



3095 W. 38th Ave, Suite 200, Denver, CO 80211 • 303.458.7644 • www.hendricksFS.com

January 3, 2017

This letter confirms that you have asked Hendricks Financial Services (HFS) to prepare and file your 2016 Federal and State income tax forms.

This engagement letter represents the entire agreement regarding the services described herein. It supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services.

The following sections of this letter provide an explanation of the limitations of the services you have asked us to perform regarding your taxes and outlines both your and HFS' responsibilities.

1. HFS can only prepare your return(s) with the information you furnish to us. It is your responsibility to provide the complete and correct information required for the preparation of accurate returns.
2. A copy of the HFS 2016 Tax Organizer has been included with this letter. It is your responsibility to return a completed 2016 Tax Organizer to help us gain a better understanding of your overall financial situation. Failure to fully complete the HFS 2016 Tax Organizer may result in our inability to prepare your tax return correctly.
3. HFS is required to obtain a copy of Form W-2 and 1095 before we can electronically file your return.
4. HFS will rely upon the information you provide, including, but not limited to, W2's, 1099's, 1098's, K-1s, receipts, and other similar information provided by 3rd parties. Although we may ask you to clarify information, HFS is not responsible for auditing, compiling, or otherwise verifying the information provided.
5. HFS must receive your information by **March 24, 2017** in order to complete your return in a timely manner and information received after that date may cause your return to be extended.
6. It is your responsibility to maintain, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions for three years from the filing date.



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7. US citizens and US taxpayers are required to accurately report all income on their US tax return. All persons and / or entities (including individuals, corporations, partnerships, trusts, and estates) are required to report a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts that have an aggregate value exceeding \$10,000 in any foreign country.
8. Penalties may be assessed on your return if you and / or your dependent children are not enrolled in a qualified medical insurance plan. A separate signed medical insurance acknowledgement is required before HFS will submit your taxes.
9. It is your responsibility to carefully examine and approve your completed tax returns before signing and transmitting them to the tax authorities.
10. All parties agree that this Agreement shall have been deemed to have been entered into in Denver County, the State of Colorado, USA.

We sincerely appreciate the opportunity to serve you. Please date and sign the enclosed copy of this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement.

Hendricks Financial Services

_____	_____	_____	_____
Lynn Hendricks	Date	Donald Renner	Date

_____	_____	_____	_____
Client Signature	Date	Client Signature	Date

_____	_____
Print Name	Print Name



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Affordable Care Act Insurance Affidavit

The Affordable Care Act requires that all Americans must have qualified health insurance or face the “Health Care Penalty.” To protect both Hendricks Financial Services and our clients from future IRS liability in the event of an audit, we require all individual taxpayers for 2016 to positively affirm the following items related to Health Care. Please *initial* the applicable item(s) and sign the bottom of the affirmation.

- ___ 1. I/we have provided you with all copies of Forms 1095-A, 1095-B, and 1095-C we received.
- ___ 2. I/we did not receive all Forms 1095-A because we have alternate government provided qualified health care insurance from Medicare, Medicaid, or Tri-Care that covers all members of our household.
- ___ 3. I/we have qualified employer-provided health insurance for the entire year for our entire household.
- ___ 4. I/we have qualified other health insurance we purchased directly from an agent or insurance company for the entire year which covers our entire household.
- ___ 5. I/we did not have qualified health insurance for the entire year.

If you marked #5 above, please provide the following information regarding insurance coverage for all members of your household.

Name	Period of Coverage	Insurer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the absence of the completion of items 1-5 above, and the absence of your providing us with information regarding an exemption from the requirement to provide health insurance we will calculate the penalty and include it with your return.

_____	_____	_____	_____
Client Signature	Date	Client Signature	Date
_____	_____	_____	_____
Print Name		Print Name	