INFINITE TAX SOLUTIONS

Tax Planning, Tax Preparation,
Audit Defense and Resolution

TAX ORGANIZER

Dear Client,

Enclosed is your Tax Organizer for tax year 2018.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as $35 for each $100 in deductible expenses you find in your 2018 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if we did not prepare or do not already have a copy of)
- Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

Alicia Utley, EA
4909 Pearl East Circle #202
Boulder, CO 80301
720-263-1288
alicia@infinite-tax.com

INFINITE TAX SOLUTIONS

Tax Planning, Tax Preparation, Audit Defense and Resolution

Alicia Utley, EA
4909 Pearl East Circle #202
Boulder, CO 80301

December 4, 2018

Dear Client

This letter confirms our agreement pursuant to which you have retained Infinite Tax Solutions, LLC and its employees and agents ("ITS") to perform certain services (the "Engagement") in connection with filing Federal and State tax returns for 2018. This may include additional services, including subsequent tax returns, resolving amounts owed to the Internal Revenue Service and/or Colorado, as needed, under the terms and conditions set forth in this engagement agreement (the "Agreement").

Confidentiality

All work performed and materials and work product of any kind generated in furtherance of the Engagement will be deemed to be confidential and/or privileged to the extent allowed under Colorado State Law.

Fees

We typically charge a flat fee for tax returns based on the complexity of the returns and may be adjusted accordingly. Our rates for other services are $250 per hour for tax services and $40-100 per hour for Bookkeeping, based on the person providing the service. Out-of-pocket expenses are billed in addition to fees, which may include any out of pocket expenses, including but not limited to mileage, postage, photocopies, courier fees, outside legal fees, etc.

You must remit payment to ITS upon receipt of an invoice. ITS reserves the right to withhold filing of said returns until payment has been received. We assess interest at the rate of twelve percent (12%) per month on any invoice outstanding beyond thirty (30) days. If bills remain outstanding for more than thirty (15) days, ITS reserves the right to stop all work. If ITS must engage counsel or otherwise expend funds to collect bills over sixty (60) days old, Client agrees to reimburse ITS for all associated fees and costs, plus interest on the outstanding balance.

Conflict of Interests

You agree that the Engagement and any assignments performed thereunder pertain to a discrete matter, and that our undertaking an assignment pursuant to this Agreement would not provide a basis for precluding our future services adverse to you on matters that are not substantially related to the matter ITS is handling as part of this Engagement.

ITS is not aware at this time of any conflict of interests that would preclude ITS from providing services to you in this Engagement. Should ITS become aware, however, of any such conflict, upon reasonable notice to you and Client, ITS may withdraw from and terminate the Engagement at that time. In that event, Client agrees to pay and/or reimburse ITS for all fees and out-of-pocket expenses accrued or incurred as of the date of such withdrawal.

Termination

The agreements, terms and understandings set forth in this letter shall survive the termination of any and all work performed pursuant to the Engagement. Either party may terminate the Engagement upon written notice to the other. Termination shall become effective immediately. In the event of such a termination, Client agrees to pay and reimburse ITS, pursuant to the terms set forth in this Agreement for all fees, costs, and interest accrued or incurred as of the date of termination.

Jurisdiction and Applicable Law

The parties consent to the jurisdiction of the State of Colorado. The interpretation and application of the terms of this Agreement shall be governed and construed in accordance with the laws of the State of Colorado.

Arbitration

At the option of ITS, any disagreement or controversy arising out of or relating to this Agreement and/or Engagement, including but not limited to any dispute concerning ITS's fees or expenses, can be submitted for resolution to arbitration in accordance with the rules of the American Arbitration Association. The arbitration shall be held in the location specified in paragraph 6.1, above. The award rendered in said proceeding shall be final and binding upon both parties and judgment upon the award may be entered in any court having jurisdiction thereof. The arbitrator may award reasonable attorneys' fees and the costs of the arbitration to the prevailing party, except that the fees and expenses of the arbitrator, if any, shall be borne equally by the parties. If any party shall deliberately default in appearing before the arbitrator, the arbitrator is empowered, nonetheless, to take the proof of the party or parties appearing and render an award thereon.

