

**Prepared By:**

E. P. Tremblay & Associates Inc.  
35 Bowker Terrace  
Somerset, MA 02726

**Prepared For:**

**2016 Client Organizer**

**E. P. Tremblay & Associates Inc.**  
**35 Bowker Terrace**  
**Somerset, MA 02726**  
**508-675-7557**

January 27, 2017

**CONSENT TO USE OF TAX RETURN INFORMATION**

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are **not** required to complete this form to engage our tax preparation services. If we obtain your signature on this form by conditioning our tax preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

For your convenience, E. P. Tremblay & Associates Inc. has entered into an arrangement with E.P. Tremblay & Sons Insurance Agcy/E.P. Tremblay & Assoc to provide a specific service. To determine whether this service may be of interest to you, E. P. Tremblay & Associates Inc. will need to use your tax return information to determine if you are eligible.

If you would like E. P. Tremblay & Associates Inc. to use your 2016 tax return information to determine whether this service is relevant to you, initial next to the authorization declaration below and sign and date this consent to use your 2016 tax return information.

\_\_\_\_\_ I, authorize E. P. Tremblay & Associates Inc. to use the information I provide to E. P. Tremblay & Associates Inc. during the preparation of my 2016 tax return.

\_\_\_\_\_ Insurance Products  
 \_\_\_\_\_ Real Estate Services  
 \_\_\_\_\_ Bookkeeping & Payroll Services

\_\_\_\_\_  
 Taxpayer Signature:

\_\_\_\_\_  
 Date Signed

Consent Valid Until: **One year from signature date**

If you believe your tax return information has been disclosed or used improperly in a

manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

Please feel free to contact us at 508-675-7557 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

**From:**

**To:**

E. P. Tremblay & Associates Inc.  
35 Bowker Terrace  
Somerset, MA 02726



**2016 Client Organizer**

**E. P. Tremblay & Associates Inc.  
35 Bowker Terrace  
Somerset, MA 02726  
508-675-7557**

**Tax Preparation Services Engagement Letter  
(Please sign and return to E.P. Tremblay)**

Dear :

The purpose of this document is to promote mutual understanding and expectations with regard to the service that we provide to you in connection with preparing your tax returns. Please feel free to ask us to clarify any of the following statements.

We will prepare your 2016 Federal and State individual income tax returns from information you furnish to us. We will provide you with questionnaires and worksheets to guide you in gathering the necessary information. You agree to accept responsibility for errors related to your failure to complete, review or correct your basic organizer information and/or questionnaire.

Please note, we do not and will not prepare estate tax returns for clients (taxpayer or spouse) who are deceased. We can provide upon request, contact information for someone who can assist you with the preparation of estate tax returns.

If your information is incomplete or documentation is missing, we will complete as much of your returns as possible and will let you know by phone, mail or email what additional information is required to complete your returns. Please be aware that if an extension of time for filing is needed, we will need as much information and documentation as possible to estimate your final tax liability since this information is required for preparing the extensions.

We expect that the information you are providing us is accurate and complete to the best of your knowledge and that you have evidence and records to support your data. We will not audit or verify the information except in cases where it is clear that the information or documents provided appear to be in error. We may ask for clarification of your data. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Federal & State Tax regulations require you to maintain documentation to substantiate data reported on your returns. Checks, bank statements, invoices, receipts, real estate settlement statements, brokerage statements and mileage logs are examples of these documents. It is also important to have and maintain records (statements, log books, etc.) to substantiate business use of auto, cell phone and personal computers. It is our policy to return all original documentation (W-2s, 1099s, 1098s, K-1s, etc) to you with the client copy of your tax returns. We do not generally keep copies of these documents (except the Federal copy of W-2s, some brokerage statements and the original copy of your handwritten information worksheets.) We recommend that you keep these documents for at least seven years. Please let us know if you have any questions about requirements for documentation.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information regarding these penalties, please contact us.

Your tax returns are subject to review and audit by the IRS and State tax departments for a period of three years from the due date of the returns or the date filed, if later. If your returns are audited, we can assist you with the audit if you desire. Such additional service is not included in your tax preparation fee.

