

CHAFFINS, BATDORF & AUSTELL, LLC

A LIMITED LIABILITY COMPANY OF PROFESSIONAL CORPORATIONS

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BUILDING D, SUITE 34
MARIETTA, GEORGIA 30064

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Dear Client,

Welcome to the Chaffins, Batdorf & Austell family of clients. We appreciate the trust and confidence you have shown in us by moving your account here.

We have been providing accounting services, management consulting and tax advice for over 28 years. Being a client of Chaffins, Batdorf & Austell means that we are your partner in helping you reach your goals, and ultimately your success. In addition to the services listed above we have relationships with attorneys, financial advisors, insurance agents and banks. Should you have a need in any of these areas, we would be happy to assist you.

Enclosed are a Client Organizer, Questionnaire and Engagement Letter. The Tax Organizer is designed to help you gather the tax information needed to prepare your 2016 personal income tax return. Please enter 2016 information on the Tax Organizer pages provided.

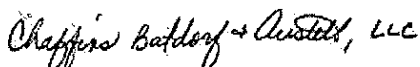
The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer. In addition, we are required to obtain a signed Engagement Letter prior to releasing your tax return. Please make sure to return both of these documents, even if you do not complete the organizer.

We will also need the following information:

- 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 statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- 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.
- A copy of your income tax return from last year, if not prepared by this office.

We look forward to servicing your account. Please remember we are only a phone call away should you have questions regarding your account, need financial advice, tax advice, or just a sounding board for your ideas.

Regards,



Chaffins, Batdorf & Austell, LLC

Certified Public Accountants
Members of:

American Institute of Certified Public Accountants Georgia Society of Certified Public Accountants

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) [8]

Taxpayer email address [9]

Spouse email address [10]

	Taxpayer	Spouse
Fax telephone number	[11]	[19]
Mobile telephone number	[12]	[20]
Mobile telephone #2 number	[13]	[21]
Pager number	[14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24]
Extension	[17]	[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26]

NOTES/QUESTIONS:

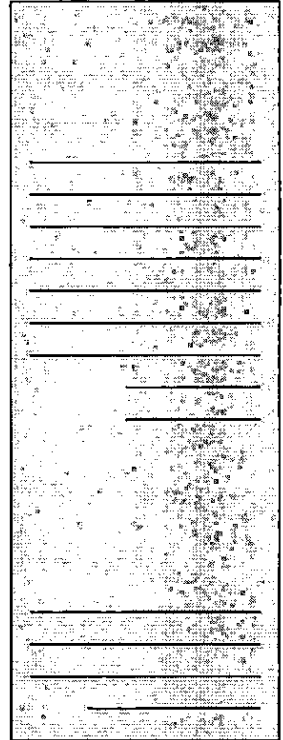
Wages and Salaries #1

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

Taxpayer/Spouse (r, s)	_ [1]	
Employer name _____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	_ [5]	
Mark if this is your current employer	_ [6]	
Federal wages and salaries (Box 1)	_____ [10]	
Federal tax withheld (Box 2)	_____ [12]	
Social security wages (Box 3) (If different than federal wages)	_____ [14]	
Social security tax withheld (Box 4)	_____ [16]	
Medicare wages (Box 5) (If different than federal wages)	_____ [18]	
Medicare tax withheld (Box 6)	_____ [21]	
SS tips (Box 7)	_____ [23]	
Allocated tips (Box 8)	_____ [25]	
Dependent care benefits (Box 10)	_____ [27]	
Box 13 -		
Statutory employee	_ [29]	
Retirement plan	_ [30]	
Third-party sick pay	_ [31]	
State postal code (Box 15)	_____ [32]	
State wages (Box 16) (If different than federal wages)	_____ [34]	
State tax withheld (Box 17)	_____ [36]	
Local wages (Box 18)	_____ [38]	
Local tax withheld (Box 19)	_____ [40]	
Name of locality (Box 20) _____	[43]	



	Control Totals	
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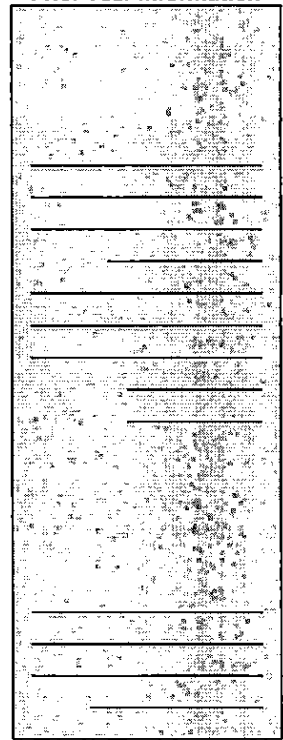
Wages and Salaries #2

