



# Abacus CPAs, LLC<sup>®</sup>

*Better Guidance. Smarter Decisions.*

## Steps to Complete your 2015 Tax Return:

- Step 1:** Compile all business related income and expenses for 2015. Please list cash expenses on page 7 unless you already gave us ALL cash expense records for the year.
- Step 2:** Complete the tax organizer.
- Step 3:** Send copies of W-2s, 1099s, tax organizer, and cash expense records to Abacus CPAs no later than March 21st. They can be mailed to: 1835 E. Republic Rd. Ste. #200 Springfield, MO 65804, faxed to 417-823-0744 or emailed to [exprec@abacuscpas.com](mailto:exprec@abacuscpas.com).
- Step 4:** Sign 8879 once you receive a phone call and a copy of your return.

## ENGAGEMENT LETTER

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 for whom returns are prepared to confirm the following arrangements.

We will prepare your 2015 federal and requested state income tax returns from information that you will provide to us. We will not audit or otherwise verify the data you submit, although it may be necessary to request clarification of some of the information. We have provided you with an organizer to guide you in gathering the necessary information. Your use of the organizer will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled 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 of the income tax return, and, therefore you should review them before you sign and file them.**

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. However, should we find any irregularities or unusual items we will bring them to your attention. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. If we discover any errors or omissions on a prior year return we will bring that to your attention.

The filing deadline for the tax return is April 15, 2016. In order to meet this filing deadline, the information needed to complete the return should be received in this office no later than March 21, 2016. If an extension of the time is required, any tax due with this return must be paid with that extension. Any amounts not paid by the filing deadline of April 15, 2016 may be subject to interest and late payment penalties.

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 governmental tax examination, we will be available, upon request, to represent you under a separate engagement letter representation.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. We may require a retainer to be paid when you submit your 2015 data to us. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift, property, local, or school district, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

*Abacus CPAs, LLC*

Accepted By: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Taxpayer Signature

Accepted By: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse Signature

**You can turn in the organizer and/or tax documents by mail, fax or email to:**

1835 E. Republic Rd. Suite #200  
Springfield, Missouri 65804

Phone: 417-380-5000  
Fax: 417-823-0744

Email: [exprec@abacuscpas.com](mailto:exprec@abacuscpas.com)



- Do you want \$3 to go to the Presidential Campaign Fund? Yes  No
- Does your spouse want \$3 to go to the Presidential Campaign Fund? Yes  No
- Can the IRS discuss the return with Abacus CPAs? Yes  No
- Are either you or your spouse blind? Yes  No
- Did you or your Spouse receive W-2 income? Yes  No   
If yes, how many W2's did you receive? \_\_\_\_\_
- Did you or your spouse receive Miscellaneous income? Yes  No   
If yes, how many 1099M's did you receive? \_\_\_\_\_
- Did you receive income from rental property? (Including your home) Yes  No   
If yes, please provide income, expenses, days rented \_\_\_\_\_, and days personally used \_\_\_\_\_
- Did you buy or sell your residence or any other real estate? If yes, please provide the details and a copy of the HUD statement. Yes  No
- Did you or your spouse receive Interest Income? Yes  No   
If yes, how many form 1099-INT's did you receive? \_\_\_\_\_
- Did you or your spouse receive Dividend Income? Yes  No   
If yes, how many form 1099-DIV's did you receive? \_\_\_\_\_
- Did you or your spouse sell stocks in 2015? Yes  No   
If yes, how many form 1099-B's did you receive? \_\_\_\_\_
- Did you receive Pension, Annuity, and/or Retirement Pay? Yes  No   
If yes, how many form 1099-R's did you receive? \_\_\_\_\_
- Did you contribute or withdraw money from an IRA, SEP, or Keogh Plans? Yes  No
- Did you or your spouse receive Unemployment Income? Yes  No   
If yes, how many form 1099-G's did you receive? \_\_\_\_\_
- Did you or your spouse receive Social Security Income? Yes  No   
If yes, how many form 1099-SSA's did you receive? \_\_\_\_\_
- Did you or your spouse have gambling winnings and/or losses? Yes  No   
If yes, how many form W-2G's did you receive? \_\_\_\_\_
- Did you, your spouse, or dependents have student loan interest? Yes  No   
If yes, how many form 1098-E's did you receive? \_\_\_\_\_
- Did either you, spouse, or dependents have school tuition expense? Yes  No   
If yes, how many form 1098-T's did you receive? \_\_\_\_\_
- Did you or your spouse make any gift in excess of \$14,000? If yes, please provide the details of the gift. Yes  No

Did you or your spouse pay or receive Alimony? Yes  No

If yes, provide:

Paid to: \_\_\_\_\_ Payee Social Security # \_\_\_\_\_  
 Alimony Paid \$ \_\_\_\_\_ or Alimony Received: \$ \_\_\_\_\_

Did you or your spouse receive Investment Income (Partnership, S-Corp, etc.) Yes  No

If yes, please include a copy of form K-1.