If you receive a notice from the IRS or a State Tax Dept., we encourage you to contact us so that we may help you with the appropriate response. Notices of changes and additional tax assessments are not always correct and should be verified.

If we prepare married filing joint returns, we will provide an additional copy of the return to either spouse upon request. If you wish to authorize another person to sign tax documents on your behalf, please sign the authorization below.

If you are separated or divorced and we are also preparing tax returns for your current or ex-spouse, you agree to notify us. You may do so by signing the line below. In order to prepare both spouses returns, we will need signatures by both spouses on a conflict of interest waiver.

Our fees for tax preparation service are based on a number of factors such as the time required to complete the returns, the forms that we must prepare, and the additional service included in connection with the preparation of the returns such as future year tax projections and bookkeeping. It is our practice to adjust fees annually.

Therefore, assuming that we are completing the same returns in about the same time as previous years, the fee for the current year will most likely be higher. If your fee is significantly higher than the previous year, it is because there was either a significant change in the forms that needed to be prepared or the amount of time it took to prepare the returns.

The fee for preparing your returns is determined upon completion of the returns. We will provide a fee estimate upon request. Payment of the fee for preparing your returns is due upon completion of the filing copies of your returns unless some other arrangement is made in advance. Fees unpaid more than 30 days beyond the due date are subject to interest of 1% per month.

E. P. Tremblay & Associates Inc.

Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse

I hereby authorize the person designated below to sign and receive tax documents on my behalf.

\_\_\_\_\_  
Person to sign for Taxpayer

\_\_\_\_\_  
Person to sign for Spouse

Authorized By: \_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse

\_\_\_\_\_ By signing here, I'm providing notice to E.P. Tremblay and Associates, Inc. of a potential conflict of interest with a current or ex-spouse.



# E. P. Tremblay and Associates, Inc.

## Firm Cover Letter

January 27, 2017

Dear :

As in past years, it is generally not necessary to make an appointment to bring in your tax work if we prepared your 2015 tax returns. You can drop off your paperwork during normal office hours which are 9:00AM to 5:00PM, Monday through Friday. Tax season hours, from January 28th through April 17th, will be 9:00AM to 8:00PM Monday through Thursday, 9:00AM to 5:00PM Friday & Saturday. We will close at 5:00 PM on April 18th and will return to normal office hours. If you mail or drop off your paperwork, we will contact you if we need any additional information.

Existing clients, if you prefer to make an appointment to discuss your tax returns, please call the office. New clients should call the office for an appointment unless other arrangements have been made. If you are mailing your paperwork, we suggest that you mail copies of documents and retain the originals. Consider mailing with return receipt or tracking.

You also have the option of using a NetClient CS internet portal to post scanned images of your tax documents which we can then download for your file. If you already have a NetClient CS internet portal and choose this option, please contact the office (call, text, or email) to notify us that you have posted your documents. If you don't have but would like a NetClient CS internet portal, call the office.

We have included a tax organizer with this letter. We use tax organizers as a tool to accumulate information needed to prepare your tax returns. If you used a complete organizer last year (complete organizers include all the tax data in your file), you should receive a complete organizer with this letter. Otherwise you should receive a partial organizer containing basic information. If you didn't receive a complete organizer and would like one, please call the office.

Please review and revise the basic information. Also, please complete the questionnaire included with this letter. Don't be concerned if you don't know how to answer a question. Just leave a question mark next to the question and we will contact you if the question is applicable to your tax situation and we need an answer.

There are some important changes that I want to bring to your attention. Some of these changes may require that you provide us with information that we have not asked you for in the past. Please review the following pages of Important Notices, Federal & State tax law changes included with this letter and provide us with any applicable information.