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

Taxpayer/Spouse (r, s)	_ [1]	
Employer name _____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	_ [5]	
Mark if this your current employer	_ [6]	
Federal wages and salaries (Box 1)	_____ [10]	
Federal tax withheld (Box 2)	_____ [12]	
Social security wages (Box 3) (If different than federal wages)	_____ [14]	
Social security tax withheld (Box 4)	_____ [16]	
Medicare wages (Box 5) (If different than federal wages)	_____ [18]	
Medicare tax withheld (Box 6)	_____ [21]	
SS tips (Box 7)	_____ [23]	
Allocated tips (Box 8)	_____ [25]	
Dependent care benefits (Box 10)	_____ [27]	
Box 13 -		
Statutory employee	_ [29]	
Retirement plan	_ [30]	
Third-party sick pay	_ [31]	
State postal code (Box 15)	_____ [32]	
State wages (Box 16) (If different than federal wages)	_____ [34]	
State tax withheld (Box 17)	_____ [36]	
Local wages (Box 18)	_____ [38]	
Local tax withheld (Box 19)	_____ [40]	
Name of locality (Box 20) _____	[43]	



	Control Totals	
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Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income ⁽¹⁾	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt** \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts						
	2	Payer						
		Amounts						
	3	Payer						
		Amounts						
	4	Payer						
		Amounts						
	5	Payer						
		Amounts						
	6	Payer						
		Amounts						
	7	Payer						
		Amounts						
	8	Payer						
		Amounts						
	9	Payer						
		Amounts						
	10	Payer						
		Amounts						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

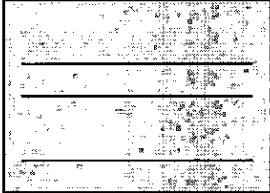
T S J	Type Code	(**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer												
	Amounts												
2	Payer												
	Amounts												
3	Payer												
	Amounts												
4	Payer												
	Amounts												
5	Payer												
	Amounts												
6	Payer												
	Amounts												
7	Payer												
	Amounts												
8	Payer												
	Amounts												
9	Payer												
	Amounts												
10	Payer												
	Amounts												

**Dividend Codes	
Blank = Other	3 = Nominee

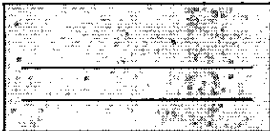
Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2016 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2016 (Box 3 minus Box 4) (Box 5)	_____ [8]	
Voluntary Federal Income Tax Withheld (Box 6)	_____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	_____ [12]	
Prescription drug (Part D) premiums	_____ [14]	

Tier 1 Railroad Benefits

	2016 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2016 (Box 5)	_____ [22]	
Federal Income Tax Withheld (Box 10)	_____ [25]	
Medicare Premium Total (Box 11)	_____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2016 or receive any prior year benefits in 2016. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

 _____ [40]
 _____ [41]
 _____ [42]
 _____ [43]
 _____ [44]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2016	_____ [5]	_____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2016	_____ [11]	_____ [12]
Enter the nondeductible contribution amount made in 2017 for use in 2016	_____ [13]	_____ [14]
Traditional IRA basis	_____ [15]	_____ [16]
Value of all your traditional IRA's on December 31, 2016:	_____ [17]	_____ [18]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Roth IRA

Please provide copies of any 1998 through 2015 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__[27]	__[28]
Enter the total Roth IRA contributions made for use in 2016	_____ [29]	_____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2016	_____ [37]	_____ [38]
Enter the total contribution Roth IRA basis on December 31, 2015	_____ [41]	_____ [42]
Enter the total Roth IRA contribution recharacterizations for 2016	_____ [43]	_____ [44]
Enter the Roth conversion IRA basis on December 31, 2015	_____ [45]	_____ [46]
Value of all your Roth IRA's on December 31, 2016:	_____ [47]	_____ [48]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

