



# 2013 TAXPAYER'S CHECKLIST

If mailing in or dropping off tax returns, complete the worksheet.

Please provide documents to substantiate all items of income, deductions and/or credits.

\*\*\* ATTN: NEW CLIENTS \*\*\*

PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR'S FEDERAL, STATE & LOCAL INCOME TAX RETURNS

TP: \_\_\_\_\_

SP: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOD: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOD: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite/Apt #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

(Check all that apply)

- Blind
- Deaf
- Hemiplegic
- Paraplegic
- Quadraplegic
- Total & Permanently Disabled

(Check all that apply)

- Blind
- Deaf
- Hemiplegic
- Paraplegic
- Quadraplegic
- Total & Permanently Disabled

Filing Status (check only one):

- Single
- Married Filing Joint
- Surviving Widow(er) w/ Dependent Child
- Head of Household
- Married Filing Separate

Spouse's Name: \_\_\_\_\_

Spouse's SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

During 2012, were you:

Married

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

Divorced/Legally Separated

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

(Include copy of **ENTIRE** divorce decree or separation agreement)

Child(ren) living w/ you and 18 & under OR between ages 19-23 AND a FULL-TIME student at least FIVE months during the taxable year.

NAME	DOB	SSN	RELATIONSHIP	# MO. IN HOME	YR of COLLEGE
1. _____	____/____/____	____-____-____	_____	_____	_____
2. _____	____/____/____	____-____-____	_____	_____	_____
3. _____	____/____/____	____-____-____	_____	_____	_____
4. _____	____/____/____	____-____-____	_____	_____	_____
5. _____	____/____/____	____-____-____	_____	_____	_____

a. Are any of the dependent(s) blind, deaf and/or disabled? If so, who? \_\_\_\_\_

b. Could any dependent(s) listed above be the qualifying dependent/relative of another taxpayer? If so, who? \_\_\_\_\_

c. Did any of the dependent(s) earn more than \$3,900 during 2013? If so, who? \_\_\_\_\_

d. Do you have reason to believe your qualifying dependent has already filed a return & claimed an exemption for himself/herself?  Yes  No

e. Are you claiming any of the dependent(s) above in accordance with a divorce decree or separation agreement?  Yes (include documents)  No

## 2013 INCOME

### WAGES (include W-2)

	Name of Company	Tp / Sp
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### MISC INCOME (include I099-MISC)

	Name of Company	Tp / Sp
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### INTEREST (include I099-INT)

	Payer	Amt
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

### DIVIDENDS (include I099-DIV)

	Payer	Ord	Qual	CGD
1.	_____	\$ _____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____	\$ _____

### PENSION/ANNUITY (include I099-R)

	Payer	Amt	Tp / Sp
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### IRA (include I099-R)

	Payer	Amt	Tp / Sp
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### SALE OF STOCK (include I099-B)

#### SHORT-TERM GAIN(S)/LOSS(ES)

	Security	Proceeds	Cost
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

#### LONG-TERM GAIN(S)/LOSS(ES)

	Security	Proceeds	Cost
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

### SOCIAL SECURITY: TAXPAYER (include SSA-I099)

Box 3 (Benefits Paid in 2013):	\$ _____
Box 4 (Benefits Repaid in 2013):	\$ _____
Box 6 (Voluntary Federal W/H):	\$ _____
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D

### SOCIAL SECURITY: SPOUSE (include SSA-I099)

Box 3 (Benefits Paid in 2013):	\$ _____
Box 4 (Benefits Repaid in 2013):	\$ _____
Box 6 (Voluntary Federal W/H):	\$ _____
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D

### HSA DISTRIBUTION (include I099-SA)

Trustee: _____
Gross Distribution: \$ _____ Amt Used for Medical Exp: \$ _____
Trustee: _____
Gross Distribution: \$ _____ Amt Used for Medical Exp: \$ _____

### OTHER INCOME (include supporting documents)

	TP	SP
State Income Tax Refund	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
- Federal Withholding	\$ _____	\$ _____
- State Withholding	\$ _____	\$ _____
Alimony		
- Received	\$ _____	\$ _____
- Paid (Need Recipient's SSN)	\$ _____	\$ _____
Jury Duty	\$ _____	\$ _____
Election Board Fees	\$ _____	\$ _____
Prizes/Lottery/Gambling		
- Winning(s)	\$ _____	\$ _____
- Loss(es)	\$ _____	\$ _____
Bartering	\$ _____	\$ _____
Farm Income	\$ _____	\$ _____

