept. 17, 2014 | | | | |
| | Jan. 15, 2015 | | | | |
| Additional payments made | Amount paid | Date paid | Check no. | Amount paid | Date paid |

| Local | 2014 estimate date due | 2014 estimated amount | Amount paid | Date paid | Check no. |
|-----------------------------|---------------------------|-----------------------|-------------|-------------|-----------|
| 2013 Refund | April 17, 2014 | | | | |
| 2013 Refund applied to 2014 | June 15, 2014 | | | | |
| 2013 Balance Due | Sept. 17, 2014 | | | | |
| | Jan. 15, 2015 | | | | |
| Additional payments made | Amount paid | Date paid | Check no. | Amount paid | Date paid |

Dependents

| | | | | | | | | | |
|---|--|--|--|--|---------------------------------|--|----------------------------|--|-------------|
| Name: | | | | | SSN: | | | | |
| | | | | | | | | | |
| First name/MI | | Last name | | | Suffix | | | | |
| SSN/ITIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$1000? | | | <input type="checkbox"/> | | 2014 | | 2013 |
| Is this dependent required to file a tax return? | | | | | <input type="checkbox"/> | | If yes, what is their AGI? | | |
| Child Care Credit - qualifying expenses incurred and paid in 2014 | | | | | | | | | |
| Child Care Credit - portion of qualifying expenses provided by employer | | | | | | | | | |
| First name/MI | | Last name | | | Suffix | | | | |
| SSN/ITIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$1000? | | | <input type="checkbox"/> | | 2014 | | 2013 |
| Is this dependent required to file a tax return? | | | | | <input type="checkbox"/> | | If yes, what is their AGI? | | |
| Child Care Credit - qualifying expenses incurred and paid in 2014 | | | | | | | | | |
| Child Care Credit - portion of qualifying expenses provided by employer | | | | | | | | | |
| First name/MI | | Last name | | | Suffix | | | | |
| SSN/ITIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$1000? | | | <input type="checkbox"/> | | 2014 | | 2013 |
| Is this dependent required to file a tax return? | | | | | <input type="checkbox"/> | | If yes, what is their AGI? | | |
| Child Care Credit - qualifying expenses incurred and paid in 2014 | | | | | | | | | |
| Child Care Credit - portion of qualifying expenses provided by employer | | | | | | | | | |
| First name/MI | | Last name | | | Suffix | | | | |
| SSN/ITIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$1000? | | | <input type="checkbox"/> | | 2014 | | 2013 |
| Is this dependent required to file a tax return? | | | | | <input type="checkbox"/> | | If yes, what is their AGI? | | |
| Child Care Credit - qualifying expenses incurred and paid in 2014 | | | | | | | | | |
| Child Care Credit - portion of qualifying expenses provided by employer | | | | | | | | | |
| First name/MI | | Last name | | | Suffix | | | | |
| SSN/ITIN | | Relationship | | | Number of months lived with you | | | | |
| DOB | | Does this dependent have income over \$1000? | | | <input type="checkbox"/> | | 2014 | | 2013 |
| Is this dependent required to file a tax return? | | | | | <input type="checkbox"/> | | If yes, what is their AGI? | | |
| Child Care Credit - qualifying expenses incurred and paid in 2014 | | | | | | | | | |
| Child Care Credit - portion of qualifying expenses provided by employer | | | | | | | | | |

Health Care Coverage Questionnaire

Name:

SSN:

| Had health care coverage: | For the entire year | For part of the year (Less than 12 months) | No health care coverage at all |
|---------------------------|---------------------|--|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

YES NO Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?

YES NO Did you pay for health care coverage for anyone not listed above?

If you had coverage for any part of the year:
 Where was the policy obtained?
 Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:
 Answer YES if it applies to any member of the household

YES NO Was your previous insurance policy cancelled in 2014?

YES NO Do you have an Exemption from the Marketplace (also called the Exchange)?

YES NO Was coverage offered by taxpayer's or spouse's employer?

YES NO Are you a member of a federally-recognized Indian tribe?

YES NO Are you eligible for services through an Indian health care provider?

YES NO Are you a member of a health care sharing ministry?

YES NO Did you live in the United States the entire year?

YES NO Are you enrolled in TRICARE?

YES NO Did you apply for CHIP coverage?

