

CLIENT TAX ORGANIZER

FORM 1040

Expatax B.V.
Keizerstraat 3
3512 EA Utrecht

Client Name: _____

Date: _____

Dear Client:

We appreciate the opportunity to work with you. 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 2014 federal and state individual income tax returns based on the returns you filed last year. Certain individuals may be required to electronically file Form 114, Report of Foreign Bank and Financial Accounts (FBAR) with the U.S. Department of the Treasury. Failure to comply with the filing requirements may result in significant civil and criminal penalties. Unless otherwise specifically agreed in writing, we will not prepare, file, or provide assistance with this form. If you would like to add Form 114 (or any other forms or services) to this engagement, please use the *Comments or Additional Requests* space provided below.

It is your responsibility to provide all the information required to prepare your returns. You represent that the information you provide will be accurate and complete to the best of your knowledge. We will not audit or otherwise verify the information provided, although we may ask for clarification if the information appears to be incorrect, inconsistent, or incomplete. Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover errors or other irregularities, should any exist. **You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign and file them.**

Taxpayers are required to maintain all the documents that form the basis of income, deductions, credits and payments shown on the return. In addition, some items have specific substantiation requirements set forth by the IRS (e.g., auto, meals & entertainment, and charitable contributions over \$250, etc.). If you have any questions as to the type of records required, please ask us for advice in that regard. Your signature on this letter confirms that we have advised you of the record keeping requirements.

We will use our judgment to resolve questions in your favor where the tax law is unclear or where there are conflicts between the taxing authorities' interpretation of the law and what seem to be other supportable positions. We are not attorneys; therefore, we cannot provide you with a legal opinion on various tax positions. We can, however, advise you of the consequences of different positions. We will adopt whatever position you request on your returns so long as it is consistent with our professional standards and ethics. In the event, however, that you ask us to take an unsupported tax position or refuse to make any required disclosures, we reserve the right to withdraw from the engagement without completing or delivering the tax returns. Such withdrawal would complete our engagement and you agree to pay our fee based on time expended through the date of withdrawal.

Your returns may be selected for examination or audit by tax authorities. In the event of such governmental tax examination, we would be pleased to represent you under the terms of a separate engagement.

Your returns will be required to be filed electronically with the IRS. We will provide you with a copy of your final returns for review prior to electronic transmission. The IRS requires that you sign an e-file authorization form indicating that you have reviewed the return, it is correct to the best of your knowledge, and you authorize us to submit it electronically. We cannot transmit any return until we have the appropriate signed authorizations. E-filing of state returns varies by tax authority. If e-file is not available, paper copies will be provided for you to sign and mail.

Absent a quote or fee proposal for our services given before commencement of the work, our fee will be based on the prices mentioned on our website at www.expatax.nl.

You may terminate this engagement at any time. Should you do so, however, you remain liable for all unpaid fees as discussed above. We reserve the right to withdraw from this engagement at any time because of unpaid fees, the guidance of our professional standards, or for any other reason. We will notify you in advance of any decision by us to withdraw. Otherwise, this engagement will be considered complete upon acceptance of your e-filed returns by the tax authorities. In the event that your returns are not e-filed, you will have final responsibility for mailing your returns to the applicable taxing authorities.

If the foregoing is in accordance with your understanding, please sign the enclosed copy of this letter in the space indicated and return it to us along with your tax information.

Sincerely,
Expatax B.V.

Noa Rawlinson, CPA,
US Tax Advisor

Accepted by:

Taxpayer (parent, if return is for a child under 18) Spouse (**required** for joint returns)

Date

Date

Comments or additional requests: _____

2014 TAX DOCUMENTS CHECKLIST

- Signed Engagement Letter

- Filled out Personal Information section of this organizer

- A copy of your prior year US income tax return (2013 Form 1040), including State return and FBAR (if applicable), if not prepared by this office.

- A copy of your 2014 Dutch income tax return, if not prepared by this office.

- If you have the 30% ruling, please provide a copy of the confirmation letter from the Belastingdienst.

- Jaaropgaaf: year-end statement for wages, pensions or uitkeringen. Please also provide the December payslip for wages.

- Forms W-2 for wages and salaries

- Financieel Jaaroverzicht(en) from all your Dutch bank and financial accounts (including for Pensioenen and Hypotheken)
Please note that if your jaaroverzichten do not show interest, dividends and stock sales you will have to request this information.

- Vermogensrapportages and Coupon- en Dividendoverzichten from Dutch brokerage accounts

- WOZ document issued by your municipality

- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security and state or local refunds, etc.