### INSTALLMENT SALE (attach addt'l sheet if needed)

Name: _____ SSN: _____
Address: _____
City: _____ ST: _____ Zip: _____
Interest Paid: \$ _____ Principal Paid: \$ _____

### NONTAXABLE INCOME

Veterans Pension/Disability: \$ _____ Cancelled Debt: \$ _____
Worker's Comp or SDI: \$ _____ Other: \$ _____
Child Support: \$ _____ Other: \$ _____
Gain on Sale of Residence: \$ _____ Other: \$ _____
Gifts over \$300: \$ _____ Other: \$ _____

## 2013 DEDUCTIONS

### MEDICAL

*Do not include any amounts paid for/reimbursed by medical insurance or any other type of insurance or amounts paid using funds from a Health Savings or Flexible Spending Account.*  
*Do not include health insurance premiums paid w/ pre-tax income (i.e. payroll deductions)*

Prescription Medicine & Drugs	\$
Office Visits	\$
Co-pays	\$
Doctors/Specialists	\$
Hospital/Ambulance	\$
Lab Tests/Therapy/X-Rays	\$
Dental/Orthodontics	\$
Hearing Aid/Glasses/Eye Exams	\$
Medical Miles Driven (\$0.24 per mile)	#
Medical/Dental/Vision Insurance	TP \$ _____ SP \$ _____
Long-Term Care Insurance	TP \$ _____ SP \$ _____
Medicare Insurance	TP \$ _____ SP \$ _____

### INTEREST

Qualified Mortgage Interest:	
- 1st Home	\$
- 2nd Home	\$
Qualified Home Equity Loan	\$
Land Contract Interest Paid	\$
To Whom Paid:	
Name _____ SSN _____	
Address _____	
City _____ ST _____ ZIP _____	
Boat/Motor Home Interest*	\$
Points Paid on New Home Purchase	\$
Points Paid on Refinance of Current Home	\$
Term of Refinanced Loan	Yrs _____
Qualified Mortgage Insurance Premiums (Form 1098, Box 4)	\$
Investment Interest Paid	\$

*\*Must have eating, sleeping & toilet facilities*

### MISCELLANEOUS

Unreimbursed Employee Expenses (Required for Work):			
Cell Phone	\$	Tax Preparation Fees	\$
Continuing Education	\$	Travel	\$
Hotels/Lodging	\$	Uniforms/Boots	\$
Job Search	\$	Union Dues	\$
License Renewal	\$	Mileage	
Meals & Entertainment	\$	Total	#
Safe Deposit Box	\$	Commuting	#
Small Tools	\$	Business	#
Supplies	\$		
IRA Fees (only if billed separately & paid - NOT paid w/ IRA funds)	\$		

### ADJUSTMENTS TO AGI

Health Savings Acct Contribution	\$
Moving Expenses	\$
Penalty on Early W/D of Savings	\$
Student Loan Interest Paid	\$
Traditional IRA Contribution	TP \$ _____ SP \$ _____
Roth IRA Contribution	TP \$ _____ SP \$ _____

### CHARITABLE CONTRIBUTIONS

**\*\*\*To be deductible, must have acknowledgement from qualified organization\*\*\***

Cash/Check	\$		
Other than Cash/Check	\$		
<i>If over \$500, please provide the following (attached add'l sheets if necessary)</i>			
ITEM(S)	DATE DONATED	COST	FMV
1. _____	/ /	\$	\$
2. _____	/ /	\$	\$
3. _____	/ /	\$	\$
4. _____	/ /	\$	\$
Charitable Miles Driven (\$0.13 per mile)	#		
Automobile	/ /	\$	\$
Boat	/ /	\$	\$
Aircraft	/ /	\$	\$

