Hickman & Hickman, PLLC.
1248 Freiheit Rd, #200, New Braunfels, TX 78130

AGREEMENT FOR ENGAGEMENT OF INCOME TAX SERVICES

Client Name (please print clearly)____

Tax Year **2015** Tax Type **1040**

This agreement is written to confirm our understanding of the terms of our engagement and the nature and extent of the income tax services this office will provide.

We will prepare your Federal Income Tax Return for the year specified above. We will not verify all of the data you submit, however we may ask you to clarify or substantiate some of the information. We will be available to assist and guide you in gathering the necessary information by furnishing you with questionnaires and worksheets, and by answering your questions.

It is your responsibility to provide all the information necessary to complete your tax return. You need to retain all documents and records to substantiate the items of income and expenses claimed on your tax return. Since you have the final responsibility for the information on your tax return, it is highly recommended that you review your return carefully before signing it.

We will retain our work papers and a copy of your tax return for your engagement for six years. All of your original records will be returned to you with your tax return. If you should need additional copies of your tax return, we will provide that directly to you for an additional fee. **If you sign up for our client sharefile services, your tax return copy will be available to you anywhere in the world via the internet. This fee is $10 per year.**

Fees for our services are based on our normal firm rates; you may request an estimate of that fee upon submission of your information. Prepared returns will not be released or electronically filed without full payment. Your return is subject to review by taxing authorities. Should an examination or inquiry occur, we will be able to represent you at an additional fee.

This agreement also informs you of our privacy policy (our full privacy policy is available on our web page). We value your trust and confidence and want to assure you that we keep information about you secure and confidential. We adhere to the highest level of professional ethical standards and obligations to protect the confidentiality of all client information. We do not disclose any non-public personal information about our clients or former clients to anyone. We restrict access to non-public personal information to those professionals necessary to prepare your income tax return, and maintain physical, electronic and procedural safeguards to protect your non-public information.

Thank you for this opportunity to work with you. By signing below, you are acknowledging that you have read, understand, and accept the conditions of this agreement and our privacy policy.

Taxpayer ________________________________ Date:__________________

Spouse__________________________________ Date:__________________

Tax Preparer ______________________________ Date:__________________

Phone: 830-626-5554 Fax: 830-626-5556
www.hh-cpas.com

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This organizer is designed to help clients identify items needed to thoroughly prepare individual income tax returns. ***Please check the items that apply to you and gather your documents. We prefer original documents, but in some cases will accept e-mailed or faxed documents.*** ***Please note this form is not conclusive of all tax situations. If you feel you have a unique situation, please contact us for further information.***

Last Year's Tax Return: *If* we did not prepare your taxes last year, please provide a copy of your previous three year's federal and state tax returns.

Please check all items that may apply to you. Be sure to attach all tax forms you have received to your checklist when sending to our office.

Your Complete tax data must be in our office by April 1, 2016 for a timely April 18th filing.

Personal Data

( ) Social Security Numbers (including spouse and children) if not on prior years return

( ) Birthdates, including spouse and dependents, if our office has not prepared your return.

( ) Do you want to directly deposit any refunds? If yes, please provide your banking information.

Bank ___________________ Routing # ____________________ Account #___________________

( ) Child care provider: Name, amount paid per child, address and tax I.D. (SS#)

( ) Did you serve in the armed forces or reserves?

Healthcare Data- Which of the following describes your health insurance coverage status for 2015?

I had:

( ) Health insurance coverage through my employer or a family members employer for all or part of 2015.

( ) Health insurance coverage purchased through the Federal or State run Marketplace for all or part of 2015. ***** Please provide the 1095-A you received from Marketplace*****

(   ) Health insurance coverage purchased directly through an agent for all or part of 2015. ***** Please provide form 1095-B or 1095-C*****

(   ) Health insurance coverage through Medicare, Medicaid, Tricare or VA for all or part of 2015.

(   ) No health care coverage at all during 2015- We need to know why to take any possible exemptions from the healthcare penalty.

Income Data

(   ) W-2 forms for this year
(   ) Unemployment compensation: Forms 1099-G
(   ) Miscellaneous income including **rents** and **royalties**: Forms 1099-MISC-Any income from lease bonuses, surface damages or pipelines? Please provide 1099's for royalties.
(   ) Partnership, S Corporation, & Trust income: Schedules K-1
(   ) Pensions and annuities distributions Forms 1099-R
(   ) Social Security/RR1 benefits: Forms RRB-1099
(   ) Alimony received- $________________/Name and SS# of Payor
(   ) Jury duty pay
(   ) Gambling and lottery winning
(   ) Prizes and awards
(   ) Scholarships and fellowships
(   ) Interest income statements: Form 1099-INT & 1099-OID
(   ) Dividend income statements: Form 1099-DIV
(   ) Did you have any debts cancelled, forgiven or refinanced- 1099-C forms?
(   ) **Proceeds from stock sale transactions: Form 1099-B- Please provide date of original purchase and purchase price of any stock sold.**
(   ) State and local income tax refunds: Form 1099-G

