



Levno & Company

tax & accounting services

Welcome to Our Office. We are providing the following checklist and the attached 2016 Tax Organizer as an aid for collecting information we need to properly prepare your 2016 income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. Unless otherwise directed, all qualifying individual income tax returns will be electronically filed.

- ___ Signed and dated copy of the 2016 Client Services Agreement
- ___ Copy of your last paystub with a paydate of 2016
- ___ Copies of your last three (3) years of income tax returns
- ___ W-2 and W2G forms (wages, gambling)
- ___ 1099 forms (1099 INT / 1099 DIV / 1099 MISC)
- ___ K-1 Schedule(s) (income/loss from partnerships, S corporations, trusts)
- ___ Mortgage Interest statements (1098 forms)
- ___ Property tax statements
- ___ Brokerage statements and 1099 B forms from investment transactions
- ___ Closing statements from all real estate purchases or sales
- ___ 1099-K forms (Merchant Card and Third Party Network Payments)
- ___ 1098 T forms (*and a list of actual higher education costs paid in 2016*)
- ___ 1095-A , 1095-B or 1095-C forms
- ___ Any tax notices received from the IRS or other taxing authorities
- ___ If you have received EIC in prior years or if you think you might qualify in 2016, you must bring proof of residency for any qualifying children.

If you have *any* questions prior to your appointment please contact us at (509) 926-2126.

1225 North Argonne Road, Suite C Spokane Valley, Washington 99212
Keeping You Out of Trouble with the IRS

2016	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2016?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2016?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2016, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100?

HEALTH CARE COVERAGE

- Did you and your dependents have health care coverage for the full-year?
- Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
- If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in 2016?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts cancelled or forgiven?
- Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2015 taxes to your 2016 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2017 taxable income and withholdings to be different from 2016?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES

NO

MISCELLANEOUS (continued)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? |

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2016 information.

APPLICATION OF 2016 OVERPAYMENT (7.1)

If you have an overpayment of 2016 taxes, do you want the excess refunded? or applied to 2017 estimate?

Other (please explain): _____

2017 ESTIMATED TAX INFORMATION

Do you expect your 2017 taxable income to be different from 2016? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2017 withholding to be different from 2016? Yes No

If "yes" explain any differences: _____

7.1

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please enter all pertinent 2016 information.

NOTE: If you claim the **earned income credit**, please **provide proof** that your **child is a resident of the United States**. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your **child is disabled**, please **provide** one of the following forms of **proof of disability**: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

		Taxpayer	Spouse
First name and initial			
Last name			
Title/suffix			
Social security number			
Occupation			
Date of birth (m/d/y)			
Date of death (m/d/y)			
1=blind			
Home phone			
Work phone			
Work extension			
Cell phone			
E-mail address			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
	ZIP code		

DEPENDENTS

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

2016 1040 US Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2016 Amount	2015 Amount
Attach Forms W-2	

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	

Winnings not reported on W-2G.....
Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).....

Attach Forms 1099	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....
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Attach Forms 1099	
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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2016	1040	US	Tax Organizer
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MISCELLANEOUS INCOME

Taxpayer: Alimony received.....

Spouse: Alimony received.....

Other: _____

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum).....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

Spouse: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum).....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

	2016 Amount	2015 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest.....

Form 1098-T - Tuition and related expenses.....

Attach Forms 1098	

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement.....

Form 1095-B - Health Coverage.....

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage.....

Attach Forms 1095	

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:

Alimony paid - Recipient name & SSN.....

Spouse:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:

Alimony paid - Recipient name & SSN.....

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....

Doctors, dentists and nurses.....

Hospitals and nursing homes.....

Insurance premiums.....

Long-term care premiums - taxpayer.....

Long-term care premiums - spouse.....

Insurance reimbursement.....

Out-of-pocket lodging and transportation expenses.....

Number of medical miles.....

Other: _____

TAXES PAID

State income taxes - 1/16 payment on 2015 state estimate.....

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2016 1040 US Tax Organizer

TAXES PAID (continued)

City/local income taxes - 1/16 payment on 2015 city/local estimate...
City/local income taxes - paid with 2015 city/local extension...
City/local income taxes - paid with 2015 city/local return...
State and local sales taxes (except autos and special items)...
Use taxes paid on 2016 purchases...
Use taxes paid on 2015 state return...
Sales tax on autos not included above...
Sales taxes paid on boats, aircraft, and other special items...
Real estate taxes - principal residence...
Real estate taxes - property held for investment...
Foreign income taxes...
[] Personal property taxes (including automobile fees in some states)...