Sincerely,

Mark L. Tremblay, AFSP, President

## Important Notices, General Changes & Enhancements

- **Important- New Due Diligence Requirements**-Tax preparers are now required to ask questions and obtain documentation from taxpayers who qualify for Earned Income Tax Credit, Child Tax Credit or American Opportunity Tax Credit. If you qualified for any of these credits on your 2015 Federal tax return, a separate letter detailing what is needed to comply with the requirements will be mailed to you by January 31, 2017. In addition, if you qualify for any of these credits on your 2016 Federal tax return, we must now require that you complete and sign the questionnaire included with the enclosed organizer.
- **Electronic Filing Copies of returns/ESignatures**-Clients who use our NetClientCS portals to transmit electronic copies of their tax documents will receive their completed returns via their NetClient portal. An email will be sent notifying you that your return is ready for filing and will provide you with instructions to access your portal and complete your filing requirements. New this year, you will be able to sign your filing documents electronically eliminating the need to print, sign, scan and repost your signed filing documents.
- **Text**-We now have the ability to send and receive text messages. If this is a form of communication that you would like to use with our office, please check the appropriate box on the questionnaire. Also please confirm that we have the correct mobile number in your contact information. To send a text to our office, use our main number 508-675-7557. We will respond to your text to confirm that we received your text.
- **Engagement Letter**-Please be sure to review and sign the Tax Preparation Services Engagement Letter (**which has been revised**) before you mail or bring your tax documents to the office. **We must have a signed Letter of Engagement before we begin working on your returns.**
- **Consent to Use**-A "Consent to Use of Tax Return Information" form is required if you ask for information about certain other services offered by E.P. Tremblay. You do not need to sign a Consent to Use of Tax Return Information for the preparation of your tax returns.
- **Important Changes/Limitation of Tax Preparers ability to help clients with IRS Matters**-Effective with tax returns signed and filed after 12/31/15, only tax preparers who have obtained their AFSP Record of Completion may represent their clients before the IRS. Most important is that the representation rights are limited to returns that they have prepared. We have 3 preparers in our office who have obtained their AFSP record of completion and can assist with IRS matters. However, we will only be able to help with returns we have prepared and we will not be able to help with returns that were self-prepared or prepared by other tax preparers.
- **Dependent Tax Returns**-Federal Health Insurance requirements and due diligence requirements for Earned Income Tax Credit, Child Tax Credit & American Opportunity (education) Tax Credit are having an increased impact on the filing of our clients returns and generating more problems when the data is not reported properly on each return. We recommend that you consider asking your dependents to not file their returns until after you have filed your own return or to provide you with copies of returns they have filed. **If you have dependents who have taken college courses in 2016, we will need their Form 1098-T and 2016 statement of charges and payments from the college. Please note: Dependents are not allowed to take education credits on their own returns unless they qualify to take their own dependency exemption.**

## Federal Income Tax Changes & Important Information

- **IRS To Delay Processing Returns with Earned Income and Additional Child Tax Credits Until At Least Feb. 15th**-Returns containing Earned Income or Additional Child Tax Credit will not be processed by the IRS until at least February 15th to allow the IRS to match information on the returns with information from forms W-2 & 1099. Once processed, refunds are expected to be issued within 21 days. There is no delay in preparing or E-filing tax returns. You should not delay giving us your tax documents needed to prepare your return since that will add to the delay in receiving your refund.



- **ACA (Obamacare) Health Insurance Individual Responsibility**-Taxpayers are required to maintain Minimum Essential Health insurance for themselves, spouses, dependent children and other persons who can be claimed as a dependent on their returns. Please be sure to answer the Health Insurance questions on the questionnaire so we can accurately complete your returns. **If you purchased insurance through Healthcare.gov or any state health insurance exchange, we must have your 1095-A in order to prepare your return.** If you have other private, employer or government health insurance we also will need your health insurance form (1099-HC, 1095-B or 1095-C) to complete your tax returns. **Anyone who has filed for an exemption must provide us with the ECN (Exemption Certificate Number).** If anyone listed on your returns had a health insurance coverage gap of more than 2 consecutive months, we will also need either copies of tax returns or tax documents (W-2s, etc.) for all dependents who will be listed on your returns in order to calculate the penalty.
- **Automobile Standard Mileage Rate**-The standard mileage rate deduction for business & work related automobile use is 54 cents per mile for 2016 and **53.5 cents per mile for 2017**
- **Tax Credits/Deductions No Longer Available in 2017**-The Exclusion for Cancellation of Debt Income from Qualified Personal Residence Debt, Tuition & Fees Deduction, Mortgage Insurance Premiums Deduction and Residential Energy Credit are no longer available starting in 2017.
- **2017 Tax Projection Worksheets**-For clients who are concerned with how personal or tax law changes effective in 2017 will affect their results, we recommend that you ask us to prepare a tax projection worksheet. Check the appropriate checkbox on the enclosed questionnaire.

