

WILSON HANSON & BLOM, LLP

INDIVIDUAL TAX RETURN ENGAGEMENT LETTER

We appreciate the opportunity to work with you. The Internal Revenue Service imposes penalties upon taxpayers and tax return preparers for failure to observe due care in reporting for income tax returns. This letter is to specify the terms of our engagement, clarify the nature and extent of the services we will provide, and confirm an understanding of our mutual responsibilities.

We will prepare your 2018 federal income tax return and, if appropriate, your 2019 federal estimated tax vouchers. You are responsible for providing true, correct and complete information about your tax matters. We will make no audit or other verification of the data you submit, although we may need to ask you for clarification of some of the information. We will furnish you with organizers to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked and keep our fee to a minimum. Please advise us of any state tax returns you are required to file and provide all the information necessary to prepare state/local tax returns.

You represent that the information you are supplying is accurate and complete to the best of your knowledge and that records as required by law support your expenses for meals, entertainment, travel, business gifts, charitable contributions, dues and memberships, and vehicle use. You should retain all documents, cancelled checks and other data that form the basis of income and deductions. All original client documents will be returned to you. It is your responsibility to retain and protect your records for possible future use, including any potential examinations by any governmental or regulatory agency. If you have any questions as to the type of records required, please ask for advice. We will rely, without further verification, upon information you provide to us and information provided from third parties including, but not limited to, W2s, K1s, 1099s, and 1098s and other similar documentation. We will rely on your answers and any forms you may have received regarding mandatory health insurance coverage and other related information for you, your spouse and dependents under the Affordable Care Act (ACA). You have final responsibility for your income tax return(s) and, therefore, you should carefully review your return(s) before you sign and file.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover fraud, thefts, or other irregularities, should any exist. We will contact you if during the engagement we become aware of any such material errors. We will render such accounting and bookkeeping assistance as we find necessary for the preparation of your income tax returns. We will use our judgment to resolve questions in your favor where a tax law is unclear if there is reasonable justification for doing so. Whenever we are aware that a possible applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (ie.IRS or Courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the current codes and regulations and their interpretations. If the IRS or state tax authorities should later contest the position taken, there may be an assessment of additional tax, interest and penalties. We assume no liability for any such additional tax, interest, and penalties or other fees and assessments. When a self-employed taxpayer reduces taxable income by electing accelerated depreciation (Sec 179 and/or bonus) there is a reduction in earned income reported to the Social Security Administration, which could reduce current and future benefits for the taxpayer and his or her dependents. You acknowledge understanding and agree to current tax reduction elections and the potential negative effects on future social security benefits for you, your spouse and any dependents.

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your return is selected for examination or audit, you may request that we assist you in responding to such inquiry. Any items that may be resolved against you by the examining agent are subject to certain rights of appeal. However, our fees for preparing your tax returns do not include representing you in the case of an examination of your tax return or responding to any other inquiry regarding your tax return.

2640 Jackson Blvd., Suite 2 ❖ Rapid City, SD 57702 605-342-8681 ❖ Fax: 605-342-8658 ❖ www.whbcpa.com Privacy laws established by the IRS prohibit us from providing confidential information or copies to anyone other than you without your specific written authorization. At times we may communicate with you or third parties (at your direction) by fax, email or by web portal and these communications may include confidential information. While we use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent.

In order to comply with rules regarding privacy we are no longer able to give refund amounts or amounts due on the telephone or by email. Please pick up your tax return as soon as possible after notification of its completion to access this information.

It is our policy to retain tax returns and related documents for a period of seven years, after which time we will commence the process of destroying the contents of our files. If you no longer use our services we will destroy your records after a period of three years. We return all original documents back to you so you always have everything we have.

Our fees for services will be based upon our standard billing rates plus any out-of-pocket expenses incurred. All invoices will be due and payable upon completion of your tax return unless other arrangements are made. Fees charged for tax preparation do not include tax planning or responding to IRS inquiries. Please indicate on the organizer that you would like to direct deposit your refund and provide your banking information. If your return has been completed and processed there will be an additional charge to change your return.