Table with 2 columns: 2016 Amount, 2015 Amount. Includes a shaded row for 'Attach Tax Notice'.

INTEREST PAID

Home mortgage interest and points paid:
[]
[]
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Table with 2 columns: 2016 Amount, 2015 Amount. Includes a shaded row for 'Attach Forms 1098'.

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts...
Investment interest (interest on margin accounts):

Table with 2 columns: 2016 Amount, 2015 Amount. Multiple empty rows for data entry.

Passive interest...

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket)...
Number of charitable miles...

Table with 2 columns: 2016 Amount, 2015 Amount. Multiple empty rows for data entry.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

[]

Table with 2 columns: 2016 Amount, 2015 Amount. Multiple empty rows for data entry.

MISCELLANEOUS DEDUCTIONS

Union and professional dues...
Tax return preparation fee...
Safe deposit box rental...
Investment expenses...
Estate tax, section 691(c)...
Unreimbursed employee expenses:

Table with 2 columns: 2016 Amount, 2015 Amount. Multiple empty rows for data entry.

Other: []

Table with 2 columns: 2016 Amount, 2015 Amount. Multiple empty rows for data entry.

Please enter all pertinent 2016 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account.....		
1=electronic payment of balance due.....		
1=electronic payment of estimated tax.....		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2016 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015.....				
1st quarter payment.....				
2nd quarter payment.....				
3rd quarter payment.....				
4th quarter payment.....				
Additional Estimated Tax Payments				
Paid with extension.....				
Former spouse SSN if joint estimates.....				

State

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015.....				
1st quarter payment.....				
2nd quarter payment.....				
3rd quarter payment.....				
4th quarter payment.....				
Additional Estimated Tax Payments				
Paid with extension.....				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	



1225 N Argonne Road, Suite C
Spokane Valley, WA 99212
(509) 926-2126

2016 1040 Income Tax Return Client Services Agreement

We are pleased to confirm our understanding of the arrangements for your income tax return. This letter confirms the services you have asked our firm to perform and the terms under which we have agreed to do that work. Please read this letter carefully because it is important to both our firm and you that you understand what you can and cannot expect from our work. In other words, we want you to know the limitations of the services you have asked us to perform. If you are confused at all by this letter or believe we have misunderstood what you need, please call to discuss this letter before you sign it.

The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

We will prepare your 2016 Federal Individual Income Tax Form 1040 and related Federal schedules from information you furnish us. If you have taxable activity in a state, you are responsible for providing our firm with all information necessary to prepare any applicable state or local income tax return as well as informing us of the applicable states. If you have income tax filing requirements in a given state but do not file that return there could be possible adverse ramifications. We will not audit, review, compile, or otherwise verify the data you submit although we may ask you to clarify some of the information. We may furnish you with tax organizers and questionnaires to help you gather and organize the necessary information for us, in order to keep our fee to a minimum. We will not verify each line item for accuracy, except with respect to the information provided by you. Before filing, you should review the information relative to income deductions, and credits, to confirm that there are no omissions or misstatements in that information.

If you have derived income from a foreign country, we will use the foreign country income information which you provide to calculate any applicable federal or state foreign tax credit or other affected federal or state income tax items. However, you are responsible for meeting any foreign country income tax or other foreign country reporting requirements.

*Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trust, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having a value exceeding \$10,000 in a foreign country, shall report such a relationship. If you and/or your entity have a financial interest in any foreign accounts, you are responsible for providing our firm with all the information necessary to prepare **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)** required by law on or before **June 30th** of each tax year. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required disclosure statements and penalties may be due, for which we have no responsibility. In the absence of such information being provided we will presume you do not have any foreign assets or financial interests and will not file any applicable disclosure forms without separate written authorization.*

In addition, currently the Internal Revenue Service requires information reporting if you are an officer, director or shareholder with respect to certain foreign corporations (Form 5471); foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472); U.S. transferor of property to a foreign corporation (Form 926); and, for taxable years beginning after March 18, 2010, if you hold foreign financial assets with an aggregate value exceeding \$50,000 (Form 8938). Failure to timely file any of these required forms may result in substantial monetary penalties. By your signature below, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

You may request that we perform additional services not contemplated by this client services agreement. If this occurs we will communicate, in writing, with you regarding the scope and estimated cost of these additional services. Engagements for additional services may necessitate that we amend this agreement or issue a separate client services agreement to reflect the obligations of both parties. In the absence of written communications from us documenting our agreement to provide such services, our services will be limited to and governed by the terms of this agreement.

Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate client services agreement.

This client services agreement represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations, or agreements, written or oral, regarding these services. It shall be binding on the heirs, successors, and assigns of you and us.

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest. We will rely, without further verification, upon information you provide to us from third parties including, but not limited to, K1's, 1099's, 1098's, and receipts and similar items.

We will use our professional judgment in preparing your returns. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will adopt whatever position you request on your return so long as it is consistent with the codes, regulations, and interpretations that have been promulgated by the Treasury Department or Internal Revenue Service. If the Internal Revenue Service should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

If we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are a result of attempts to protect any communication as privileged. In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us before releasing information to a third party.

It is our policy to keep records related to this engagement for five (5) years. We do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. The IRS currently recommends that you retain your documents for at least six (6) years.

In the interest of facilitating our services to you, we may communicate by facsimile transmission or send electronic mail over the Internet. Such communications may include information that is confidential to you. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these devices during this engagement. If you would like us to communicate solely by US mail or otherwise to avoid any such risk, please let us know in writing.

Fees for our services are due and payable upon delivery of your tax return.

In recognition of the relative risks and benefits of this agreement to both the client and the accounting firm, the client and the accounting firm have discussed and have agreed on the fair allocation of risk between them. As such, the client agrees, to the fullest extent permitted by law, to limit the liability of the accounting firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the accounting firm to the client shall not exceed the accounting firm's total fee for services rendered under this agreement. The client and the accounting firm intend and agree that this limitation apply to any and all liability or cause of action against the accounting firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period to bring a claim against us for errors and omissions. The one-year period will begin upon the date of the tax professional's signature on the tax returns covered by this client services agreement.

We appreciate the opportunity to serve you. Please date and sign the enclosed copy of this agreement to acknowledge your acceptance of your responsibilities and the terms of this engagement. It is our policy to initiate services after we receive the executed client services agreement. If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect.

Sincerely,

I have read the above terms of the 2016 Client Services Agreement and agree with the terms of this engagement.

Client Signature _____ Date _____

(Please Print your Name Here) _____

Annual Privacy Disclosure Statement - Third-Party Disclosures

Under the Gramm-Leach-Bliley Act of 1999, financial institutions must provide their customers with a "clear and conspicuous" notice about their privacy policies and practices; the conditions under which they disclose nonpublic personal information about consumers to nonaffiliated third parties; and how consumers can prevent the disclosure of their information. You already may have received such notices from the banks and brokerage firms with which you do business.

Following the passage of this legislation, the Federal Trade Commission (FTC) issued detailed rules on these privacy notices, including to whom they should apply. In those rules, the FTC defined "financial institutions" to include all those who provide "financial or investment advisory services." In turn, the FTC rules chose to broadly interpret "financial or investment advisory activities" to cover "tax planning and tax preparation."

In compliance with the FTC rules, printed below is our firm's current Privacy Disclosure Statement. Be assured that this firm has always considered our professional relationship with you to be one requiring the utmost trust and confidence. Please call us if you have any questions about this notice.

Privacy Policy

*We do not disclose any nonpublic personal information about our clients or former clients, without their permission, to anyone except as absolutely required by law or as needed by our employees or affiliates to provide services or products to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. **If you have any concerns about the disclosure of your personal information to third parties, please contact our offices by phone at (509) 892-7290.***

Information That We Disclose

As permitted by law and as outlined in this policy, we disclose Nonpublic Personal Information to affiliates that provide services to us or with whom we have contractual relationships in order that we may service your account. Examples of third parties with whom we may share your Nonpublic Personal information include:

- Companies that provide services to us to assist with the maintenance of required books and records to facilitate our services to you.
- Other companies that provide services to us in order that we may more effectively and efficiently process and review tax returns.

Where we share your Nonpublic Personal Information with third parties for the purposes noted above, we ensure that there are contractual agreements with the third party prohibiting their use and disclosure of that information for any purpose other than to carry out the purposes for which you disclosed the information, or that such third party is prohibited by law from further sharing of your information. Except under the circumstances outlined above, we will not share Nonpublic Personal Information with affiliated or unaffiliated third parties concerning our current or former clients for marketing purposes or otherwise.