YES NO Do any of the following apply to you? Do NOT indicate which one.

| | |
|--|--|
| | Became homeless |
| | Evicted in the past six months, or facing eviction or foreclosure |
| | Received a shut-off notice from a utility company |
| | Recently experienced domestic violence |
| | Recently experienced the death of a close family member |
| | Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property |
| | Filed for bankruptcy in the last six months |
| | Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt |
| | Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member |

Profit or Loss From Business Schedule C

| | | | | | | | | | | | | | |
|---|----------------------------------|-------------|--------------------------------------|-------------|--|--|--|-------------|--|------------------------------|--|-----------------------------|--|
| Name: | | | | | | SSN: | | | | | | | |
| | | | | | | | | | | | | | |
| TS | Principal business or profession | | | | | Business code | | | | | | | |
| Business name | | | | | | Employer I.D. number | | | | | | | |
| Business address | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | |
| U.S. Only | | | State, ZIP | | | | | | | | | | |
| Foreign Only | | | Province/State, Country, Postal Code | | | | | | | | | | |
| Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other | | | | | | | | | | | | | |
| Activity type | | | | | | Some investment is NOT at risk <input type="checkbox"/> | | | | | | | |
| You started or acquired this business during 2014 <input type="checkbox"/> | | | | | | You disposed of this property during 2014 <input type="checkbox"/> | | | | | | | |
| Did you make any payments in 2014 that would require you to file Form(s) 1099? | | | | | | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| If "Yes," did you or will you file all required Forms 1099? | | | | | | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| Income | | 2014 | | 2013 | | 2014 | | 2013 | | 2013 | | | |
| Gross receipts or sales | | | | | | Other income | | | | | | | |
| Returns and allowances | | | | | | | | | | | | | |
| Expenses | | 2014 | | 2013 | | 2014 | | 2013 | | 2013 | | | |
| Advertising | | | | | | Taxes and licenses | | | | | | | |
| Car and truck expenses | | | | | | Travel | | | | | | | |
| Commissions and fees | | | | | | Total meals and entertainment | | | | | | | |
| Contract labor | | | | | | Utilities | | | | | | | |
| Depletion | | | | | | Wages | | | | | | | |
| Employee benefit programs | | | | | | Other expenses (list): | | | | | | | |
| Insurance (other than health) | | | | | | | | | | | | | |
| Mortgage interest (paid to banks, etc.) | | | | | | | | | | | | | |
| Other interest | | | | | | | | | | | | | |
| Legal & professional services | | | | | | | | | | | | | |
| Office expenses | | | | | | | | | | | | | |
| Pension and profit sharing plans | | | | | | | | | | | | | |
| Rent or lease (vehicles, machinery, and equipment) | | | | | | | | | | | | | |
| Rent (other business property) | | | | | | | | | | | | | |
| Repairs and maintenance | | | | | | Other (Detail) | | | | | | | |
| Supplies | | | | | | Family Health Coverage | | | | | | | |
| Cost of goods sold | | 2014 | | 2013 | | 2014 | | 2013 | | 2013 | | | |
| Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other | | | | | | There was a change of inventory method <input type="checkbox"/> | | | | | | | |
| Inventory at beginning of the year | | | | | | Materials and supplies | | | | | | | |
| Purchases (less cost of items withdrawn for personal use) | | | | | | Other costs | | | | | | | |
| Cost of labor | | | | | | Inventory at end of year | | | | | | | |

Expenses for Business Use of Your Home

Name: _____ **SSN:** _____

TSJ _____ For _____

| Business Use of Home | 2014 | 2013 |
|---|-------------|-------------|
| Square feet of home used exclusively for business | | |
| Total square feet of home | | |

| Use of Home for Daycare | 2014 | 2013 |
|----------------------------------|-------------|-------------|
| Area used part time for business | | |
| Total hours used for daycare | | |
| Total hours available | | |

Did you live in the home all year? Yes No

Expenses

| | Expenses directly related to business use only | | Total Household expenses | |
|---|--|------|--------------------------|------|
| | 2014 | 2013 | 2014 | 2013 |
| Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Deductible mortgage interest | | | | |
| Real estate taxes | | | | |
| Excess mortgage interest | | | | |
| Insurance | | | | |
| Rent | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Other expenses | | | | |

| Cost of Home | 2014 | 2013 |
|---|---------------|-------------|
| Enter the smaller of your home's adjusted basis or its fair market value | | |
| Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No | Value of land | |
| Date placed in service | | |
| Date taken out of service | | |

2014 Tax Information Questionnaire

The following questions help me to understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by circling yes (Y) or no (N). For every question you answered yes, please provide details in the blank lines at the end of this questionnaire. If a question does not pertain to you, please circle no. If you require help answering any of these questions, please feel free to contact me.

