



Dear Client,

Thank you for choosing Manning Huang CPA & Co. to perform professional services for you. We appreciate the opportunity to assist you and look forward to working with you in preparing your 2016 federal and state income tax return(s). This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients to review and acknowledge the terms and conditions below.

TAX RETURN PREPARATION SERVICE

We will prepare your 2016 federal and state income tax return(s) from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist us to find potential tax saving opportunities and also in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled 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. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover illegal acts, fraudulent activities and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns 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.

FEES AND EXPENSES

Our tax preparation fees for individual income tax services and business income tax services vary depending on your individual and business needs. Please contact us for an accurate quote. All invoices are due and payable upon presentation. (Amounts not paid within 30 days from the



invoice date will be subject to a late payment charge of 1.5% per month (18% per year). If for any reason the account is turned over to an outside agency or attorney for collection, an additional charge equal to the collection costs (i.e.: agency fees, attorney fees, court costs, etc) will be added.

COMPLIANCE WITH IRS REGULATIONS

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that don't meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we concluded that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement. Our engagement with you will terminate upon our withdrawal.

RECORD RETENTION

It is our policy to keep records related to this engagement for five years. However, we do not keep any of your original tax records, so please only send us COPY of requesting documents. If you would like the requesting documents return back to you, please send us a prepaid envelope with your returning address and we will mail the tax documents back to you after the tax season. Please note that when records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

By signing this engagement letter, you acknowledge and agree that upon the expiration of the five year period, we are free to destroy our records related to this engagement.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return(s).

OTHER MATTERS

Any controversy or claim arising out of or relating to this contract or engagement, or breach thereof, except actions by us to enforce payment of our professional invoices, shall be settled by arbitration administered by the American Arbitration Association under its Arbitration rules for Professional Accounting and Related Services Disputes, and must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary. In the event of arbitration or other claim brought against us, any judgment you obtain shall be limited in



amount, and shall not exceed the amount of the fee charged by us, and paid by you, for the services set forth in this engagement letter. In no event will we be responsible for any additional tax that may be assessed against you or any interest or penalty that may be assessed against you with respect to such additional tax.

We have the right to withdraw from this engagement, in our discretion, if you don't provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests, or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

We want to express our appreciation for this opportunity to work with you! If you have questions about the contents of this letter or the enclosed tax organizer, please do not hesitate to contact me.

Best Regards,

Manning Huang

Manning Huang, CPA, MST

Client signature(s):

X

Print Name and Date

X

Print Name and Date

Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address					

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>	
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married	Will file jointly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single		
Pres. Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death _____		

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide for your appointment

- Last year's tax return (new clients only)
- Name and address label (from government booklet or card)
- All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions

- | | |
|---|---|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you give a gift of more than \$13,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. (a) If you paid rent, how much did you pay? _____
(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income

List All Other Income (including non-taxable)

Alimony Received _____
 Child Support _____
 Scholarship (Grants) _____
 Unemployment Compensation (repaid) _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery (expenses _____) _____
 Unreported Tips _____
 Director / Executor's Fee _____
 Commissions _____
 Jury Duty _____
 Worker's Compensation _____
 Disability Income _____
 Veteran's Pension _____
 Payments from Prior Installment Sale _____
 State Income Tax Refund _____
 Other _____
 Other _____

12. Medical/Dental Expenses

Medical Insurance Premiums
 (paid by you) _____
 Prescription Drugs _____
 Insulin _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospital _____
 Doctor/Dental/Orthodontist _____
 Mileage (no. of miles) _____
 Miles after June 30 _____

13. Taxes Paid

Real Property Tax (attach bills) _____
 Personal Property Tax _____
 Other _____

14. Interest Expense

Mortgage interest paid (attach 1098) _____
 Interest paid to individual for your
 home (include amortization schedule) _____
 Paid to:
 Name _____
 Address _____
 Social Security No. _____
 Investment Interest _____
 Premiums paid or accrued for qualified
 mortgage insurance _____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
 Location of Property _____
 Description of Property _____

	Other	Federally Declared Disaster Losses
Amount of Damage	_____	_____
Insurance Reimbursement	_____	_____
Repair Costs	_____	_____
Federal Grants Received	_____	_____

16. Charitable Contributions

Other

Church _____
 United Way _____
 Scouts _____
 Telethons _____
 University, Public TV/Radio _____
 Heart, Lung, Cancer, etc. _____
 Wildlife Fund _____
 Salvation Army, Goodwill _____
 Other _____
 Non-Cash _____
 Volunteer (no. of miles) _____ @ .14 _____

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Job-Related Moving Expenses

Date of move _____
 Move Household Goods _____
 Lodging During Move _____
 Travel to New Home (no. of miles) _____
 Miles after June 30 _____

19. Employment Related Expenses That You Paid (Not self-employed)

Dues - Union, Professional _____
 Books, Subscriptions, Supplies _____
 Licenses _____
 Tools, Equipment, Safety Equipment _____
 Uniforms (include cleaning) _____
 Sales Expense, Gifts _____
 Tuition, Books (work related) _____
 Entertainment _____
 Office in home:
 In Square a) Total home _____
 Feet b) Office _____
 c) Storage _____
 Rent _____
 Insurance _____
 Utilities _____
 Maintenance _____

20. Investment-Related Expenses

Tax Preparation Fee _____
 Safe Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Other _____

21. Business Mileage

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____

Date purchased _____

Total miles (personal & business) _____

Business miles (not to and from work) _____

Miles after June 30 _____

From first to second job _____

Miles after June 30 _____

Education (one way, work to school) _____

Job Seeking _____

Other Business _____

Round Trip commuting distance _____

Gas, Oil, Lubrication _____

Batteries, Tires, etc. _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease payments _____

Garage Rent _____

22. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____

Lodging _____

Meals (no. of days _____) _____

Taxi, Car Rental _____

Other _____

Reimbursement Received _____

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

25. Education Expenses

Student's Name	Type of Expense	Amount

24. Other Deductions

Alimony Paid to _____
 Social Security No. _____ \$ _____
 Student Interest Paid \$ _____
 Health Savings Account Contributions \$ _____
 Archer Medical Savings Acct. Contributions \$ _____

26. Questions, Comments, & Other Information

Residence:
 Town _____ County _____
 Village _____ School District _____
 City _____

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account? Yes No
(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account Taxpayer Spouse Joint
 Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA
 Name of financial institution _____
 Financial Institution Routing Transit Number (if known) _____
 Your account number _____

ACCOUNT 2

Owner of account Taxpayer Spouse Joint
 Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA
 Name of financial institution _____
 Financial Institution Routing Transit Number (if known) _____
 Your account number _____

ACCOUNT 3

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Traditional Savings Traditional IRA Roth IRA
 Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly). _____

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). _____

Owner's name	Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase Amount

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer

Date

Spouse

Date