



A Registered Investment Advisory Firm.

Financial Advisors Specializing in IRAs, Retirement Plan Distributions & Estate Planning

Dear Tax Client:

Thank you for choosing CAP COM Financial Services LLC to assist you with your 2015 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide. We are pleased to offer you these comprehensive services for this year's tax season:

- Preparation of your 2015 individual, federal and state income tax returns
- Experienced tax professionals to answer your questions and minimize your tax liability
- E-file service to expedite the filing of your returns and receipt of refunds when applicable

We will prepare your 2015 federal and state income tax returns. We will depend on you to provide the information we need to prepare a complete and accurate return. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return and will help you avoid overlooking important information. Certain lines in the organizer contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Please prepare the following documents for your tax packet **and return it to us one week prior to your scheduled appointment**; we cannot begin work without them.

- Completed Tax Organizer
- Signed Engagement Letter
- Signed Statement of Foreign Assets
- Your Tax Documents

Effective January 1, 2014, unless otherwise exempt, all U.S. citizens, their dependents, and other legal residents are required to have minimum essential health insurance coverage or pay a penalty. We have updated the questionnaire and documentation to help you provide us with the information we need to report your health insurance coverage status and complete the new tax forms.

Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

CAP COM Financial Services and CAP COM Investment Services - Securities offered through LPL Financial, Member FINRA/SIPC.
Insurance products offered through LPL Financial or its licensed affiliates.

CAP COM Financial Services is a division of CAP COM Federal Credit Union. Financial planning and tax planning offered through CAP COM Financial Services, LLC, a Registered Investment Advisor.

Not NCUA Insured | May Lose Value | No Credit Union Guarantee

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Disclosure of Foreign Assets

We need to make further inquiries to ensure that the \$10,000 penalty (or higher) and the loss of the tax return statute of limitation, will not affect you. Please answer the following questions.

Yes No

- _____ Do you own, directly or with others, any foreign stock or securities, financial instruments, foreign-issued annuities or life insurance or foreign hedge or private-equity funds?
- If so, what country? _____ Estimated value of the stock on 12/31/14: \$ _____
- _____ Do you have a retirement or deferred compensation plan/account in another country?
- If so, what country? _____ Fair Market Value on 12/31/14: \$ _____ Highest estimated value of the retirement plan during 2015: \$ _____
- _____ Do you have a bank/brokerage account or a custodial account in another country?
- Highest value of the bank account during the year: \$ _____
- _____ Do you have any other assets outside the U.S., such as land?
- If so, what country? _____ Estimated value and description of the assets: \$ _____
- _____ At any time during 2015, 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? You may be required to file Form FinCen 114.
- If "Yes", what country? _____ Highest value of the financial account during the year: \$ _____
- _____ During 2015, did you receive a distribution from or were you the grantor of or transferor to, a foreign trust? If "Yes", you may have to file Form 3520.

The above information is correct to the best of my knowledge.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

NYS Department of Taxation and Finance
Consumer Bill of Rights
Regarding Tax Preparers
Pub 135

Know your rights before you hire a tax preparer

Most tax preparers act within the law and treat their clients fairly. But there are some who don't. This brochure contains important information about how to protect yourself when you hire a tax preparer.

To file a complaint about a tax preparer:

- Visit our Web site at ***www.nystax.gov***
- Call (518) 457-2721 (in-state callers without free long distance call 1 800 417-2678)
- If your preparer is located in New York City, contact the NYC Department of Consumer Affairs by calling 311 or (212) NEW-YORK from outside New York City

For General Tax Questions:

- Visit our Web site – www.tax.ny.gov
- Call [518] 457-5181

Before you hire a tax preparer, you should:

- ask for a written estimate of all fees before giving your tax records to the preparer
- ask about qualifications
- ask if the preparer will e-file your return
- ask if the preparer will represent you if you are audited

A tax preparer should never do any of the following:

A preparer should never prepare your return without reviewing the appropriate records, such as information about your dependents, child care expenses, or tuition expenses.

A preparer should never ask you to sign

- a blank return
- an incomplete return
- a return with false information on it
- a return with information that you do not understand.

A preparer should never guarantee that

- you will receive a tax refund
- you won't be audited by the IRS or the New York State Tax Department

When your return is completed, you should always:

- review the entire return before you sign
- make sure your preparer also signs the return
- get your papers back, including copies of all final returns
- get a receipt that contains the preparer's address and phone number
- make sure that you understand what is on the return

What is a Refund Anticipation Loan (RAL)?

A RAL is a high-interest loan for which the lender will charge you interest and fees, which will reduce your income tax refund.

Before you enter into a RAL agreement, your preparer must give you a written statement that explains:

- the name of the lending institution
- you aren't required to take a RAL in order to receive your tax refund
- the amount of fees and interest you will have to pay if you take a RAL
- the amount you will receive after the fees and interest are deducted, as well as the amount your refund will be if you don't take out a RAL

You are responsible for the entire amount of the loan, even if it is more than your refund.

Your tax preparer must sign all RAL Disclosure Form and include his or her unique identification number.

All discussions concerning the RAL must be in the language you and your preparer primarily use.

What is a Refund Anticipation Check (RAC)?

A RAC is a check or payment allowing you to get your refund money. RAC fees are deducted from the refund shown on your return.