We are required to file your return electronically with the Internal Revenue Service. You must review your federal tax return and sign IRS Form 8879, and any similar state authorization form, if applicable, before we can electronically transmit your return to the IRS. Both taxpayers must sign a jointly filed tax return. We are not responsible for the length of time it takes the IRS to process your return. You may prefer to mail your return and if so, please discuss this with your preparer at your tax interview or let our personnel know when you drop off your tax return information as there additional procedures that must be followed.

If an extension to file is requested, any tax due must be paid with the extension. It is your responsibility to determine the amount to be sent with your extension. Any amounts not paid by April 15, 2019 will be subject to interest and late payment penalties. Please note that tax returns whose information is received too closely to the filing deadline most likely will have to be extended. It is your responsibility to make your quarterly estimated tax payments for the current year even if your tax return for the prior year is extended.

We appreciate the opportunity to be of service to you. **Please sign and date this engagement letter.** We will begin the preparation of your return after we have a signed engagement letter.

Wilson Hanson & Blom, LLP

Wilson Hanson & Blom, LLP

lease sign											

SIGNATURE DATE	
Please Print Name	
If filing a joint tax return as a married couple, the signer is assumed to have his/her spouse's full agreement and permission their behalf.	n to sign
Please check the box for any additional services requested:	
State Income Tax Return(s) Which states are required?	
Bookkeeping assistance for tax preparation	
Form FinCen 114 – A return must be filed if you have a financial interest in any foreign accounts	
Gift Tax Returns	
Additional services-please indicate	



2018 Individual Tax Organizer

WILSON HANSON & BLOM, LLP

If your information is the same as las	. , , p				RMATION		7						
YOUR NAME					DOB								
		DOB											
YOUR OCCUPATION			s	POUS									
ADDRESS					CITY/S	TATE ZIP							
PRIMARY EMAIL ADDRESS:								1					
PHONE # - HUSBAND WIFE H	OME O	FFICE CE	ELL					IP PIN					
PHONE # - HUSBAND WIFE H	OME C	OFFICE C	ELL					IP PIN					
Do you wish to o	ontribute \$	3 to the Presid	dential Ele	ction Fu	nd? YES	NO Does your spouse	? YES NO						
SALY	•		DEP	ENDE	NTS								
DEPENDENT'S NAME	DOB			S	SN	RELATIONSHIP	Months lived in home in 2018?	Full time Student?	Child provi >50% support?				
								ΥN	Y N				
								Y N	Y N				
								ΥN	Y N				
Are any children mentally/physically disabled	? YES	NO	A ch	ild claim	ed as a depen	dent must either be younge	er than 19 OR be	a student and y	ounger than 2				
Did you pay 2018 Estimated Tax	paymer	nts? YES	S NO	С		BANKING	INFORMA	TION					
	DATE PA	AID AN	/OUNT		Do you w	ant refund applied to	2018?	YES	NO				
2017 OVERPAYMENT APPLIED TO 2018					BIV								
PAYMENT #1-PAID APRIL 17, 2018					Direct dep	oosit refund to bank?		YES	NO				
PAYMENT #2-PAID JUNE 15, 2018					Is the ban	k information same as l	ast year?	YES	NO				
PAYMENT #3-PAID SEPT 17, 2018					If bank info	ormation has changed,	provide new inf	fo below:					
PAYMENT #4-PAID JAN 15, 2019					BANK NA	ME:							
_					CHOOSE	ONE: CHECK	ING S/	AVINGS					
_					ROUTIN								
					ACCOUN	NT #:							
				INCO	ME								
		Socia	l Secu	ritv B	enefits	A	fordable Ca	are Act					
PROVIDE W-2s 1099Rs		You:	l _e	-		Did you have a heal	th insurance i	olan that me	ets the				
State Income Tax Refund Y N		Spouse:	\$			requirements of the Have health insuran	Affordable Ca	are Act?	ΥN				
W2-G Gambling Winnings/ Prizes Y N		T —	<u> Ψ</u>			Trave ricaliti insurar	ice unough un	C Marketpla	50: 1				
Alimony Received Y N			SA-Forn	1099	-SA								
		Distributio			-OA								
Unemployment Y N Education Fund Distribution Y N	Amount spent on				Traditional IRA converted to Roth IRA? Y N								
Education Fund Distribution Fine		qualified me		laneo	us Income	l							
Description	Α	mount		QBI	Descri	ption		Amount	SE (
H W			JOE DE		I W	• -			32				
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H W					I W								