### TAXES

State Income Tax PAID in 2012 for Prior Year's Tax	\$
Local Income Tax PAID in 2013 for Prior Year's Tax	\$
2013 Homestead <b>TAXABLE</b> Value (MI ONLY)	\$
Real Estate Taxes <b>PAID</b> in 2013:	
- Principal Residence	\$
- Second Home/Cottage	\$
- Vacant Land	\$
- Other	\$
Real Estate Taxes PAID @ Closing (Provide Docs)	\$
Real Estate Taxes REIMB @ Closing (Provide Docs)	(\$ _____)
<b>***AUTO LICENSE TABS***</b>	\$
Other Personal Property Taxes	\$

Sales Tax Paid	State _____
- Actual Sales Tax Paid in 2013	\$
- Major Purchase(s) (Vehicle, Aircraft or Boat ONLY)	\$

### 2013 ESTIMATED TAX PAYMENTS

	FEDERAL	STATE
1ST QTR DUE 04/15/2013	\$	\$
2ND QTR DUE 06/17/2013	\$	\$
3RD QTR DUE 09/16/2013	\$	\$
4TH QTR DUE 01/15/2014	\$	\$
2012 OVERPAYMENT APPLIED TO 2013	\$	\$

## 2013 CREDITS

### HIGHER EDUCATION EXPENSES

Student 1 _____	
School _____	
Qualified Tuition & Fees Paid in 2013	\$ _____
Books & Required Supplies Paid in 2013:	\$ _____
Student has completed first 4 years of college	Y    N
Student has been convicted of felony?	Y    N
Student 2 _____	
School _____	
Qualified Tuition & Fees Paid in 2013	\$ _____
Books & Required Supplies Paid in 2013:	\$ _____
Student has completed first 4 years of college	Y    N
Student has been convicted of felony?	Y    N
Student 3 _____	
School _____	
Qualified Tuition & Fees Paid in 2013	\$ _____
Books & Required Supplies Paid in 2013:	\$ _____
Student has completed first 4 years of college	Y    N
Student has been convicted of felony?	Y    N

### MI PROPERTY TAX CREDIT

No. of Months _____	Rent per Month	\$ _____
Landlord _____		
Address _____		
City _____	ST _____	ZIP _____
No. of Months _____	Rent per Month	\$ _____
Landlord _____		
Address _____		
City _____	ST _____	ZIP _____

### CHILD & DEPENDENT CARE EXPENSES

Child 1 _____	\$ _____
Caretaker _____	
Address _____	
City _____	ST _____ ZIP _____
Child 2 _____	\$ _____
Caretaker _____	
Address _____	
City _____	ST _____ ZIP _____

### ADOPTION CREDIT

Child 1 _____	Child 2 _____
Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child	Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child
Was the adoption final in 2013 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the adoption final in 2013 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No
Qualified Adoption Expenses	Qualified Adoption Expenses
Adoption Fees	\$ _____
Attorney(s) Fees	\$ _____
Court Costs	\$ _____
Travel Expenses (incl. Meals & Lodging)	\$ _____
Re-adoption Expenses re: Foreign Child	\$ _____
Did you receive employer-provided benefits received	\$ _____

### QUALIFIED PLUG-IN ELECTRIC VEHICLE CREDIT (IRC SEC. 30D)

Did you purchase any of the following Electric Vehicles during 2013?