### **MA Income Tax Changes & Important Information**

- **Use Tax Safe Harbor**-For those clients who purchased personal property used in MA from retailers who do not collect MA Sales Tax, you can elect to pay use tax using the "safe harbor" method as opposed to calculating the actual amount due. This method is only effective for purchases of taxable items with a sales price less than \$1,000. If you want to elect this method, please indicate by checking the appropriate box on the questionnaire. Please be sure to let us know about any purchases of \$1,000 or more.
- **Gambling Losses Deduction-Plainridge Park Casino Only**-You can deduct losses up to the total amount of earnings for gambling at Plainridge Park Casino (will extend to other MA licensed casinos in the future). You are not allowed a deduction greater than the gambling earnings from Plainridge Park and you may not use non MA gambling or lottery losses from any state (including MA).

### **RI Income Tax Changes & Important Information**

- **Modification Decreasing Taxable Income for Social Security Benefits**-Beginning with tax year 2016, for those who qualify, there will be a new modification reducing the amount of social security benefits that are taxable in RI. Call the office if you are interested in more details.
- **RI-1040H Property Tax Relief Claim & RI 6238 Lead Paint Abatement Credit**- must be filed by April 18th. Filing an extension for Filing RI 1040 does not extend the deadline for RI-1040H or RI-6283
- **Use Tax Look Up Table**-For those clients who purchased personal property used in RI from retailers who do not collect RI Sales Tax, you can elect to pay use tax using the "Use Tax Lookup Table" method as opposed to calculating the actual amount due. This method is only effective for purchases of taxable items with a sales price less than \$1,000. If you want to elect this method, please indicate by checking the appropriate box on the questionnaire. Please be sure to let us know about any purchases of \$1,000 or more.

**E.P. Tremblay & Associates, Inc.**  
**35 Bowker Terrace**  
**Somerset, MA 02726**  
**508-675-7557**

**Organizer Cover Letter**

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2016 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2015 personal income tax return.

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (\*\*\_\*\_\*\_\*\*\*\*) and (\*\*\*\*1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, we suggest you contact our office. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2016 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- **Copies of birth certificates for dependents born in 2016.**
- **Copies of documents showing proof of residency for each dependent for Earned Income Tax Credit and Child Tax Credit.**
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage tax statements showing investment transactions for stocks, bonds, mutual funds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1099-HC, 1095-A, 1095-B and/or 1095-C related to health care coverage or premium tax credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Mortgage Interest Form 1098 or Contributions of Cars, Boats ... Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property or refinance of an existing mortgage.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.

**Important for New Clients-If we did not prepare your 2015 returns, we will need a copy of your income tax returns for the previous 3 years, copies of social security cards for**

**taxpayer, spouse and all dependents, copies of birth certificates for dependents under age 24 and a copy of the driver's license or other photo id(s) for taxpayer & spouse.**

**If you use a checking or savings account for direct deposit of refunds or electronic withdrawal for payment of taxes due with your returns, you are now required to verify your banking information before we prepare your returns. Please mark the "Mark to verify all accounts listed below have been reviewed, updated as needed and are correct" line on the "Direct Deposit/Electronic Funds Withdrawal Information" page included with this organizer.**

IRS regulations require us to prepare and file individual or trust tax returns electronically by default unless you elect to file on paper. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof that the IRS has accepted your return for processing. Please check the appropriate box on your questionnaire if you prefer your return be filed on paper. If you elect to file on paper, you will also be required to sign paper file return authorizations which we will provide with the filing copies of your returns.