	INTEREST INCOME & INSTALLMENT SALES (INCLUDES TAX EXEMPT INTEREST & PROVIDE 1099s)														
	Do you or did you have any foreign accounts or foreign assets at any time during the year? YES NO														
$\lceil \rceil$	NAME OF PAYOR	T/E		PRINCIP		SPA			NAME OF PAYOR	T/E	INTEREST		SPA		
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***	***Totals					ITEREST			T/E	T/E			SPA		
	INTERCOT ITE OF A														

	DIVIDEND INCOME (PROVIDE 1099s)												
1	NAME OF PAYOR	ORDINARY	QUALIFIED	CAP GAIN	NT	TE		SPA	FT				
L													
H													
\vdash													
***	Totals												

STOCK & REAL ESTATE SALES (PROVIDE BROKER STATEMENTS / CLOSING STATEMENTS)											
DESCRIPTION OF ITEM SOLD / BROKER STATEMENTS	PURCHASE DATE	SALE DATE	SALES PRICE	COST							

Miscellaneous												
Were any gifts	made to an individual	or trust of more than \$15,0	00 in 2018?	YES	NO			If ves. pr	ovide infor	mation.		
	property transferred to			YES	NO				ovide infor			
Alimony paym	nents - Recipient:	<u> </u>	SSN:					Amount:				
Educator Exp	ense - Limited to \$250 p	er K-12 educator:		You	u: \$			Spouse	: \$			
School loan interest paid in 2018 (loan is for you, spouse or dependent): Form 1098-E: \$												
DETIDEMENT ACCOUNT CONTRIBUTIONS												
RETIREMENT ACCOUNT CONTRIBUTIONS IRA CONTRIBUTIONS FOR 2018: MAXIMUM IRA CONTRIBUTION \$5,500 OR 6,500 IF 50 OR OLDER. Must be contributed by April 15, 2019.												
IRA CONTRIB	UTIONS FOR 2018: MA	XIMUM IRA CONTRIBUTIO	N \$5,500 OR	6,500	IF 50 C	OK OLL	DER. I	Must be contrib	uted by Api	ril 15, 2019.		
	ROTH IRA TRADITIONAL IRA	AMOUNT: \$					С	ONTRIBUTED Y	ET? YES	NO		
YOU:	Next section for	self-employed individuals and	partnerships	ONLY.	Do not	report i	retirem	ent funds dedu	cted from V	V-2		
	401K SEP SIMPLE] AMOUNT: \$					С	ONTRIBUTED Y	ET? YES	NO		
	ROTH IRA TRADITIONAL IRA	AMOUNT: \$						ONTRIBUTED Y		NO		
SPOUSE:		self-employed individuals and	partnerships	ONLY.	Do not	report i	retirem	ent funds dedu	cted from V	V-2		
	401K SEP SIMPLE] AMOUNT: \$]	CONTRIBUTED YET? YES							NO		
		CHILD/DEPEND	ENT CARE	EXPE	NSES							
Provider's Na	me	SSN/EIN			Ad	dress			Am	ount		
									\$			
									\$			
									\$			
Did you partic	ipate in a reimburseme	nt program where you wor	k? YES	NO	Amour	nt \$			\$			
	EDUC	ATION DEDUCTIONS A	ND CREDIT	S – Pr								
STUDENT'S N	AME		Year in Sch	ool:	1 st	2 nd		4 th		LLC		
STUDENT'S N	AME		Year in Sch	ool:	1 st	2 nd	3 rd	4 th		LLC		
TUITION & FEES PAID FOR POST SECONDARY EDUCATION \$ \$												
		(S & EQUIPMENT (Includes	computer)-ON	LY QUAL	LIFIES FO	OR AOT			\$			
SCHOLARSHIP	S RECEIVED						\$	() \$ (١		