For Sole Proprietor Business Income and Expenses- See Schedule C Worksheet

For Rental Income and Expenses- See Schedule E Worksheet for Rental Properties

Homeowner Information

(   ) Did you refinance your home or purchase a new home in 2015? **(attach HUD if yes)**
(   ) Home Equity Loan or Mortgage interest: Form 1098
(   ) Sale of your home or other real estate: Form 1099-S and all settlement statements

(   ) Did you purchase and install any energy home improvements?
(   ) Second mortgage interest paid
(   ) Real estate taxes paid (Property Taxes Paid in 2015)

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Expenses/Deductions

(   ) Medical Expenses, including health insurance premiums paid by you and not through a cafeteria plan.
(   ) Long term care insurance payments
(   ) Miles driven for medical ___________________

(   ) Gifts to charity, Miles driven for charity____________
(   ) Investment expenses
(   ) *Un-reimbursed* Employee Job-related expenses
(   ) Medical Savings Accounts
(   ) Adoption expenses
(   ) Alimony paid to whom –Name and SS#
(   ) Student loan interest paid, and education costs (1098-Q or 1098-T)
(   ) Early withdrawal penalties on CDs and other time deposits

(   ) Tax return preparation expenses and fees___________

(   ) Safety Deposit Box   Fee_______

(   ) Did you give a gift of $14,000 or more to 1 or more people, or to a trust?

(   ) Did you have moving expenses due to a job transfer?

(   ) Did you have moving expenses due to a permanent change of station for Armed Forces?

Self-employment Data

(   ) Business income: Forms 1099-MISC and/or your own records
(   ) Business-related expenses: Receipts, other documents & own records (See Schedule C Worksheet below)
(   ) Farm-related income and expenses, including purchase or sale of livestock

(   ) Employment taxes & other business taxes paid for 2015: Please provide a copy of your payroll summary.

Miscellaneous Tax Documents

(   ) Federal, state & local estimated income tax paid for current year: Estimated tax vouchers, cancelled checks & other payment records OR list below.
(   ) IRA, Keogh and other retirement plan contributions: If self-employed, identify as for self or employees
(   ) Records to document casualty or theft losses (Loss or destruction of personal property)
(   ) Records for any other revenue or sales of property that may be taxable or reportable

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Estimated Tax Payments Made for 2015: Please provide amount and date(s) of payment(s) for the 2015 tax year (including payments in January 2016 for 2015 taxes).

Date	Payment	Date

Schedule C Worksheet (Self-Employed)
Provide all 1099's received and issued by your company.

Business Name: Taxpayer or Spouse:	
Type of Business:	
Address:	
Gross Sales- Do not include Sales Tax Collected.	
Refunds, Returns, Allowances	
Labor Costs	
Material Costs	
All other direct costs	

EXPENSE CATEGORY	AMOUNT	COMMENTS
Advertising		
Commissions		
Employee benefits		
Insurance other than health		
Interest payments		

Legal & professional services		
Health Insurance Paid for Employees-Breakout You & Your Family if company pays HI		
Office expense		
Rent		
Repairs & maintenance		
Supplies		
Prepayments		
Taxes and license fees (not including Income or Federal Taxes)		
Travel & Lodging		
Meals and entertainment		
Utilities		
Salaries & Wages		
Telephone, Internet, and Cell)		
Postage & Delivery		
License, Fees and Dues		
Training & Education		
Payroll Taxes (Include copy of W-3)		

Vehicle Information – Breakout by each vehicle

Year Placed in Service ________________ Make/Model____________________

Business Miles Driven ________________ Personal Miles Driven__________________

Fixed Asset Purchases- Please provide a list of all assets purchased. Be sure to include the following information.

Description

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Date placed in Service

New or Used

Cost

Was this obtained via a trade in?

Prepare a separate worksheet for each property.

Schedule E Worksheet (Rental Property) Provide all 1099's received and issued by your company.

Type of Property: (Residential rental, duplex, commercial bldg, etc.):

____

Do you occupy any of the property? ________________________

Address of Property: ____

Total Rent Received in 2015: ________________________________

EXPENSE CATEGORY	DIRECT EXPENSE	INDIRECT EXPENSE
Advertising		
Commissions		
Cleaning		
Insurance		
Management Fees		
Legal & professional services		
Mortgage Interest		
Other Interest		
Supplies		
Repairs and Maintenance		
Real Estate Taxes		
Other Taxes		
Travel and Lodging		
Utilities		

Pest Control		
Telephone, Internet, and Cell		
Postage & Delivery		
Association Dues, Fees		
Any 1099's		

Capital Improvements & Installation of Equipment vs. Repairs
Some repairs and supplies are day-to-day items that are expensed in the current year, however with the new repair regulations, some repairs will need to be capitalized and depreciated over the asset's useful life or remaining useful life.

**We must have a copy of the prior year's federal depreciation summary for each rental property being reported to accurately take any depreciation expense deductions.

Please provide equipment purchases and other capital improvements and repairs done in 2015. Be sure to include the following information:

Description

Date placed in Service

New or Used

Cost

Was this obtained via a trade in?

What were you repairing or restoring?