Do you have a foreign bank account? Yes  No

If yes, is the balance over \$10,000? Provide details: \_\_\_\_\_

Did you or your spouse have Cancellation of Debt? Yes  No

If yes, how many form 1099-C's did you receive? \_\_\_\_\_

Did you make any energy efficient home improvements in 2015? Yes  No

If yes, please include receipts.

Can Abacus CPAs electronically file your tax return? Yes  No

If not, please state reason. \_\_\_\_\_

Have you experienced identity theft? Yes  No

If yes, did the IRS give you a PIN? List # \_\_\_\_\_

Did you pay federal, state or local estimated tax in 2015?: Yes  No

If so, please complete the following schedule:

	Date Paid	Federal Amt.	State Amt.	City Amt.
1st Qtr				
2nd Qtr				
3rd Qtr				
4th Qtr				

Do you want to have your refund direct deposited into your bank account? Yes  No

If yes, please provide: Bank Name: \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_ Circle: Checking OR Savings

If you owe upon the completion of your tax return, would you like the taxes owed taken out of the bank account listed above? Yes  No

If yes, when would you like the money taken out of the bank account? \_\_\_\_\_

Do you want some, or all of your refund applied to your 2016 estimated tax? Yes  No

If yes: Apply to 1st quarter estimate  Apply all refund  Apply other amount: \$ \_\_\_\_\_

If you owe federal and/or state taxes upon the completion of your tax return, would you like to apply for an installment agreement? Monthly Pymt \_\_\_\_\_ Yes  No

Do either you or your spouse owe outstanding child support or federal debt?

Yes  No

If yes, would you like us to prepare an injured spouse form to protect your refund? Party Owing Debt: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Yes  No

We provide you a copy of your tax return(s) via your own secure online Abacus Access account. Please check the box if you would like your copies mailed to you via United States Postal Service. Do to the increase in online identity theft, we will no longer provide copies via attachment to an unsecure email.

Abacus Access

Mail

Pickup

Email

Have you received any correspondence from the IRS or state taxing authorities that could affect the preparation of your 2015 tax return?

Yes  No

If you have a dependent, did you pay for day care or in-home health care in order for you to work or attend school full time?

Yes  No

If yes, Paid to: \_\_\_\_\_ Social Security Number or TIN: # \_\_\_\_\_  
Amount Paid in 2015 \$ \_\_\_\_\_ Address of care: \_\_\_\_\_

Do you have health insurance for 2015?

Yes  No

Member Name (List)	Months Covered (List)	Total (\$)	Employee Sponsored? (on W2)	Marketplace Coverage?*(1095-A)	Deducted from Settlement
			No	No	No
			No	No	No
			No	No	No
			No	No	No
			No	No	No
			No	No	No

*\*If you have Marketplace Coverage, a Form 1095-A is required*

Taxpayer      Spouse

Number of Days Away from Home as Company Driver:

\_\_\_\_\_

Number of Days Away from Home as a Lease Operator:

\_\_\_\_\_

Would you like Abacus to pull Lumpers, Tolls, & Scales for \$40/HR?

Yes  No

If no, match Lumpers to Prime Revenue?

Yes  No

Did you keep records and receipts to support your meals per diem, travel, entertainment or gift expenses?

Yes  No

Do you own or lease your OTR truck?

Own  Lease

Date Purchased: \_\_\_ / \_\_\_ / \_\_\_ and Purchase Price \$ \_\_\_\_\_

Did you pay a down payment or advance lease payment(s) towards the purchase of a semi-truck?

Yes  No

If yes, list down payment amount here \$ \_\_\_\_\_ and provide us a copy of the purchase or lease documents.