**Important-The IRS does not send out unsolicited emails requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to [phishing@irs.gov](mailto:phishing@irs.gov). Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.**

Thank you for the opportunity to serve you.

Sincerely,

E. P. Tremblay & Associates Inc.

### **Our Privacy Policy**

We collect nonpublic personal information about you from tax preparation worksheets and other documents we use in preparing your tax returns or other forms. We do not disclose any nonpublic personal information about you to anyone, except as authorized by you or as permitted by law.

If you decide to become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

We restrict access to your personal and account information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Your confidence in us is important and we want you to know that your personal and account information is safe. If you have any questions or concerns, please contact us.

**E.P. Tremblay And Associates, Inc.**  
**2016 Income Tax Questionnaire**

Please check the appropriate box and include all necessary details and documentation.

**Personal Information**

	Yes	No
Did your filing status (single, married, head of household) change in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what was your marital status on 12/31/16 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Did you live with a parent of any dependent in 2016 who is not your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last yr? (please indicate changes on the Pers Info Page)	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? (if yes, please indicate changes on the Dir. Dep. EF Withdrawals page)	<input type="checkbox"/>	<input type="checkbox"/>
Did you or a dependent receive an Identity Protection PIN from the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered no to the previous question, are you or a dep. a victim of ID theft?	<input type="checkbox"/>	<input type="checkbox"/>

**Dependent Information**

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did any dependent not live with you all year except for temporary absences?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must/are filing returns not prepared by this office?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any dependent children with <u>investment</u> income in excess of \$1,050?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child or other dependent care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>

**Purchases, Sales and Debt Information**

Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire, sell, or withdraw any stock or mutual funds during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a mortgage or take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, please provide a copy of the loan closing settlement statement</b>		
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debt(student, mortgage, credit card,etc) cancelled/forgiven in 2016?	<input type="checkbox"/>	<input type="checkbox"/>

**Income Information**

Did you receive any income from property sold prior to 2016?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any social security or unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
If you have gambling winnings, what were your gambling losses in Massachusetts Casinos \$_____ Casinos in other states: \$_____		
Did you make any withdrawals from any type of retirement plan in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
Did you roll over any retirement plan distributions received in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
Did you convert IRA or Pension funds to Roth IRAs in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make withdrawals from an Education IRA or 529 Plan Savings account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any U.S. Savings bonds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any state income tax refunds this year for any prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much \$ _____ state: _____ \$ _____ state: _____		
Did you receive any distributions from Estates or Trusts in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>

**Health Care Information**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid, Masshealth, Tricare, etc) for every month of 2016 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family qualify for an exemption from the health care coverage mandate? (We need your Exemption Certificate, if applicable)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any direct contributions(not thru payroll) to a Health Savings Account?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any Health or Long Term Care Ins Premiums directly to the Ins Co?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Education Information**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you have any College expenses during the year on behalf of yourself, spouse, or a dependent? (We need 2016 Forms 1098-T and Account Statements) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year? (Please give us your Forms 1098-E)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there any contributions/distributions from Ed Savings/529 Plans in 2016?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Deduction Information**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you incur a casualty or theft loss or ponzi scheme losses during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have cancelled checks or receipts for all individual charitable contributions?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your employer provide an expense account or allowance during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use your car on the job, for other than commuting?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any unreimbursed work related expenses during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any unreimbursed expenses for work related overnight travel?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any expenses related to seeking a new job during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use any part of your home <u>exclusively</u> for job or business?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay auto excise or city/town tax on your auto during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount paid in 2016 \$_____ (Do not include Real Estate Taxes)  |                          |                          |
| Did you make contributions to IRAs for the 2016 tax year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any IRA payments made in 2017 for the 2016 tax year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay sales tax on major purchases (car, motorcycle,boat, etc.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle in 2016? If yes, form 1098-C must be issued by the Charity.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any energy saving improvements in your principal residence in 2016?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If yes, please provide us with details. Invoices and Efficiency Rating Info are helpful</b>  |                          |                          |
| Did you pay Mortgage Insurance Premiums for a loan starting in years 2007-2016?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the total mortgage balance for all personally owned real estate > \$1,000,000?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your mortgage balance owed on your home(s) more than \$100k greater than the cost to purchase and improve your homes?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you remove lead paint or repair a septic system in 2016?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If filing in MA, did you pay rent for a home or apartment in MA for 2016?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If filing in MA, did you pay more than \$150 for Fast Lane Tolls, MBTA Transit or Commuter Rail passes in 2016? If yes, please provide details.         | <input type="checkbox"/> | <input type="checkbox"/> |
| If filing in RI, did you make contributions to the RI College Bound Fund in 2016? (Deductions are available for contributions made for dependents only) | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous Information**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you make gifts of more than \$14,000 to any individual?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your employer make contributions to a retirement plan in 2016?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur moving costs because of a job change?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay anyone \$2000 or more for housecleaning or childcare performed in your home in 2016? (If yes, you may be required to pay the "Nanny Tax")                                | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are reporting business or self employment income, did you provide us with information regarding all deductions and do you have evidence to support your info?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous Information(Continued)**