Date Purchased

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 2014 Accord Plug-in Vehicle                    | <input type="checkbox"/> 2010 EMC Model E36 7 Passenger Wagon     | <input type="checkbox"/> 2011, 2012, 2013 Nissan Leaf             |
| <input type="checkbox"/> 2012 AMP GCE                                   | <input type="checkbox"/> 2010 EMC Model E36t Pick-up Truck        | <input type="checkbox"/> 2014 Porsche Panamera S E Hybrid         |
| <input type="checkbox"/> 2012 AMP MLE                                   | <input type="checkbox"/> 2010 EMC Model E36v Utility Van          | <input type="checkbox"/> 2011 smart fortwo Electric Drive Vehicle |
| <input type="checkbox"/> 2011/2012 Azure Dynamics Transit Connect       | <input type="checkbox"/> 2012 Fisker Karma Sedan                  | <input type="checkbox"/> 2008, 2009, 2010, 2011 Tesla Roadster    |
| <input type="checkbox"/> 2014 BMW i3 Sedan with Ranger Extender         | <input type="checkbox"/> 2012, 2013, 2014 Ford Focus Electric     | <input type="checkbox"/> 2012, 2013 Tesla Model S Vehicle         |
| <input type="checkbox"/> 2014 BMW i3 Sedan                              | <input type="checkbox"/> 2013 Ford C-MAX Energi                   | <input type="checkbox"/> 2011 Think City EV                       |
| <input type="checkbox"/> 2012 BYD e6 Electric Vehicle                   | <input type="checkbox"/> 2013, 2014 Ford Fusion Energi            | <input type="checkbox"/> 2012, 2013, 2014 Toyota Prius Plug-in    |
| <input type="checkbox"/> 2013 Fiat 500e                                 | <input type="checkbox"/> 2011, 2012, 2013, 2014 Chevrolet Volt    | <input type="checkbox"/> 2012, 2013, 2014 Toyota RAV4 EV          |
| <input type="checkbox"/> 2010, 2012 CODA Sedan                          | <input type="checkbox"/> 2014 Chevrolet Spark EV                  | <input type="checkbox"/> 2011 Wheego LiFe Electric Vehicle        |
| <input type="checkbox"/> 2011, 2012 EVI-MD (Medium Duty) Electric Truck | <input type="checkbox"/> 2013 Mercedes-Benz smart Coupe/Cabrio EV |   |
| <input type="checkbox"/> 2011, 2012 EVI-WI (Walk-In) Electric Truck     | <input type="checkbox"/> 2012 Mitsubishi i-MiEV                   |   |

# 2013 SCHEDULE C INCOME & EXPENSES

BUSINESS 1

BUSINESS 2

Business Name		
Address		
City/State/Zip		
Business Activity		
Product or Service		

Were payments made in 2013 that would require Form(s) 1099?  Yes  No  Yes  No

Did you file all required Form(s) 1099?  Yes  No  Yes  No

Gross Receipts	\$	\$
Returns & Allowances	\$	\$
Other Income	\$	\$

Cost of Goods Sold		
Beginning Inventory as of 01/01/13 (At Cost)	\$	\$
Purchases	\$	\$
Cost of Labor	\$	\$
*Materials & Supplies UNDER \$200*	\$	\$
*Materials & Supplies OVER \$200*	\$	\$
Other Costs	\$	\$
Ending Inventory as of 12/31/13 (At Cost)	\$	\$

*New rules effective 01/01/14*

Advertising	\$	\$
Bank Charges	\$	\$
Commissions & Fees	\$	\$
Dues & Publications	\$	\$
Insurance - Health	\$	\$
Insurance - Other	\$	\$
Interest	\$	\$
Licenses	\$	\$
Legal & Professional	\$	\$
Meals & Entertainment	\$	\$
Office Expense	\$	\$
Postage & Freight	\$	\$
Rent	\$	\$
*Repairs & Maintenance UNDER \$500*	\$	\$
*Repairs & Maintenance OVER \$500*	\$	\$
Taxes	\$	\$
Telephone	\$	\$
Travel	\$	\$
Utilities	\$	\$
Wages	\$	\$

*New rules effective 01/01/14*

## AUTO

Auto (Mileage):		
- Total Miles	#	#
- Business Miles (\$0.565 per mile)	#	#

Auto (Actual Expenses):		
Base Price-Trade In+Sales Tax	\$	\$
Car Wash	\$	\$
Gasoline	\$	\$
Insurance	\$	\$
Interest	\$	\$
Lease Vehicle Payments	\$	\$
Oil Changes	\$	\$
Parking Fees/Tools	\$	\$
Registration	\$	\$
Repairs & Maintenance	\$	\$
Tires	\$	\$

# 2013 RENTAL/ROYALTY INCOME & EXPENSES

PROPERTY 1

PROPERTY 2

PROPERTY 3

Property Type (Circle One)

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1 2 3 4 5 6 7 8

1=Single Family Residence    2=Multi Family Residence    3=Vacation/Short-Term    4=Commercial    5=Land    6=Royalties    7=Self-Rental    8=Other

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Did you actively participate in rental?

Yes     No

Yes     No

Yes     No

Did more than 1/2 of the personal services performed in all trades/businesses involve real property trades/business which you materially participated?

Yes     No

Did you perform more than 750 hours of services in real property trades/business in which you materially participated?