2018 Standard Deduction: Married Single House	•	\$12,0	00		
If your itemized deductions are not in excess of the above am itemized deductions. However, if you file a state tax return, we				pile	
Tip Your medical deductions have to be more than 7.5% of MEDICAL EXPENSES - Do NOT include any amounts paid out of pretax medical medical contents.	•				
INICAL EXPENSES - Do NOT include any amounts paid out of pretax medical	ai pians (HSA or FS)	A) or rein	ibursed by insuran	ice	
MEDICAL INSURANCE PREMIUMS-DO NOT LIST IF PREMIUMS ARE PRE-TAX	FD AT YOUR JOB	+			
LONG TERM CARE INSURANCE PREMIUMS - YOU & SPOUSE	ED AT TOOK OOD				
MEDICARE/DRUG PREMIUMS FROM SOCIAL SECURITY BENEFITS-	YOU & SPOUSE				
DOCTORS, DENTISTS, PRESCRIPTION DRUGS, EYEGLASSES, CON	TACTS, ETC.		1		
TOTAL MILES DRIVEN FOR MEDICAL X 18¢					
		·			
HSA coverage? Self-Only Family Amt Contributed to \$	\$				_
TAXES - Sales tax is deductible. Your option is actual receipts or use of IRS Table. Sales recreational vehicles, boats, mobile homes and home building materials can be added to					
DID YOU PAY TAX ON VEHICLES-MOTORCYCLES-MOBILE HOMES-	RVS? YES N	0			
DID YOU PAY SALES TAX ON HOME BUILDING MATERIALS?	YES N	0			
ARE YOU CLAIMING ACTUAL SALES TAX? (MUST HAVE RECEIPTS) YES N	0			
REAL ESTATE TAXES	OII	Н			
OTHER TAXES:					
INTERFOL EXPENSE		•			
INTEREST EXPENSE					
Did you refinance in 2018? YES NO How many years is new local and the second of the se	oan?B	ring clos	ng statement		
MORTGAGE INTEREST:		OIH			
		PTS			
INVESTMENT INTEREST PAID TO:					
DID YOU MAKE ANY CASH CONTRIBUTIONS TO QUALIFIED NONP			YES NO		
You must have a cancelled check or receipt for all monetary donations regardless of an property) you must have written acknowledgement from the organization by the date you po you have required DOCUMENTATION? YES NO	mount. For individua our tax return is file	al donatio	ns of \$250 or more	e (money or	
TOTAL DOLLARS DON	ATED TO CHAP	RITY	3		
DID VOLUME ANY VOLUMETED MILEO		K-1			
If you made any noncash contributions to qualified non-profit organizations to		X 14¢	nd clothing and l	household	
items must be in good or better condition. If items are not in good condition to your return. Your contribution should be for the amount that a thrift store	and valued over \$	\$500, an	appraisal needs	to be attached	
NAME OF CHARITY ADDRESSS	CONTRIBUTION DATE	D	ESCRIPTION	FAIR MARKET	ORIGINAL
	'			· .	
State Tax Return? Y N Tax Prepa	aration Fees? \$			\$	
Tax riepe	α.ιοπ ι ο υ σ : Ψ <u>.</u>				
				\\$	
				\$	