	Yes	No
Did you receive tax correspondence from any State or the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
Has the IRS notified you that you are disqualified from claiming Earned Income Tax Credit, Child Tax Credit or American Opportunity Tax credit for 2016?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out of state or internet purchase in 2016 that is subject to use tax? (Your state of residence charges use tax on items purchased that you didn't pay the full sales tax of your state on items subject to sales tax in your resident state)	<input type="checkbox"/>	<input type="checkbox"/>
Check here to elect the Safe Harbor or Look Up Table method for payment of use tax. (Contact the office if you purchased an item for \$1000 or more subject to use tax)		<input type="checkbox"/>
Would you like a FAFSA Worksheet included with your copy of the tax returns?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate who is the student <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent: _____		
If you had business or self-employment income, did you pay \$600 or more to a non-employee for services in 2016?	<input type="checkbox"/>	<input type="checkbox"/>

**Estimated Tax (applies only if you make quarterly estimated tax payments)**

Did you pay Federal Estimated tax for 2016? *	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay State Estimated tax for 2016? What State(s) _____ *	<input type="checkbox"/>	<input type="checkbox"/>
<b>* Please provide us with the dates &amp; amounts of estimated payments</b>		
Do you want any part of your refund applied to your 2017 estimated tax?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want us to prepare your 2017 estimated tax vouchers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect your income or deductions to change substantially in 2017?	<input type="checkbox"/>	<input type="checkbox"/>
Check here if you want Tax Projection Worksheets prepared for 2017	<input type="checkbox"/>	

**Electronic Filing/Direct Deposit/Electronic Payment/Email/Client Web Portal, Etc**

Check here if you **do not** want to file your  Federal or  State return electronically.

Do you want your 2016 Tax Returns and W-2s posted to your NetClient web portal?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want your tax prep. fee deducted from your refunds *	<input type="checkbox"/>	<input type="checkbox"/>
<b>*An Outside Service Provider Charges a Processing Fee. You can pay by credit card to avoid this fee.</b>		
Do you want your refunds direct deposited to checking or savings?***	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to have taxes due electronically withdrawn from checking or savings***	<input type="checkbox"/>	<input type="checkbox"/>
May we correspond with you, regarding your tax returns, via email?***	<input type="checkbox"/>	<input type="checkbox"/>
If yes, send email to <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse or <input type="checkbox"/> Both		
May we correspond with you via text?***	<input type="checkbox"/>	<input type="checkbox"/>
If yes, send text messages to <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**\*\* Please revise/add bank account, email address or mobile phone info on the appropriate organizer page.**

If you don't presently receive but would like to receive our free "Tax and Business Strategies" Newsletter via email please check the box here  and confirm your email address on Client Contact Information page You can view a sample of the newsletter by clicking the link at the bottom of our Tax Services page at [www.eptremblay.com](http://www.eptremblay.com)

**Additional notes or information:**

The information I (we) have provided in and with this client organizer and questionnaire is complete and correct to the best of my (our) knowledge.