Yes     No

# Days Rented @ Fair Rental Value \_\_\_\_\_

# Days Used Personally \_\_\_\_\_

Gross Rents

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Gross Royalties

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Advertising

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Association Fees

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Cleaning & Maintenance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Commissions

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Insurance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Legal & Professional

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Management Fees

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Mortgage Interest

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

- Form 1098

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

- Other

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Painting & Decorating

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**\*Repairs UNDER \$500\***

*New rules  
effective  
01/01/14*

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**\*Supplies UNDER \$200\***

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**\*Supplies OVER \$200\***

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Taxes

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Utilities

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**\*Major Repairs OVER \$500\* (new rules effective 01/01/14):**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Date Placed in Service    /    /

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Placed in Service    /    /

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## AUTO

Auto (Mileage):

- Total Miles

# \_\_\_\_\_

# \_\_\_\_\_

# \_\_\_\_\_

- Business Miles (\$0.565 per mile)

# \_\_\_\_\_

# \_\_\_\_\_

# \_\_\_\_\_

Auto (Actual Expenses):

Base Price-Trade In+Sales Tax

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Car Wash

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Gasoline

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Insurance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Interest

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Lease Payments

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Oil Changes

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Parking Fees

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Registration

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Repairs & Maintenance

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Tires

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_



## **GURIN & GURIN, P.C. PRIVACY POLICY**

We value and trust your confidence, and we want to assure that your personal information is kept completely confidential by our office. As a tax and accounting firm, we adhere to the highest level of professional and ethical responsibility and obligations to protect the confidentiality of all client information.

This *Privacy Policy* will help you understand what information we collect about you, the limited times we may share it with others and what measures we take to protect your privacy.

### **What Personal Information Do We Collect ?**

In order to meet your needs in the course of tax preparation/planning and tax compliance engagements for you, we collect various types of personal information about you from the following sources:

- Information we receive from you in person, by telephone, mail or electronic mail through our website, on tax preparation worksheets and on other documents or forms we use in preparing your tax returns or providing other services for you. Such information includes, but is not limited to, your name, social security number, income, investment and other assets, and other tax and financial information about you;
- Information we receive from others about your transactions or relationships with them. Such information includes, but is not limited to, investment loan or banking activity, balances or account numbers, legal agreements and documents, and other information we gather in the course of providing services to you;
- Information we receive from you when your browser interacts with our website. This could include information transmitted on an Internet "cookie" such as a password to our site, your preferences on the site and your Internet Provider's address; and
- Information we receive from a consumer reporting agency such as your credit history and outstanding loan balances.

### **Is Personal Information Shared With Others ?**

We do not share personal information about you with anyone without your express written consent, except as permitted by law and as described below.

The law permits or requires disclosure in certain instances, such as if we must share information to protect against fraud, in response to a court subpoena, or as part of actual or threatened legal proceedings or alternate dispute resolution.

We may share information we collect (except for consumer reporting information which we do not disclose) to nonaffiliated companies which perform support services on our behalf (i.e. tax or data processing, transmission of electronic returns or data, records retention and mailing services). We **DO NOT** sell or otherwise disclose our client list or any of your information to outside companies for their marketing or solicitation use.

We may also share your information with other parties that help assure our compliance with professional accounting standards (i.e. peer review) or that conduct due diligence procedures.

### **How Do We Protect the Confidentiality & Security of Your Personal Information ?**

Keeping your information confidential and secure is of utmost importance to us. We follow standard industry practices to actively protect the confidentiality, security and integrity of your personal information. We also maintain physical, electronic and procedural safeguards to protect your personal information. Our employees are bound by internal confidentiality policies and are subject to disciplinary action for any policy violations. And, we take appropriate precautions before sharing your information with any outside party.

Should you become an inactive client or should our relationship end, for whatever reason, we will continue to protect the confidentiality and security of your personal information in accordance with this *Privacy Policy*.

### **Our Pledge to You**

As accountants, our professional ethical obligations and responsibilities have always demanded no less than the highest regard and duties for the confidentiality of your personal information and the security of your privacy. We will protect your personal information, use it only as necessary and perform our engagements so as to always maintain your trust and confidence in us.

Thank you for allowing us to be of service; we truly value our relationship with you. We hope you view our firm as your most trusted advisor, and we will work to continue earning that trust. Please call us anytime you have questions or if we may be of further service to you.