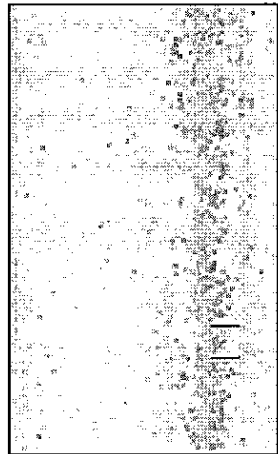
NOTES/QUESTIONS:

Preparer use only

2016 Information

Prior Year Information

Description _____ [2]
 Taxpayer/Spouse/Joint (T, S, J) ___ [3] State postal code _____ [5]
 Physical address: Street _____ [6]
 City, state, zip code _____ [7] _____ [8] _____ [9]
 Foreign country _____ [11]
 Foreign province/county _____ [12]
 Foreign postal code _____ [13]
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____ [14]
 Description of other type (Type code #8) _____ [15]
 Did you make any payments in 2016 that require you to file Form(s) 1099? (Y,N) _____ [16]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [18]
 Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [20]
 Percentage of ownership if not 100% _____ [22]
 Business use percentage, if not 100% (Not vacation home percentage) _____ [24]



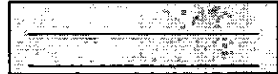
Rent and Royalty Income

Rents and royalties

2016 Information

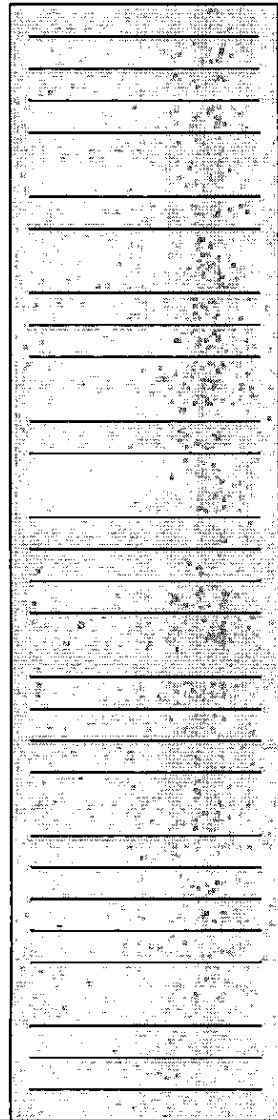
Prior Year Information

_____ [34]



Rent and Royalty Expenses

	2016 Information	Percent if not 100%	Prior Year Information
Advertising	_____ [36]	_____ [37]	
Auto	_____ [39]	_____ [40]	
Travel	_____ [42]	_____ [43]	
Cleaning and maintenance	_____ [45]	_____ [46]	
Commissions:	_____ [48]	_____ [50]	
Insurance:	_____ [51]	_____ [53]	
Legal and professional fees	_____ [55]	_____ [56]	
Management fees:	_____ [58]	_____ [60]	
Mortgage interest paid to banks, etc (Form 1098)	_____ [61]	_____ [63]	
Other mortgage interest	_____ [64]	_____ [66]	
Qualified mortgage insurance premiums	_____ [67]	_____ [68]	
Other interest:	_____ [70]	_____ [72]	
Repairs	_____ [73]	_____ [74]	
Supplies	_____ [76]	_____ [77]	
Taxes:	_____ [79]	_____ [81]	
Utilities	_____ [82]	_____ [83]	
Depreciation	_____ [85]	_____ [86]	
Depletion	_____ [88]	_____ [89]	
Other expenses:	_____ [91]		



Control Totals

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

2016 Information

Prior Year Information

Refinancing points paid -

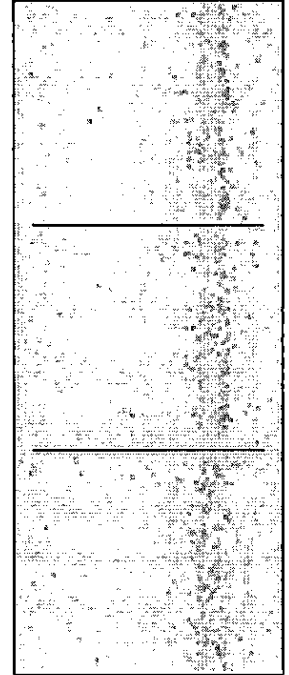
Recipient's/Lender's name _____ [93]
Date of refinance _____
Total # Payments _____
Reported on 1098 in 2016 _____
Total points paid _____
Points deemed as paid in current year (Preparer use only) _____