We look forward to working with you toward a successful completion of the Engagement.

Very truly yours,

INFINITE TAX SOLUTIONS, LLC
By: Alicia Utley, EA

Accepted by:

____ Date ________________

____ Date ________________

Organizer Options

1 Appointment Information

Date:

Day:

Time:

2 Miscellaneous

[X] Check ("X") to SUPPRESS Social Security Numbers throughout this organizer.

3 Printing

Check ("X") to include in printed Organizer

- [X] Pg 1 - Basic Info, Dependents, Wages, and Pensions
- [X] Pg 2 - General Questions
- [X] Pg 3 - Interest, Dividends, and K-1
- [X] Pg 4 - Stocks, Other income, and Adjustments to income
- [X] Pg 5 - Itemized deductions and Education Expenses
- [X] Pg 6 - Estimates
- [ ] Pg 7 - Vehicle and Business use of home
- [X] Pg 8 - Comments
- [ ] Custom

Infinite Tax Solutions LLC
Alicia Utley, EA
4909 Pearl East Circle #202
Boulder, CO 80301

Organizer Mailing Slip

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Occupation	Date of Birth	Check if: Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street & Apt/Suite		Phone Res:	
City, State & Zip		Phone Work:	
Foreign country		Cell Phone:	
Foreign province		E-mail:	
Foreign postal code		School District	

	State Issue ID Number	Driver's License Number	Issuing State	Issue Date	Expiration Date
Taxpayer					
Spouse					

Filing Status ☐ 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign ______________________________ Date ______________

here ______________________________ Date ______________

General Questions

Please check if "Yes" and provide documentation, if possible.

- [ ] 1. Has your marital status changed?
- [ ] 2. Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2018?
- [ ] 3. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- [ ] 4. Are you being claimed as a dependent by another person?
- [ ] 5. Are there any changes in the dependent information from the prior year?
- [ ] 6. Did you have any children under 19 (or 24 if a full time student) who received more than $1,050 in investment income?
- [ ] 7. Do you have dependents who are neither U.S. citizens nor U.S. residents?
- [ ] 8. Did you provide over half of the support for another person (or persons) during the year?
- [ ] 9. Did you purchase or sell a principal residence?
- [ ] 10. Did you receive payments from a pension or profit sharing plan?
- [ ] 11. Did you receive any distributions from an IRA or other qualified plan?
- [ ] 12. Did you receive any disability income?
- [ ] 13. Did you receive any foreign income or pay any foreign taxes?
- [ ] 14. Did you receive interest from a bank account or other financial account based in a foreign country?
- [ ] 15. Were you the grantor of or transferor to a foreign trust?
- [ ] 16. Were either you or your spouse enlisted in the military or National Guard?
- [ ] 17. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?
- [ ] 18. Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2018?
- [ ] 19. Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- [ ] 20. Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- [ ] 21. Did you receive proceeds from an installment sale?
- [ ] 22. Did you make a loan at an interest rate below market rate?
- [ ] 23. Did you make gifts of more than $15,000 to any one person?
- [ ] 24. Were there any changes to a prior year's income, deductions, or credits?
- [ ] 25. Did your employer pay premiums on life insurance in excess of $50,000?
- [ ] 26. Were any payments made on student loans?
- [ ] 27. Did you pay any educational tuition or fees for you or a dependent?
- [ ] 28. Did you purchase a 'clean fuel' or electric hybrid vehicle in 2018?
- [ ] 29. Did you refinance a mortgage or take out a home equity loan?
- [ ] 30. Were any contributions made to a traditional or Roth IRA for 2018?
- [ ] 31. Did you make any contributions to HSA (Health Savings Account) in 2018?
- [ ] 32. Did you or a member of your family have minimum essential coverage in 2018? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
- [ ] 33. Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?

Business and Investment Questions

- [ ] 1. Did you receive stock from a stock bonus plan with your employer?
- [ ] 2. Did you buy or sell any bonds?
- [ ] 3. Did you surrender any U.S. savings bonds?
- [ ] 4. Did you suffer a casualty, theft or condemnation?
- [ ] 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations?
- [ ] 6. Did you own any investments for which you were not personally at-risk?
- [ ] 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- [ ] 8. Did you sell any property or equipment on installments?
- [ ] 9. Did you incur any business-related educational expenses?
- [ ] 10. Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
- [ ] 11. Did you purchase any special fuels for non-highway use?
- [ ] 12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan?