- For business owners (eenmanszaak, BV or VOF.): Income statement and Balance Sheet for 2014 (Jaarrekening, winst- en verliesrekening & balans)

- If you sold stocks: brokerage statements showing investment transactions for stocks, bonds, etc.

- For Rental Property: filled out rental schedule plus statements from management company, for US properties: Form 1098 Mortgage Interest

- Schedule K-1 from U.S. partnerships, S corporations, estates and trusts

- Copies of closing statements regarding the 2014 sale or purchase of real property

- Filled out FBAR worksheet (if this office is engaged to prepare it for you), downloadable at: <http://www.expatax.nl/clientquestionnaire.php>
- A listing showing your exact 2014 US travel dates with indication of number of US workdays
- Amounts of 2014 estimated tax payments made to IRS (Form 1040-ES)
- Any tax notices sent to you by the IRS or other taxing authority
- If you have children who have earned or unearned income for 2014, please supply any applicable documentation for them as well

The Internal Revenue Service (IRS) matches US information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all US information returns reflecting amounts reported to the IRS are also delivered to the taxpayers and should be submitted with this organizer.

Forms such as:

W-2 (Wages)	Schedules K-1
1099-R (Retirement)	(Forms 1065, 1120S, 1041)
1099-INT(Interest)	
1099-DIV (Dividends)	Annual Brokerage Statements
1099-B (Brokerage Sales)	1098 – Mortgage Interest
1099-MISC (Rents, etc)	Other tax information statements
1099 (any other)	8886, Reportable transactions
1098-T (Education)	Form HUD-1 for Real Estate Sales/Purchases

Any information already supplied on your documents does not have to be duplicated on this organizer.

*****Please clearly mark whether your are filling out amounts in EUR or USD.*****

PERSONAL INFORMATION

Taxpayer's Name _____ SSN _____ Occupation _____

Spouse's Name _____ SSN _____ Occupation _____

Home Address _____

City, Town, or Post Office _____ County _____ State _____ Zip Code _____ School District _____

Telephone Number Home _____ Telephone Number (Taxpayer) Office _____ Telephone Number (Spouse) Office _____

Email(T) _____ Fax _____ Fax _____

Email(S) _____ Cell _____ Cell _____

Email _____ Email _____

Taxpayer Date of Birth _____ Blind? Yes _____ No _____

Spouse Date of Birth _____ Blind? Yes _____ No _____

Dependent Children Who Lived With You:

Full Name	SSN	Relationship	Birth Date

ESTIMATED TAX PAYMENTS MADE

	FEDERAL		STATE (NAME):	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Prior year overpayment				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION

Enclose all Forms W-2 & Jaaropgaven

FOREIGN EARNED INCOME INFORMATION

List your tax home(s) during the year and date(s) established: _____

Date your residency in NL began: _____

Kind of living quarters (circle): Purchased house/rented house/rented room/quarters furnished by employer _____

Did your family live with you abroad during any part of the tax year? Who and for what period? _____

Did your visa limit the length of your stay or employment in a foreign country? If "Yes," explain: _____

List any contractual terms or other conditions relating to the length of your employment abroad: _____

Enter the type of visa under which you entered the foreign country:

Did your visa limit the length of your stay or employment in a foreign country? If "Yes," explain:

Did you maintain a home in the United States while living abroad?
If "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship:

U.S. Travel Days

Date arrived in U.S. Date left U.S. Number of business days in US

Date arrived in U.S.	Date left U.S.	Number of business days in US

INCOME FROM BUSINESS OR PROFESSION – SCHEDULE C

Who owns this business? Taxpayer Spouse Joint

Principal business or profession _____

Business name _____

Business taxpayer identification number _____

Business address _____

Method(s) used to value closing inventory:

____ Cost ____ Lower of cost or market ____ Other (describe) _____ N/A ____

Accounting method:

____ Cash ____ Accrual ____ Other (describe) _____

YES NO

- | | | |
|---|-------|-------|
| 1. Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach explanation. | _____ | _____ |
| 2. Did you deduct expenses for the business use of your home? If yes, complete office in home schedule provided in this organizer. | _____ | _____ |
| 3. Did you materially participate in the operation of the business during the year? | _____ | _____ |
| 4. Was all of your investment in this activity at risk? | _____ | _____ |
| 5. Were any assets sold, retired or converted to personal use during the year? If yes, list assets sold including date acquired, date sold, sales price, and original cost. | _____ | _____ |
| 6. Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices. | _____ | _____ |
| 7. Was this business still in operation at the end of the year? | _____ | _____ |
| 8. List the states in which business was conducted and provide income and expense by state. | _____ | _____ |
| 9. Provide copies of certification for employees of target groups and | | |

associated wages qualifying for Work Opportunity Tax Credit.