Refinancing points paid -

Recipient's/Lender's name _____
Date of refinance _____
Total # Payments _____
Reported on 1098 in 2016 _____
Total points paid _____
Points deemed as paid in current year (Preparer use only) _____

Refinancing points paid -

Recipient's/Lender's name _____
Date of refinance _____
Total # Payments _____
Reported on 1098 in 2016 _____
Total points paid _____
Points deemed as paid in current year (Preparer use only) _____

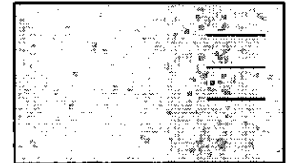


Vacation Home Information

2016 Information

Prior Year Information

Number of days home was used personally _____ [6]
Number of days home was rented _____ [8]
Number of day home owned, if not 366 _____ [10]
Carryover of disallowed operating expenses into 2016 _____ [20]
Carryover of disallowed depreciation expenses into 2016 _____ [21]



Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	[29]	[30]
Short-term capital	[31]	[32]
Long-term capital	[33]	[34]
28% rate capital	[35]	[36]
Section 1231 loss	[37]	[38]
Ordinary business gain/loss	[39]	[40]
Comm revitalization	[41]	[42]
Section 179	[43]	[46]

T/S/J	2016 Interest Paid[2]	2016 Points Paid	Type*	2016 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]					

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2016 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			[5]	
	Address			
	City, state and zip code			
	Address			
	City, state and zip code			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____ [7]
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid in 2016 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2016 (Preparer use only) _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2016 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2016 (Preparer use only) _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2016 _____

T/S/J	2016 Information
Investment interest expense, other than on Schedule(s) K-1:	
[15]	[16]

Charitable Contributions

T/S/J	2016 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
<i>Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.</i>		
<i>Individual contributions of \$250 or more must be accompanied by a written acknowledgement from the charity in order to claim the contribution on your return.</i>		
[2]	[3]	
[5] Volunteer miles driven	[6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]	[9]	

Miscellaneous Deductions

T/S/J	2016 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11]	[12]	
Union dues:		
[14]	[15]	
[17] Tax preparation fees	[18]	
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[20]	[21]	
[23] Safe deposit box rental	[24]	
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[26]	[27]	
Other expenses, not subject to the 2% AGI limit:		
[30]	[31]	
Gambling losses: (Enter only if you have gambling income)		
[33]	[34]	

Preparer use only

Taxpayer/Spouse (r, s) _____ [2]

Occupation in which expenses were incurred _____ [3]

State postal code _____ [4]

Vehicle Questions

2016 Information

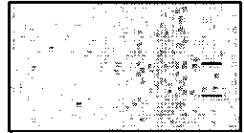
Prior Year Information

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [5]

Was another vehicle available for personal use? (Y, N) _____ [7]

Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [9]



Vehicle Information

Vehicle 1 -	Date placed in service	_____	[11]
	Description	_____	[12]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[62]
	Description	_____	[63]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[109]
	Description	_____	[110]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[156]
	Description	_____	[157]
	Comments	_____	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	[20]		[69]		[116]		[163]	
Business mileage	[24]		[71]		[118]		[165]	
Average daily round trip commuting mileage	[26]		[73]		[120]		[167]	
Total commuting mileage	[28]		[75]		[122]		[169]	
Gasoline	[30]		[77]		[124]		[171]	
Oil	[32]		[79]		[126]		[173]	
Repairs	[34]		[81]		[128]		[175]	
Maintenance	[36]		[83]		[130]		[177]	
Tires	[38]		[85]		[132]		[179]	
Car washes	[40]		[87]		[134]		[181]	
Insurance	[42]		[89]		[136]		[183]	
Interest	[44]		[91]		[138]		[185]	
Registration	[46]		[93]		[140]		[187]	
Licenses	[48]		[95]		[142]		[189]	
Property taxes (Plates, tags, etc)	[50]		[97]		[144]		[191]	
Vehicle rentals	[52]		[99]		[146]		[193]	
Inclusion amt (Preparer only)	[54]		[101]		[148]		[195]	
Other vehicle expenses	[56]		[103]		[150]		[197]	
Value of employer provided vehicle	[58]		[105]		[152]		[199]	
Depreciation	[60]		[107]		[154]		[201]	

