



**Steps to Complete your 2014 Tax Return:**

- Step 1:** Compile all business related income and expenses for 2014. Please list cash expenses on page 6 unless you already gave us ALL cash expense records for the year.
- Step 2:** Complete the tax organizer. Before submitting, there are several forms that require your signature. To sign you may use Adobe Acrobat or another e-signature software.
- Step 3:** Send copies of W-2s, 1099s, tax organizer, and cash expense records to Abacus no later than March 21st. They can be uploaded to your Abacus Access account, 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 2014 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, 2015. 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, 2015. 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, 2015 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 2014 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

Notes:

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**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)

**INDIVIDUAL TAX ORGANIZER**

Taxpayer Name: _____	Spouse Name: _____
Taxpayer SSN: _____	Spouse SSN: _____
Occupation: _____	Occupation: _____
Birth Date: _____	Birth Date: _____
Phone: _____	Spouse Phone: _____
Cell Phone: _____	
Email: _____	
Mailing Address: _____	Apt # _____
_____	County: _____

Did you live at this address all of 2014? Yes  No

If no, did you move from one state to a different state? Yes  No

State moved from \_\_\_\_\_ Date left \_\_/\_\_/\_\_ State moved to \_\_\_\_\_ Date arrived \_\_/\_\_/\_\_

**What is Your Filing Status?** \_\_\_\_\_ *\*\*If changed, please correct below:*

Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow(er) Date of Death: \_\_/\_\_/\_\_

<b><u>Dependents:</u></b>					<u># of Mos. in</u>	<u>% of</u>	<u>Full Time</u>
<u>Name</u>	<u>Birth Date</u>	<u>SSN</u>	<u>Relationship</u>	<u>2014 Lived</u>	<u>with You:</u>	<u>Support</u>	<u>College</u>
_____	_____	_____	_____	_____	_____	%	Y / N
_____	_____	_____	_____	_____	_____	%	Y / N
_____	_____	_____	_____	_____	_____	%	Y / N
_____	_____	_____	_____	_____	_____	%	Y / N
_____	_____	_____	_____	_____	_____	%	Y / N
_____	_____	_____	_____	_____	_____	%	Y / N

*\*If claiming child due to divorce decree, include a copy of the decree*

*\*\*Full time student must be in school for five months in 2014*

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? Yes  No

Are either you or your spouse blind? Yes  No



Did any dependents have income greater than \$1,000 or \$400 if self-employed? Yes  No

Can Abacus 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 Number? List # \_\_\_\_\_

Did you pay federal, state or local estimated tax in 2014?: 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 2015 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 email address.

Access   
 Mail   
 Pickup   
 Other

Is anyone in your family mentally or physically disabled? List Who: \_\_\_\_\_

Have you received any correspondence from the IRS or state taxing authorities that could affect the preparation of your 2014 tax return? Yes  No

If you have a dependent under 13 years, did you pay for day 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 2014 \$ \_\_\_\_\_ Address of care: \_\_\_\_\_

If yes, did you pay for in home health care? Yes  No

Paid to: \_\_\_\_\_ Amount Paid in 2014 \$ \_\_\_\_\_

Were health insurance/long-term care premiums deducted on your settlement? Yes  No

Do you pay for health insurance to an outside party? Yes  No

If yes, list amounts paid for 2014: \$ \_\_\_\_\_

Do you have the option to have health insurance through your spouse's or dependent's employer? Yes  No

If yes, how many months? \_\_\_\_\_

Do you have health insurance for 2015? Yes  No

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 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

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

**DAYS AWAY FROM HOME IN 2014: (List only if you didn't get paid per diem)**

Spouse:                      Taxpayer:

Number of Days Away from Home as Company Driver:    \_\_\_\_\_                      \_\_\_\_\_

Number of Days Away from Home as a Lease Operator:    \_\_\_\_\_                      \_\_\_\_\_

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

	<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*

**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.

**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.

**Mileage**

Business Miles Driven during 2014: \_\_\_\_\_ Total Miles Driven in 2014: \_\_\_\_\_

**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**

**\*\*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 \$ \_\_\_\_\_

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**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

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**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 2014.*

**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.*