10. Did you make any payments during the year that would require you to file Form(s) 1099?

If yes, did you file Form(s) 1099?

Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.

INCOME AND EXPENSES (Schedule C) – if you are supplying a jaarrekening or Dutch return with a specification of the income/expenses from your eenmanszaak or VOF then do not complete this section.

Description	Amount
Part I –Income	
Gross receipts or sales	
Returns and allowances	
Other income (List type and amount.)	
Part II - Cost of Goods Sold	
Inventory at beginning of year	
Purchases less cost of items withdrawn for personal use	
Cost of labor (Do not include salary paid to yourself.)	
Materials and supplies	
Other costs (List type and amount.)	
Inventory at end of year	
Part III – Expenses	
Advertising	
Bad debts from sales or services	
Car and truck expenses (Complete Auto Expense Schedule on Page 23)	
Commissions and fees	
Depletion	
Depreciation and Section 179 expense deduction (provide depreciation schedules)	
Employee health insurance and other benefit programs (excluding retirement plans and amounts for owner)	
Employee retirement contribution (other than owner)	
Self employed owner:	
a. Health insurance premiums	
b. Retirement contribution	
c. State income tax	
Insurance (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	

Description	Amount
b. Other	
Legal and professional services	
Office expense	
Rent or lease:	
a. Vehicles, machinery, and equipment	
b. Real Estate or Other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (Enclose copies of payroll tax returns.) Do not include state income tax.	
Travel, meals, and entertainment:	
a. Travel	
b. Meals and entertainment	
Utilities	
Wages (Enclose copies of Forms W-3/W-2.)	
Lobbying expenses	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (List type and amount.)	

COMMENTS: _____

CAPITAL GAINS AND LOSSES - Enclose all Forms 1099-B (with supplemental year end brokerage statements)/ Financieel Jaaroverzicht(en)/Kwartaal overzichten and/or Vermogensbeheerraportage. Complete the following schedule if no statements are available and provide all transaction slips for sales and purchases.

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

Enter any sales **NOT** reported on Forms 1099-B and 1099-S:

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

SALE/PURCHASE OF PERSONAL RESIDENCE

Provide closing statements (if US: HUD-1) on purchase and sale of old residence and purchase of new residence.

Description	Amount

For sale of personal residence, did you own and live in it for 2 of the 5 years prior to sale?

MOVING EXPENSES

Did you change your residence during this year due to a change in employment, transfer, or self-employment? Yes _____ No _____

If yes, furnish the following information:

Number of miles from your former residence to your new business location _____ miles

Number of miles from your former residence to your former business location _____ miles

Did your employer reimburse or pay directly any of your moving expenses? Yes _____ No _____

If yes, enclose the employer provided itemization form and note the amount of reimbursement received. \$ _____

Itemize below the total moving costs you paid without reduction for any reimbursement by your employer.

Expenses of moving from old to new home:

Transportation expenses in moving household goods and family \$ _____

Cost of storing and insuring household goods \$ _____

RESIDENCE CHANGE

If you changed residences during the year, provide period of residence in each location.

Residence #1 From ___ / ___ / ___ To ___ / ___ / ___

Own _____ Rent _____

Residence #2 From ___ / ___ / ___ To ___ / ___ / ___

Own _____ Rent _____

RENTAL AND ROYALTY INCOME – Complete a separate schedule for each property.

1. Description and location of property: _____

2. Type of property: Personal use? Yes ____ No ____
 Residential rental _____
 Commercial rental _____
 Royalty _____
 Self-rental _____
 Other-Describe _____
- If personal use yes:
- a) Number of days the property was occupied by you, a member of your family, or any individual not paying rent at the fair market value. _____
- b) Number of days the property was not occupied. _____
 If not occupied, was it available for rent during this time? Yes ____ No ____
- c) How many days was the property rented during the year? _____
3. Did you actively participate in the operation of the rental property during the year? Yes ____ No ____
- a) Were more than half of personal services that you or your spouse performed during the year performed in real property trades? Yes ____ No ____
- b) Did you or your spouse perform more than 750 hours of services during the year in real property trades or businesses? Yes ____ No ____
4. Did you make any payments during the year that would require you to file Form(s) 1099? Yes ____ No ____
- If yes, did you file the Form(s) 1099? Yes ____ No ____