General Information:

- Y N Are you and your spouse US citizens?
- Y N Did any births, adoptions, deaths, marriages or divorces occur last year?
- Y N Can you or your spouse be claimed as a dependent by someone else?
- Y N Are you claiming a dependent child that is not living with you?
- Y N Did you claim a child last year that you will not be claiming this year?
- Y N Will any of your dependent children file their own tax return?
- Y N If so, did they mark the box "dependent of another"?
- Y N Did your child have interest or dividends greater than \$950?
- Y N Did you have a change of address?
- Y N Were you a resident of, or did you have income in, more than one state during the year?
- Y N Are you or any dependents blind and/or disabled? Any disability income received?
- Y N Have you or your spouse paid or received alimony? (not child support)

Income:

- Y N Have you received all W2's? How many are attached? _____
- Y N Did you earn income from a state other than the state in which you live?
- Y N Did you or your spouse receive any tips not reported to your employer?
- Y N Did you engage in any bartering transactions during 2013?
- Y N Did you surrender any US Savings bonds?
- Y N Did you receive any state income tax or property tax refunds last year? How much?
- Y N Did you buy, sell or trade any assets? (i.e. stocks, bonds, investments, personal property)
- Y N Do you or your spouse have a foreign bank account? Please bring statements.
- Y N Do you or your spouse have a foreign brokerage account? Please bring statements.
- Y N Did you or your spouse have foreign income or taxes?
- Y N Were you a grantor (owner) of a foreign trust?
- Y N Did you receive any gambling winnings?
- Y N Did you receive any income not shown on this organizer?

Expenses:

- Y N Did you incur child care or dependent care expenses?
- Y N Did you use your vehicle on the job other than for commuting to work?
- Y N Did you work out of town any time during the year?
- Y N If you are self-employed, did you pay any health or long-term care insurance premiums?
- Y N Were you or your spouse eligible to participate in an employer-sponsored insurance plan?
- Y N Did you have any casualty or theft losses?
- Y N Did you pay wages of more than \$1,700 to a household employee?
- Y N Did you make any gifts directly or through a trust which exceeded \$ 14,000 per person?
- Y N Did you pay sales tax for any large purchases? (e.g. vehicles, home improvements)

Health

- Y N Did you and your dependents have health insurance coverage for 2014?
(Insurance is mandatory. If you are not covered, you may owe a tax penalty.)
- Y N Did you contribute to or receive a distribution from a Health Savings Account?
- Y N Did you receive any COBRA health insurance premium assistance during 2014?

Education

- Y N Did you or your spouse pay any educational loan interest?
- Y N Did you pay for college tuition for yourself, spouse or dependent?
- Y N Did your dependent pay for any college tuition?
- Y N Are you or your spouse a classroom teacher?
If so, how much did you spend on school supplies? \$ _____
- Y N Did you or your spouse contribute to a Coverdell Educational savings account?
- Y N Did you or your spouse receive a 1099Q distribution from a 529 plan?

Retirement

- Y N Did you or your spouse roll over any retirement accounts?
- Y N Did you or your spouse cash in any retirement accounts?
- Y N Do you or your spouse have a regular IRA account?
- Y N What amount are you contributing to that IRA account?
- Y N Would you like me to calculate the maximum contribution you can make to your IRA?
- Y N Did you or your spouse re-characterize any IRA accounts?
- Y N Do you or your spouse have a ROTH IRA account?
- Y N What amount are you contributing to that ROTH IRA account?

Home

- Y N Did you purchase or sell your home?
- Y N Did you receive a 1099-A or 1099-C for abandonment or foreclosure of your home?
- Y N Have you receive the First-Time Homebuyer Credit from purchasing a home?
- Y N Did you dispose of a home for which you received any First-Time Homebuyer Credit?
- Y N Do you own a vacation home that was rented to someone else at anytime?
- Y N Did you have any debt that was cancelled in 2014?

Business

- Y N Did you or your spouse start a new business this past year?
- Y N Do you or your spouse own a business?
- Y N Did you purchase, sell or abandon any business equipment?
- Y N Did you convert any business equipment to personal use?
- Y N Do you or your spouse travel to more than one job location in one day?
- Y N Did you move in order to start a new job?

