



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 2018 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.

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, 2019. To ensure your return is filed by the deadline, please have all your information to us by March 21, 2019. 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, 2019, 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 2018 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,

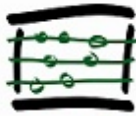
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Taxpayer Print Name	Taxpayer Signature	Date
Spouse Print Name	Spouse Signature	Date

You can turn in the organizer and/or tax documents by mail, fax or email to:
 Address: 1835 E. Republic Rd., Suite #200, Springfield, Missouri, 65804
 Fax: 417-823-0744
 Email: organizer@abacuscpas.com

Steps to Complete your 2018 Tax Return

- Step 1:** Compile all business related income and expenses for 2018. Please list cash expenses on page 10 unless you have already given us ALL cash expense records for the year.
- Step 2:** Complete the Tax Organizer in its entirety. Be aware that missing or incorrect information may result in additional fees.
- Step 3:** Send copies of W-2s, 1099s, tax organizer, and cash expense records to Abacus CPAs. They can be mailed to: 1835 E. Republic Rd., Suite #200, Springfield, MO, 65804, faxed to 417-823-0744 or emailed to organizer@abacuscpas.com.
- Step 4:** To file your taxes, you must sign Form 8879 once we have contacted you to let you know the return is completed.



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2018 INDIVIDUAL TAX ORGANIZER

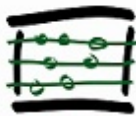
Taxpayer Name:	Spouse Name:
Taxpayer SSN:	Spouse SSN:
Occupation:	Occupation:
Birth Date:	Birth Date:
Phone Number:	Phone Number:
Email:	Email:
Driver's License State:	Driver's License State:
<i>*If you or your spouse live in Alabama or New York please include a copy of your Driver's License.</i>	
Mailing Address:	County:
Physical Address:	County:
Did you live at the above physical address all year in 2018? If no, please provide the following: Previous Address: _____ Date Moved: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you required to file a local tax return? If yes, list where: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your filing status? Circle One: Single Married Filing Joint Married Filing Separate* Head of Household Qualifying Widow(er) If <u>Married Filing Separate</u> please circle spouse's tax return deduction: Standard Itemized <small>*Married Filing Separate clients residing in a community property state will be required to provide a copy of spouse's return.</small>	
If your filing status is Qualifying Widow(er). Please provide Date of Death: _____	

DEPENDENTS

Name, Date of Birth, and SSN	Relation	# of months lived with*	% of support provided	Full Time college student	Disabled	Received income?	Amount of income received
							\$
							\$
							\$
							\$

*If dependent lived with you less than 6 months during year, Form 8332 may be required.

**Full Time student must be in school for 5 months in 2018



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DEPENDENTS

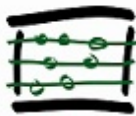
Is one or more of your dependent children (listed on Page 4) not your biological child? If yes, why are the biological parents not claiming this child? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your relationship with the child? _____	
Are either you or your spouse blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the taxpayer a qualifying person of another?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is one or more of your dependent(s) (listed on Page 4) able to be claimed on another person's tax return? If yes, which dependent(s)? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

IMPORTANT FILING INFORMATION

Would you like Abacus CPAs to electronically file your tax return? *Taxpayer and spouse signatures will be required at completion. If no, please state reason: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you, your spouse, or dependents experienced TAX related Identity Theft? If yes, please provide your 2018 5-digit PIN (provided yearly by IRS): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
We provide you a copy of your tax return(s) via your individual secure online Abacus Access account. Due to the increase in online identity theft, we will no longer provide copies via attachment to an unsecure email. Circle Preferred Method: Mail Abacus Access Pickup	
Do you and/or your spouse want \$3 to go to the Presidential Campaign Fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can the IRS discuss the return with Abacus CPAs?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INCOME

Did you or your Spouse receive W-2 income? If yes, how many W-2's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse receive Miscellaneous income? If yes, how many 1099M's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse receive investment income (Partnership, S-Corp, etc.)? If yes, how many K-1's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive income from rental property (Including your home)? If yes, please provide income, expenses, days rented _____, and days personally used _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse receive Social Security Income? If yes, how many 1099 SSA's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse receive Pension, Annuity, and/or Retirement pay? If yes, how many 1099-R's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

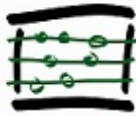


INCOME

Did you or your spouse receive Interest Income? If yes, how many 1099-INT's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse receive Dividend Income? If yes, how many 1099-DIV's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse sell stocks? If yes, how many 1099-B's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your spouse have a foreign bank account? If yes, is the balance over \$10,000? Please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse receive Unemployment Income? If yes, how many 1099-G's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse have gambling winnings? If yes, how many form W-2G's were received? _____ Gambling Losses? \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse have Cancellation of Debt? If yes, how many 1099-C's did you receive? _____ Spouse Received Amt.? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse receive Alimony Income? If yes, how much did you receive? \$ _____ Spouse Received Amt.? \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

CREDITS & DEDUCTIONS

Did either you, your spouse, or dependents pay college tuition? If yes, how many form 1098-T's were received? _____ Name of Student(s)? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the student degree seeking? What year of college was the student in during the 2018 school year? Circle Status: Freshmen Sophomore Junior Senior	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many years has the student claimed the American Opportunity Tax Credit? Circle Amount: None One Two Three Four	
Did you, your spouse, or dependents pay on student loans? If yes, how many form 1098-E's were received? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or your spouse contribute money to a retirement plan? Circle Type: Traditional Roth SEP Employer	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much did you contribute? \$ _____ Spouse \$ _____	
Did you or your spouse pay Alimony (court ordered)? Payee Name & Address: _____ Payee SSN: _____ Amount Paid: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>