Income:	Amount		Amount
Rents received		Royalties received	
Expenses:			
Mortgage interest		Legal and other professional fees	
Other interest		Cleaning and maintenance	
Insurance		Commissions	
Repairs		Utilities	
Auto and travel		Management fees	
Advertising		Supplies	

CONTRIBUTIONS TO RETIREMENT PLANS

	TAXPAYER	SPOUSE
Are you covered by a qualified retirement plan? (Y/N)		
Do you want to make the maximum deductible IRA contribution? (Y/N)		
IRA payments made for this return	\$	\$
IRA payments made for this return for nonworking spouse	\$	\$
Do you want to make an IRA contribution even if part or all of it may not be deducted? (Y/N) If yes, provide copy of latest Form 8606 filed.		
Have you made or do you want to make a Roth IRA contribution? (Y/N) If yes, provide Roth IRA payments made for this return.	\$	\$
Do you want to make the maximum allowable Keogh/SEP/SIMPLE IRA contribution? (Y/N)		
Keogh/SEP/SIMPLE IRA payments made for this return	\$	\$
Date Keogh/SIMPLE IRA Plan established		

ALIMONY PAID

Name of Recipient(s) _____

Social Security Number(s) of Recipient(s) _____

Amount(s) Paid \$ _____

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

MEDICAL AND DENTAL EXPENSES (PLEASE NOTE THAT MEDICAL EXPENSES MUST EXCEED 7.5% OF ADJUSTED GROSS INCOME TO BE DEDUCTIBLE). HEALTH INSURANCE PREMIUMS AND MEDICAL EXPENSES PAID WITH PRE-TAX DOLLARS (CAFETERIA PLANS, HEALTH SAVINGS ACCOUNTS, ETC.) ARE NOT DEDUCTIBLE.

Description	Amount
Premiums for health and accident insurance including Medicare	
Long-term care premiums: Taxpayer \$ _____ Spouse \$ _____	
Medicine and drugs (prescription only)	
Doctors, dentists, nurses	
Hospitals, clinics, laboratories	
Eyeglasses / corrective surgery	

Mortgage interest (if US: enclose Forms 1098)

Payee*	Property**	Amount

*Include address and social security number if payee is an individual.

**Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc.

If any mortgage or equity loan was not used to buy, build, or improve your principal or second residence, please describe how the proceeds were used.

Student loan interest

Payee	Amount

Investment interest not reported on Schedules A, C, or E

Payee	Investment Purpose(stocks, land , etc)	Amount

Business interest not reported on Schedules C, or E

Payee	Business Purpose	Amount

CONTRIBUTIONS

Cash contributions, for which you have receipts, canceled checks, etc. NOTE: You need to have written acknowledgment from any charity to which you made individual donations of \$250 or more during the year. Contributions to non-US registered charities are not deductible.

Donee	Amount	Donee	Amount

Expenses incurred in performing volunteer work for charitable organizations:

Parking fees and tolls	\$ _____
Supplies	\$ _____
Meals & entertainment	\$ _____
Other (itemize)	\$ _____
Automobile mileage _____	

Other than cash contributions (enclose receipt(s)):

Organization name and address			
Description of property			
Date acquired			
How acquired			
Cost or basis			
Date contributed			
Fair market value (FMV)			
How FMV determined			

For contributions over \$5,000, include copy of appraisal and confirmation from charity.

MISCELLANEOUS DEDUCTIONS

Description	Amount
Income tax preparation fees	
Legal fees (provide details)	
Safe deposit box rental (if used for storage of documents or items related to income-producing property)	
Investment expenses	
Trustee fees	
Other miscellaneous deductions – itemize	
Documented gambling losses	

CHILD CARE EXPENSES/HOME CARE EXPENSES

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Yes _____ No _____

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes _____ No _____

If the response to either of the questions above is yes, complete the following information:

Names(s) of dependent(s) for who services were rendered.

List individuals or organizations to who expenses were paid during the year (services of a relative may be deductible only if that relative is not a dependent and if the relative’s services are considered employment for social security purposes).

Name and Address	ID#	Amount	If Under 18

If payments of \$1,800 or more during the tax year were made to an individual, were the services performed in your home? Yes _____ No _____

EDUCATIONAL EXPENSES

Did you or any other member of your family pay any post-secondary educational expenses this year? Yes _____ No _____

If yes complete the following and provide Form 1098-T from school:

Student Name	Institution	Grade/Level	Amount Paid	Date Paid

Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan? Yes _____ No _____
If yes, how much? \$_____ Submit 1099-Q