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

	*F/S/J	Payer	Taxable Interest Income Prior Year Amount	Taxable Interest Income Current Year Amount	Tax Exempt Interest Prior Year Amount	Tax Exempt Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

	*F/S/J	Payer	Ordinary Dividends Prior Year Amount	Ordinary Dividends Current Year Amount	Qualified Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Capital Gains Prior Year Amount	Capital Gains Current Year Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)	*P/S/T
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

*P/S/T - enter entity type (P)artnership, (S) Corporation, (T)rust

Gains or Losses from Sales of Stocks, Securities or Other Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Rents and royalties - Schedule E pg 1			
6	Farm income or (loss) - Schedule F			
7	Unemployment compensation			
8	Total social security benefits			
9	Tips			
10	Child care taxable benefits			
11	Prizes and awards			
12	Scholarships and fellowships			
13	Other income not provided for in this organizer			
14				
15				
16				

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-basis gov't officials			
3	Health savings account deduction			
4	Moving expenses for members of the armed forces			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA contribution			
9	Spouse's IRA contribution			
10	Student loan interest			
11	Tuition and fees			

Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums Taxpayer Spouse		
2	Other state and local taxes paid not reported elsewhere in this Organizer		
3	State and local income taxes paid		
4	Real estate taxes		
5	Personal property taxes		
6	Other taxes		
7	Home mortgage interest and points reported on Form 1098		
8	Home mortgage interest not reported on Form 1098 Name: Address: SSN:		
9	Home mortgage points not reported on Form 1098		
10	Qualified mortgage insurance premiums		
11	Investment interest paid		
12	Gifts to charity by cash or check		
13	Gifts to charity other than by cash or check		
14	Mileage driven to charitable activities		
15	Casualty and theft loss(es) from a federally declared disaster		
16	Unreimbursed employee expenses (Not allowed for current year)		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls (enter other vehicle information on Page 7)		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Uniform and protective clothing		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
17	Tax preparation fees (Not allowed for current year)		
18	Other expenses (Not allowed for current year)		
	Investment expenses (Not allowed for current year)		
	Safe deposit box rental (Not allowed for current year)		
	Other (Not allowed for current year)		
19	Other itemized deductions		

Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

Child or Dependent Care Expenses

	Persons or Organizations Who Provided the Care		Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				

Federal, State and Local or Other Estimated Taxes Paid

Federal Estimates

	Enter Payment Information	Filer and/or Joint Payments		Spouse Only Payments	
		Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year				
2	First quarter payment				
3	Second quarter payment				
4	Third quarter payment				
5	Fourth quarter payment				
6					
7					

State Estimates

Enter two-letter state abbreviation **State** ________ **State** ________ **State** ________ **State** ________

	Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6									
7									
8									

Local or Other Estimates

Enter description **Desc 1** __________ **Desc 2** __________ **Desc 3** __________ **Desc 4** __________

	Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6									
7									
8									

Vehicle Information and Expenses

		Vehicle One	Vehicle Two
1	Description of vehicle		
2	Is the vehicle used in a business or by an employee?		
3	Cost (including sales tax)		
4	Date placed in service		
5	Business miles driven during the year		
6	Commuting miles (daily commuting miles times the number of trips to work)		
7	Other personal use miles		
8	Total miles driven		
9	Gas and oil expenses		
10	Repairs and maintenance		
11	Auto insurance		
12	Registration, licenses, and fees		
13	Other auto expenses (identify)		
14	Auto rentals		

Auto Mileage Documentation

		Yes	No
1	Is another car available for personal use?		
2	Do you have evidence to support your mileage information reported above?		
3	If "Yes," is the evidence written in a log or other place?		

Business Use of Home

	Yes	No
Do you use any part of your home regularly and exclusively for business?		

Total area of home (in square feet)	
Total area used for business	
House Insurance	
Repairs and Maintenance	
Utilities	
Rent	
Property Taxes	
Mortgage Interest	
Home Equity Loan Interest	
Internet	
Phone	

Comments