The fees include charges for tax preparation and a fee for the RAC.

Before you enter into a RAC agreement with a tax preparer, the preparer must give you a written disclosure statement that explains:

- you aren't required to take a RAC in order to receive your tax refund
- the amount of fees you will have to pay if you take a RAC

Your tax preparer must sign the RAC Disclosure Form and include his or her unique identification number.

All discussions concerning the RAL must be in the language you and your preparer primarily use.

Office of the Taxpayer Rights Advocate

Having Difficulty resolving a tax issue through regular channels at the Tax Department?

As an independent organization within the department, the Office of the New York State Taxpayer Rights Advocate is committed to helping New York State taxpayers by balancing taxpayer assistance against enforcement efforts. We will listen to you, learn about your problems or concerns, and work with you in an effort to resolve them.

The worst thing you can do is ignore a tax bill or your tax debt. Consider applying to the office for help.

Contact the Taxpayer Rights Advocate:

- Visit our Web site
- Call [518] 530-HELP

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

- Did your marital status change during the year?
If "Yes," explain _____
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?

Dependent Information

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim the child?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?
Provide documentation for proof of dependency for earned income credit (school records, medical records, daycare records, etc.)

Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

- Did you have a financial interest in or signature authority over a financial account located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. Savings Bonds during the year?
- Did you receive any other income not provided with this organizer?
If "Yes," explain _____
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest, during this year, from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term healthcare premiums for you, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boats, etc.) during the year?
- Did you pay any real estate property taxes or personal property taxes during the year?
- Did you pay mortgage interest during the year?

Miscellaneous Information

Name:

SSN:

- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?
- Did you have gambling losses during the year?

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make any gifts to any one person in excess of \$14,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses due to a change in employment?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner and paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2014 taxes to your 2015 estimated taxes?
- If you have an overpayment of 2015 taxes, do you want the refund applied to your 2016 estimated taxes?
- Did you make any estimated payments toward your 2015 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?

Preparer Notes

Miscellaneous Notes

Personal and Dependent Information

Name:

SSN:

Personal Information

Name		SSN	Date of Birth	Occupation	Healthcare coverage ALL year
Taxpayer					
Spouse					
Daytime Phone		Evening Phone	Cell Phone	Email	
Taxpayer					
Spouse					
Street address, city, state, and ZIP					

Marital Status at end of 2015

- Married
- Married filing separately
- Single
- Widow(er), Date of Spouse's Death _____

Taxpayer

- Yes No
- Yes No
- Yes No
- Yes No

Spouse

- Yes No You are blind?
- Yes No You are disabled?
- Yes No You are a full-time student
- Yes No You want \$3 to go to the Presidential Election Camp Fund?

Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Required to file a return	Healthcare coverage ALL year

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Appointment Information & Notes

Your 2015 appointment is scheduled for _____

Notes

** Indicates an associated detail worksheet

HealthCare Coverage Questionnaire

Name: _____

SSN: _____

HealthCare Information

Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all	

YES NO Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

YES NO Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:
 Where was the policy obtained?

 Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:
 Answer YES if it applies to any member of the household

YES NO Was your previous insurance policy cancelled in 2015?

YES NO Was coverage offered by your employer or your spouse's employer?

YES NO Are you a member of a federally recognized Indian tribe?

YES NO Are you eligible for services through an Indian healthcare provider?

YES NO Are you a member of a healthcare sharing ministry?

YES NO Did you live in the United States the entire year?

YES NO Are you enrolled in TRICARE?

YES NO Did you apply for CHIP coverage?

YES NO Do any of the following apply to you? Do NOT indicate which one.

- | | |
|--|--|
| | Became homeless |
| | Evicted in the past six months, or facing eviction or foreclosure |
| | Received a shut-off notice from a utility company |
| | Recently experienced domestic violence |
| | Recently experienced the death of a close family member |
| | Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property |
| | Filed for bankruptcy in the last six months |
| | Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt |
| | Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member |

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

	2015	2014
Health insurance premiums (paid by you) _____		
Long-term care premiums (you) _____		
Long-term care premiums (your spouse) _____		
Long-term care premiums (dependents) _____		
Mileage driven for medical purposes . . _____		
Medical and dental expenses (list) _____		

Charitable Contributions

	2015	2014
Donations to charity (cash) _____		
Miles driven for charitable purposes _____		
Donations to charity (noncash) . . _____		
If noncash donations are greater than \$500, list below.		

Taxes Paid

State and local income taxes _____	
Sales tax _____	
Real estate taxes _____	
Personal property taxes _____	
Other taxes (list) _____	

Job Expenses & Certain Misc. Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

Tax preparation fees _____	
Other nonpersonal expenses related to taxable income (list)	

Interest paid

Mortgage interest paid (attach Form 1098) _____	
Mortgage interest paid to an individual _____	
Paid to:	
Name _____	
Address _____	
City, State, ZIP _____	
SSN or EIN _____	
Qualified mortgage insurance premiums _____	
Investment interest _____	

Other Misc. Deductions

Amortizable bond premiums . . _____	
Federal estate tax _____	
Gambling losses _____	
Impairment-related work expenses . _____	
Claim repayments _____	
Unrecovered pension investments . _____	
Schedule K-1 _____	
Ordinary loss debt instrument . _____	

** Indicates an associated detail worksheet