Please enter all amounts paid in 2016 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2015 employer-provided dependent care benefits used during 2016 grace period	_____ [3]	_____ [4]
Employer-provided dependent care benefits that were forfeited in 2016	_____ [5]	_____ [6]
Total qualified expenses incurred in 2016		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2016 _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2016 _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2016 _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2016 _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2016 _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

{Begin English}

2016 Questionnaire

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did/have you celebrate(d) marriage to a same-sex spouse in a state that legally recognizes same-sex marriage?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<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?	<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: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<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 care while you worked or looked for work?	<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"/>
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"/>
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 acquire a new or additional interest in a partnership or S corporation?	<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 purchase or sell a principal residence 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 or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

- | | | |
|--|--------------------------|--------------------------|
| Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as investment accounts or partnerships? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tip income not reported to your employer this 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 cash any Series EE or I U.S. Savings bonds issued after 1989? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect a large fluctuation in income, deductions, or withholding next year? | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deduction Information

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| Did you incur a casualty or theft loss or any condemnation awards during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from donee organization. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have 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 work out of town for part of the year? | <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 make any major purchases during the year (cars, boats, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax? | <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 anyone in your family receive a scholarship of any kind during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay health care or long-term care premiums for yourself or your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any COBRA health care coverage continuation premiums? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a business owner, did you pay health insurance premiums for your employees this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you an active participant in a pension or retirement plan? | <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"/> |

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| Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? | <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"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |

Note that the reporting requirements for foreign assets has been significantly expanded by the IRS and is considered a separate engagement from the preparation of your annual income tax return. Please call the office for more information.

- | | | |
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| Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to designate \$3 to the Presidential Election Campaign Fund/? If you check yes, it will not change your tax or reduce your refund. | <input type="checkbox"/> | <input type="checkbox"/> |

Documenting Business Travel, Entertainment & Gift Expenses

- | | | |
|--|--------------------------|--------------------------|
| The IRS requires you to maintain documentary evidence including date, amount, place, business purpose and business relationship. If you have these expenses, do you have the proper documentation? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Notes and Questions to Preparer:

Tax Return Delivery

What is your preferred method to receive your tax returns?

- Secure client portal
- Password protected PDF on CD
- Password protected PDF via email
- Paper Copy

Communication

As questions arise during the preparation of your tax return, who should we contact?

- Taxpayer
- Spouse

How do you prefer we contact you as questions arise during preparation of your tax returns?

- Email
- Cell Phone
- Home Phone
- Work Phone

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signaure _____ Date _____

{End English}

CHAFFINS, BATDORF & AUSTELL, LLC
707 WHITLOCK BLDG D-34
MARIETTA, GA 30064-3098
770-420-7190

2016 ENGAGEMENT LETTER

Name: _____

Address: _____

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 2016 federal and requested state income tax returns from information you provide. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms 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, cancelled checks and other data that form the basis of income and deductions. While we do not require a review of your supporting documentation, it is our expectation that you maintain adequate documents to support the information you provide to us. This documentation may be necessary to prove the accuracy and completeness of the returns to a taxing authority. **You have the final responsibility for your income tax returns and, therefore, you should review them carefully before signing.**

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, which may result in additional fees, as determined to be necessary for preparation of the income tax returns.

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 government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

It is our policy to keep electronic copies of information related to this engagement for safe keeping. Your original records will be returned to you with your tax returns. It is your responsibility to retain and protect these records for possible future use, including potential examination by any governmental or regulatory agencies.

This engagement does not include the required IRS filings for foreign bank accounts. Service for the preparation of the US FBAR or Form 114 FinCEN is available upon request and is considered a separate engagement.

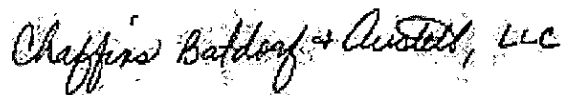
Engagement Letter
Page 2

This Engagement Letter will continue to apply to the preparation of your income tax returns for subsequent years, unless amended or terminated in writing by either party.

If the above fairly states your understanding, please sign the letter in the space indicated below and return it to our office. If there are other tax returns you expect us to prepare, for example, your children's returns, please inform us by noting so at the end of this letter.

We look forward to serving you.

Sincerely,



Chaffins, Batdorf & Austell, LLC

Accepted By: _____

Date: _____