Provide the dates you were a Company Driver and (or) Lease/Owner Operator in 2015:

Company Driver From: \_\_/\_\_/15  
To: \_\_/\_\_/15

Lease/Own Operator From: \_\_/\_\_/15  
To: \_\_/\_\_/15

**LIST ONLY OUT OF POCKET EXPENSES NOT PREVIOUSLY SUBMITTED TO ABACUS CPAS:**

	<u>Company Driver:</u>	<u>Lease Operator:</u>
Legal/Professional Fees		
Repairs/Maintenance		
Operating Supplies/Equipment		
Office Supplies/Postage		
Travel- laundry		
Travel- Other		
Safety/Weather Gear		
Tolls/Parking		
Licenses and Permits		
Truck & Trailer Washes		
Security		
Lodging		
Cash Fuel		
Oil & Additives		
Co-Driver Pay (not on settlements)		
Scales		
Communication		
Lumpers		
Miscellaneous		

*\*\*Keep Your Receipts For Your Records*

**PERSONAL VEHICLE USED FOR BUSINESS**

Do you use a personal vehicle for business use?

Yes  No

*If no, please skip this section and go to home office*

Vehicle Make: \_\_\_\_\_ Date Purchased: \_\_/\_\_/\_\_

You are allowed to take EITHER the mileage rate or actual expenses. Please list mileage and actual expenses below. ***Commuting miles are not deductible.***

**Mileage:**

Business Miles Driven during 2015: \_\_\_\_\_ Total Miles Driven in 2015: \_\_\_\_\_

**Actual Expenses:**

Gas \_\_\_\_\_ Oil \_\_\_\_\_ Tires \_\_\_\_\_ Supplies \_\_\_\_\_

Insurance \_\_\_\_\_ Parking \_\_\_\_\_ Taxes \_\_\_\_\_

Tags/ Licenses \_\_\_\_\_ Interest \_\_\_\_\_ Lease Payments \_\_\_\_\_

Did you use the vehicle for the business less than 12 months?

Yes  No

Do you have another vehicle available for personal purposes?

Yes  No

Do you have evidence to support your deduction?

Yes  No

If yes, is it written?

Yes  No

**HOME OFFICE**

Do you have a Home Office?

Yes  No

**\*\*MUST** be used exclusively for business purposes on a regular basis in connection with your business and for your convenience. If you're self-employed, it must be your principal place of business or you must be able to show that income is actually produced in the home office. If business use of home relates to daycare, provide total hours of business operation for the year.

Business Activity that uses home office  
(Example: Trucking)

Total Square Ft. of Home    Square Ft. of Home Office

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**Expenses Related to  
Entire Home:**

**Expenses Relating Directly  
with Home Office:**

Mortgage Interest: \_\_\_\_\_

Landline Telephone: \_\_\_\_\_

Real Estate Taxes: \_\_\_\_\_

Home Office Maintenance: \_\_\_\_\_

Utilities (Monthly Average): \_\_\_\_\_

Other Expenses: \_\_\_\_\_

Property Insurance: \_\_\_\_\_

Rent (Monthly): \_\_\_\_\_

Other Expenses: \_\_\_\_\_



**ITEMIZED DEDUCTIONS**

Did you pay out of pocket for medical expenses and/or prescriptions? Yes  No

If yes, please list how much you paid for the following:

Out of Pocket Doctor Visits \$ \_\_\_\_\_

Prescription Drugs \$ \_\_\_\_\_

Do you own or rent your home? Rent  Own

If you rent your home, how much did you pay in rent monthly? \_\_\_\_\_

If yes, how many months did you rent your home? \_\_\_\_\_

If you own your home, how much did you pay in mortgage interest and real estate tax?

If yes, please include Mortgage Interest Statements

Mortgage Interest Paid: \_\_\_\_\_

Real Estate Taxes Paid: \_\_\_\_\_

Did you purchase any major items such as automobiles, boats, home improvements? Yes  No

If yes, provide a list of sales tax paid: \_\_\_\_\_

Did you pay personal property tax? If yes, how much? \$ \_\_\_\_\_ Yes  No

Did you donate cash to a charity or church? Yes  No

If yes, list how amount given and to what organization:

*Please note that you need to have written acknowledgment from any charity or organization that you made individual donations of \$250 or more during 2015.*

Did you donate non-cash items to an organization? (Example: Clothes to Goodwill) Yes  No

If yes, please list and enclose your receipt from the organization.

*The receipt must include the organizations name and address, a description of the property donated, the date acquired and how it was acquired, how much you paid for the items, and how much the item was worth when you donated it.*

**EARNED INCOME CREDIT**

Are you a qualifying person of another? Yes  No

Have you ever been disallowed the Earned Income Credit or has it been reduced? Yes  No

If you have a qualifying child and it is not your biological child, why are biological parents not claiming? And what is your relationship with the child? Yes  No

**To ensure timely processing please include all tax documents with this organizer.**