\_\_\_\_\_  
Taxpayer\_\_\_\_\_  
Date\_\_\_\_\_  
Spouse\_\_\_\_\_  
Date

## **Tax season is a good time to review the state of your finances**

Tax season is a great time to work on updating and improving your financial life. We encourage you to call your investment advisor to see if you need to make any adjustments in how your retirement and/or non-retirement funds are invested. You should be adjusting your investment strategy to maximize your earnings and re-allocating what types of investments you have as you approach retirement.

It is also a good time to check up on your insurances. Do you have enough Life & Disability Insurance? Are your beneficiaries up to date? If you are in your 50s or 60s have you considered purchasing Long Term Care (Nursing Home) Insurance? Are the coverages on your home & auto insurance policies sufficient? Have you paid off loans or mortgages and need to notify your insurance company to remove the bank or loan company from your policy?

It may also be the right time to review your legal documents. Is your will up to date? Do you need to talk with an attorney about estate or long term care (nursing home) planning? Do you have an up to date Power of Attorney and Health Care Proxy?

We're here to help you if you need assistance. We have many in-house products and services that can help. We also have a group of independent professionals who are available for referral to help with products and services we don't offer in-house.

If you are interested in talking with us about anything described above, let us know by calling the office or by indicating your interest below. It is also important for you to sign the "Consent to Use of Tax Return Information" document included in this mailing.

### **Requests for information on other products & services offered by E.P. Tremblay**

**Only check boxes for items that you would like us to provide you with additional information.**

- I'm interested in more information about help with installing & setting up Quickbooks software for my business financial record keeping.  \*
- I'm interested in more information about bookkeeping and payroll services.  \*
- I'm interested in more information about IRAs.  \*
- I'm interested in more information about Tax Deferred Annuities.  \*
- I'm interested in more information about Homeowners, Auto, Life, Disability, Long Term Care and Business insurance.  \*
- I'm interested in more information about Real Estate Services.  \*
- I'm interested in more information about Investment Services.
- I'm interested in more information about Home Mortgages, New or Refinance.
- I'm interested in more information about Legal Services.

If you have checked any boxes marked by an \* (asterisk) please sign and return the "Consent To Use Tax Return Information" letter included with this questionnaire.

Form ID: 1040 **Personal Information** **1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) <b>2</b>		
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City, state postal code, zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

In care of addressee \_\_\_\_\_

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_

Social security number of qualifying person \_\_\_\_\_

Dependent Codes	
<p><b>*Basic</b></p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you</p> <p>3 = Other dependent</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</p> <p><b>***Month</b></p> <p>77 = Reported on odd year return</p> <p>88 = Reported on even year return</p> <p>99 = Not reported on return</p>	<p><b>**Other</b></p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>



**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

Mobile telephone #2 number \_\_\_\_\_

Pager number \_\_\_\_\_

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

    Telephone number \_\_\_\_\_

    Extension \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_

**NOTES/QUESTIONS:**

Form ID: Bank	<b>Direct Deposit/Electronic Funds Withdrawal Information</b>	<b>3</b>
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**Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.**

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

<b>Refund - U.S. Series I Savings Bond Purchases</b>
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**A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.**

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Owner's name (First Last) \_\_\_\_\_

Co-owner or beneficiary (First Last) \_\_\_\_\_

Mark if the name listed above is a beneficiary \_\_\_\_\_

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Owner's name (First Last) \_\_\_\_\_

Co-owner or beneficiary (First Last) \_\_\_\_\_

Mark if the name listed above is a beneficiary \_\_\_\_\_

**Taxpayer -**

Form of identification (1 = Driver's license, 2 = State issued identification card) \_\_\_\_\_  
Identification number \_\_\_\_\_  
Issue date \_\_\_\_\_  
Expiration date (mm/dd/yyyy) \_\_\_\_\_  
Location of issuance \_\_\_\_\_  
Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification (1 = Driver's license, 2 = State issued identification card) \_\_\_\_\_  
Identification number \_\_\_\_\_  
Issue date \_\_\_\_\_  
Expiration date (mm/dd/yyyy) \_\_\_\_\_  
Location of issuance \_\_\_\_\_  
Document number (New York only) \_\_\_\_\_