MN taxpayers

- Y N Did you receive a property tax refund in 2014? If so, what was the amount? _____
- Y N Did you have K-12 education expenses in 2014?
If so, please fill out the attached MN K-12 expense worksheet.
- Y N Does your employer provide transportation benefits? If so, what was the amount? _____
- Y N Do you have a Long Term Care Insurance Policy? If so, please fill in the following:
Name of insured: _____ Policy Nbr: _____ Premiums paid: _____
Name of insured: _____ Policy Nbr: _____ Premiums paid: _____

Misc

- Y N Did you have to pay adoption fee expenses?
- Y N Have you or your spouse received any IRS or state notices?
- Y N Have you been the victim of identity theft?
- Y N Do you expect changes in your income or dependents in 2015?

In the sections below, please fill in the amount spent for each category. You may also submit the receipts for these items:

Medical Expenses not reimbursed by insurance:

Amount:

| | |
|--|-------|
| Health Insurance Premiums (not through employer) | _____ |
| Doctor fees (non-cosmetic) | _____ |
| Dentist/Orthodontist | _____ |
| Long Term Care Premiums (Taxpayer) | _____ |
| Long Term Care Premiums (Spouse) | _____ |
| Other Medical or dental expenses (please list) | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Cash Charitable Donations:

Name of Organization:

Amount:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Non-Cash Charitable Donations:

Name of Organization:

Item donated:

Amount:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Mileage:

Charitable: _____

Medical: _____

Mileage to a second job: _____

Misc:

| | |
|---|-------|
| Tax Preparation Fees | _____ |
| Union Dues | _____ |
| Professional License | _____ |
| Uniform purchase | _____ |
| Uniform cleaning | _____ |
| Financial Planning Fees | _____ |
| Teacher classroom expense | _____ |
| Safe Deposit Box | _____ |
| Other Unreimbursed Employee Exp (please list) | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If your return results in a refund, how would you like to receive it?

_____ Direct Deposit (Please attach a voided check below)

_____ Paper refund check mailed to you – 2013 is the last year this will be available in MN

_____ Apply to next year's estimated payments

If your return results in an amount due, how would you like to pay it?

_____ Direct Debit (Please attach a voided check below)

_____ Personal check which you will mail with a voucher I provide

Please use the blank lines below to provide additional information regarding the above questions. This space may also be used for any other explanations or questions you may have.



1040 - INDIVIDUAL TAX RETURN ENGAGEMENT LETTER

New Client

Subject: Preparation of Your 2014 Individual Tax Returns

Dear New Client:

Thank you for selecting me to assist you with the preparation of your 2014 individual tax returns. The purpose of this letter is to confirm the terms of our engagement and the services I will provide.

I expect to perform the following services:

- ◆ I will prepare your Federal, and Minnesota Individual income tax returns for the year ended December 31, 2014 with supporting schedules from information you furnish me. I will not audit or otherwise verify the data you submit, although I may ask you to clarify some of the information.
- ◆ I am responsible for preparing only the returns listed above. My fee does not include responding to inquiries or examination by taxing authorities. However, I am available to represent you and my fees for such services would be covered under a separate engagement letter.
- ◆ I will perform accounting services only as needed to prepare your tax returns. My work will not include procedures to find defalcations or irregularities and this engagement should not be relied upon to disclose errors, fraud or illegal acts.
- ◆ Should I encounter instances of unclear tax law, or potential conflicts in the interpretation of tax law from tax agencies and tax courts, I will outline the reasonable courses of action and the risks and consequences of each action. I will follow whatever position you request, so long as it is consistent with the codes, regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. I assume no liability for any such additional penalties or assessments. In the event, however, that you ask me to take a tax position that in my professional judgment will not meet the applicable laws and standards as promulgated, I reserve the right to stop work and shall not be liable to you for any damages that occur as a result of ceasing to render services.

Your responsibilities:

- ◆ All forms and documentation must be submitted to me by March 31st, 2015. If I have not received all your information by this time, I do not guarantee that your tax return will be completed by the April 15th deadline for individual returns. Late filing may subject you to late payment penalties. If I receive your information after March 31st, I will assess an additional \$75 surcharge to the fees to prepare your tax return.
- ◆ It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions over \$250.00. If you have any questions as to the type of records required, please ask me for advice. By your signature below, you are confirming that you have the required supporting documentation. I am not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.
- ◆ You have final responsibility for the income tax returns and, therefore, you should carefully examine and approve your completed tax returns before signing.