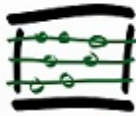
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CREDITS & DEDUCTIONS

Did you make any solar, wind, or geothermal energy home improvements? If yes, please include receipts.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have a dependent, did you pay for daycare or in-home health care in order for you to work or attend school full time? Dependent Name(s): _____ Payee Name & Address: _____ Payee SSN: _____ Amount Paid per dependent: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been disallowed the Earned Income Credit or has it been reduced?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you pay personal property tax on automobiles, boats, etc.? If yes, how much? \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you pay sales tax on any major items such as automobiles, boats, home improvements? If yes, provide a list of sales tax paid: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you donate cash to an eligible (non-profit) charity or church? If yes, amount donated? \$ _____ <small>*Please provide receipt if the amount donated exceeds \$250.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you donate non-cash items to an eligible (non-profit) organization? If yes, value of donation? \$ _____ <small>*Please provide receipt if the value of the donated items exceeds \$500.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you use a personal vehicle for business use in 2018? <small>*Miles from home to place of business are not deductible.</small> If yes, please provide the following: Total Miles: _____ Business Miles: _____ Vehicle Make: _____ Date Placed in Service: _____ Do you have written evidence to support your deduction?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

PAYMENT & REFUND

Did you pay quarterly estimated federal, state, and/or local taxes in 2018? <small>*Do not include amounts listed on W-2, 1099-SSA, 1099-R etc.</small>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Quarter	Date Paid	Federal Amount	State Amount	City Amount
First		\$	\$	\$
Second		\$	\$	\$
Third		\$	\$	\$
Fourth		\$	\$	\$



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PAYMENT & REFUND

Tax Amount Due

Please provide your bank information below if you are interested in having the amount due withdrawn from your bank account.
 Bank Name: _____ Circle One: Checking Savings
 Routing Number (9 Digits): _____
 Account Number: _____

Are you interested in applying for a monthly payment plan for your federal tax amount due?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have a federal tax payment plan with the IRS, or previously owed taxes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Refund

Please provide your bank information below if you are interested in having the tax refund deposited into your bank account.
 Bank Name: _____ Circle One: Checking Savings
 Routing Number (9 Digits): _____
 Account Number: _____

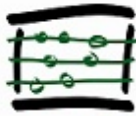
Are you interested in having the tax refund applied to your 2019 estimated taxes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, would you like ALL or a PORTION of your potential refund applied to 2019?	All <input type="checkbox"/> Portion <input type="checkbox"/>
If you or your spouse owe outstanding child support or federal debt are you interested in having us prepare an injured spouse form (if eligible)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

HEALTH CARE

Did you, your spouse, and your dependents have health insurance in 2018? *Only list qualifying minimal essential coverage in determining months covered.						Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	*Months Covered Ex: (Jan. - Dec.)	Amount Paid	Employee Sponsored Policy	Marketplace Policy	Private Policy	State Policy
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you, your spouse, or any dependent had a Marketplace policy in 2018, Form 1095-A is required.

Did you pay out of pocket for medical expenses and/or prescriptions? If yes, please provide the amounts paid. Doctor Visits \$ _____ Prescriptions \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
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HOME

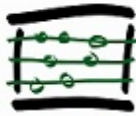
If you own your home please provide: Mortgage Interest: \$ _____ Real Estate Taxes Paid: \$ _____	
Are you or your spouse subject to the repayment of the first time home buyer's credit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your home or property damaged by a federally declared disaster in 2018 and not fully reimbursed by insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you rent your home please provide: Months Rented: _____ Amount Paid (monthly): \$ _____	
Do you have a home office? <i>Must be used exclusively for business purposes on a regular basis in connection with your business and for your convenience. If you are 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.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

HOME OFFICE INFORMATION

Total Square Ft. of Home	Square Ft. of Office in Home
Property Insurance (monthly): \$ _____	Utilities (monthly): \$ _____
Home Office Maintenance (yearly): \$ _____	Other (provide description): \$ _____
Date Placed in Service: _____	

TRANSPORTATION RELATED ITEMS

Were you a Company Driver or Lease/Owner Operator in 2018? Circle One: Company Lease/Owner Both	
Dates Company Driver: _____ Dates Lease/Owner Operator: _____	
Do you lease or own your OTR truck? Circle One: Lease Own N/A	
If you own your own OTR truck: Date Purchased: _____ Purchase Price: \$ _____ Date placed in service: _____ <small>*Please provide purchase and financing documents.</small>	
Did you sell an OTR truck, trailer, or equipment in 2018? If yes, please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you lease your OTR truck: Did you make a lump sum lease payment in 2018? If yes, Date Paid: _____ Amount: \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>



TRANSPORTATION RELATED ITEMS

Do you have any additional transportation related business deductions not already submitted? If yes, please provide your expenses in the table below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Expense	Lease/Owner Operator Expense Amounts *Do not include expenses while an employee (W2)
Number of Days Away from Home (per diem)	
Lumpers	
Tolls/Parking Fees	
Scales	
Equipment/Operating Supplies	
Safety/Weather Gear/Security	
Fuel	
Oil & Additives	
Truck & Trailer Washes	
Truck Repairs	
Trailer Repairs	
Communication	
Office Supplies	
Lodging	
Travel- (laundry, showers, vehicle rentals, etc.)	
Bank/ATM fees	
Co-Driver Pay	
Did you pay a co-driver more than \$600 out of pocket?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes did you issue that co-driver a 1099?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you keep records and receipts to support meals per diem, travel, entertainment, or gift expenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Thank you for the opportunity to prepare your tax return. Once your return has been prepared we will contact you. It is important that you review the return. Please understand your return will not be filed until you have reviewed and signed the return.