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**NOTES/QUESTIONS:**

Form ID: MA

**Massachusetts General Information**

Mark if name and address have changed since last year \_\_\_\_\_

Mark if noncustodial parent \_\_\_\_\_

In care of address or address of legal residence or domicile:

Street \_\_\_\_\_

City, state, zip code \_\_\_\_\_

**Use Tax**

Estimate use tax for out of state purchases less than \$1,000 \_\_\_\_\_

Out of state purchases \_\_\_\_\_

Sales tax paid to other state \_\_\_\_\_

**Contributions****Amount of political and charitable contributions you wish to make to:**

Mark to contribute to the State Election Campaign Fund

**Taxpayer****Spouse**

\_\_\_\_\_

\_\_\_\_\_

Organ Transplant Fund \_\_\_\_\_

United States Olympic Fund \_\_\_\_\_

Endangered Wildlife Conservation \_\_\_\_\_

Military Family Relief Fund \_\_\_\_\_

AIDS Fund \_\_\_\_\_

Homeless Animal Prevention and Care Fund \_\_\_\_\_

**Adjustments and Deductions****Rental Deduction**

Residence #1 rented address \_\_\_\_\_

Landlord's name and address \_\_\_\_\_

Date from \_\_\_\_\_

Date to \_\_\_\_\_

Rent paid \_\_\_\_\_

Residence #2 rented address \_\_\_\_\_

Landlord's name and address \_\_\_\_\_

Date from \_\_\_\_\_

Date to \_\_\_\_\_

Rent paid \_\_\_\_\_

**Health Insurance Information****Taxpayer****Spouse**

Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year \_\_\_\_\_

Insurance information has changed from last year

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Federal identification number \_\_\_\_\_

Subscriber number \_\_\_\_\_

Name of insurance company (Taxpayer) \_\_\_\_\_

Name of insurance company (Spouse) \_\_\_\_\_

**Commuter Deduction****Tolls paid through Fastlane****MBTA Transit/commuter passes**

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

**Part-year Resident Information****If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts**

Part-year residency dates:

From \_\_\_\_\_

To \_\_\_\_\_

**NOTES/QUESTIONS:**

Form ID: MA

Form ID: RI **Rhode Island General Information**

Enter city or town of legal residence \_\_\_\_\_

**Use Tax**

Purchases subject to use tax \_\_\_\_\_  
 Total sales tax paid to other states \_\_\_\_\_  
 Purchases subject to use tax is unknown except purchases over \$1000 (Use tax table based on federal AGI) \_\_\_\_\_  
 Purchases subject to use tax over \$1000: \_\_\_\_\_

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Contributions**

**Amount of political and charitable contributions you wish to make to:**  
**Political Contributions**

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) \_\_\_\_\_  
 If you wish for a portion of your electoral contribution to be paid to a political party, enter name of party \_\_\_\_\_

**Charitable Contributions**

Drug Program Account \_\_\_\_\_  
 Mark if you wish to make an Olympic Contribution \_\_\_\_\_  
 Organ Transplant Fund \_\_\_\_\_  
 Council on the Arts \_\_\_\_\_  
 Nongame Wildlife Fund \_\_\_\_\_  
 Childhood Disease Victims' Fund \_\_\_\_\_  
 Military Family Relief Fund \_\_\_\_\_

**Part-year Resident Information**

Part-year residency dates:  
 From \_\_\_\_\_  
 To \_\_\_\_\_

**Property Tax Relief Claim**

Mark if disabled and received social security disability payments during the tax year \_\_\_\_\_  
 Live in household or rent dwelling subject to property tax? (Y, N) \_\_\_\_\_  
 Current for property taxes and rent due for 2016 and all prior years (Y, N) \_\_\_\_\_  
 Rent paid (Enter 100%) \_\_\_\_\_  
 If renting, Landlord name: \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_  
 Landlord city, state and zip code \_\_\_\_\_  
 Landlord phone number: \_\_\_\_\_

**NOTES/QUESTIONS:**