Record Retention:



- ◆ I retain copies of records you supply to me along with my work papers for a period of seven years. After seven years, my work papers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. Because my working papers and files are not a substitute for the original records, you should store them in a secure place.
- ◆ By your signature below, you acknowledge and agree that upon the expiration of the 7-year period I shall be free to destroy my records related to this engagement.

Release of Information:

- ◆ Your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. I recommend that you contact me before releasing any privileged information.
- ◆ If I am asked to disclose any privileged communication, (unless we are required to disclose the communication by law,) I will not provide such disclosure without your written approval and until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that I incur, including legal fees, that are a result of attempting to protect any communication as privileged.

Special Note Concerning Foreign Accounts:

- ◆ Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having an aggregate value exceeding \$10,000 at any time during the calendar year in a foreign country, shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporation and by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties.
- ◆ If you and/or your entity have a financial interest in, or signature authority over, any foreign accounts, you are responsible for providing me with all the information necessary to prepare the Report of Foreign Bank and Financial Accounts (FBAR) required by the U.S. Department of the Treasury in order for the FBAR to be received by the Department on or before June 30th of each tax year. Effective July 1, 2013, electronic filing of FBAR reports is mandatory using the Bank Secrecy Act (BSA) e-filing system for the Financial Crimes Enforcement Network (FinCEN). If you would like me to submit your electronic FBAR report (FinCEN Form 114) on your behalf, I must receive a signed consent form (FinCEN Form 114a) from you prior to submitting the foreign reporting form. If you do not provide me with information regarding any interest you may have in a foreign account, or if I do not receive your signed authorization to file your foreign reporting form, I will not be able to prepare and file any of the required disclosure statements.
- ◆ In addition, the Internal Revenue Service also requires information reporting under applicable Internal Revenue Code sections and related regulations, and the respective IRS tax forms are due when your income tax return is due, including extensions. The IRS reporting requirements are in addition to the U.S. Department of the Treasury reporting requirements stated above. Therefore, if you fall into one of the below categories, or if you have any direct or indirect foreign interests, you may be required to file applicable IRS forms.
 - You are an individual or entity with ownership of foreign financial assets and meet the specified criteria (Form 8938);
 - You are an officer, director or shareholder with respect to certain foreign corporations (Form 5471);
 - You are a foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472);
 - You are a U.S. transferor of property to a foreign corporation (Form 926);
 - You are a U.S. person with an interest in a foreign trust (Forms 3520 and 3520-A); or
 - You are a U.S. person with interests in a foreign partnership (Form 8865).



- ◆ Failure to timely file the appropriate forms with the U.S. Department of the Treasury and the Internal Revenue Service may result in substantial monetary penalties. By your signature below, you accept responsibility for informing us if you believe that you may have foreign reporting requirements with the U.S. Department of the Treasury and/or Internal Revenue Service and you agree to timely provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file, or untimely filing, of any of these forms.

Handling Disputes:

- ◆ If any dispute arises between us, we both agree first to try in good faith to settle the dispute ourselves. If that fails, then we agree to mediation administered by the American Arbitration Association under Rules for Professional Accounting and Related Services Disputes. The costs of any mediation proceeding shall be shared equally by all parties. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT, IN THE EVENT OF A DISPUTE, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

To affirm that this letter agrees with your understanding of the terms of our engagement, please date and sign below:

Sincerely,

Della Miller, CPA

(Both spouses must sign for preparation of joint return.)

Accepted By:

(Taxpayer)

(Spouse)

(Date)



I value you as my client, and your privacy is important to me. Please read my privacy policy below.

Privacy Policy

CPAs, like all providers of personal financial services, are required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law.

Certain nonpublic personal information is collected from you or obtained with your authorization. This information is necessary to complete the provided services and to maintain the client relationship. This information includes the following:

- Information I receive from interviews regarding your tax situation;
- Information I receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and
- Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

As a general rule, nonpublic personal information is not disclosed to any non-affiliated party except as required or permitted by law. Permitted disclosures include providing information to employees, and in limited situations, to unrelated third parties who need the information to assist in providing services to you. I will not disclose your personal and confidential information to any affiliated party without your express written permission to do so. In all such situations, the confidential nature of this information is communicated.

Records of your nonpublic personal information are retained. The purpose of this record retention is to comply with established guidelines, and to facilitate delivery of services. To protect the privacy of your nonpublic personal information, physical, electronic, and procedural safeguards are maintained in compliance with applicable standards.

Sincerely,

Della Miller, CPA