EXCLUSIVE FINANCIAL SOLUTIONS, INC.

Dear Client,

Enclosed is an income tax data organizer that we provide to tax clients to assist them in gathering the information necessary to prepare their individual income tax returns.

The Internal Revenue Service matches 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 information returns reflecting amounts reported to the Internal Revenue Service are also mailed or delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer. Forms such as:

_ W-2 Wages from Employers
_ 1099-R Retirement Income (401K, IRA)
_ 1099-INT Interest Income
_ 1099-B Brokerage Statement
_ 1099-C Cancelled Debt
_ 1099-MISC Rental/Self-Employment Income
_ 1099-G Unemployment, State Refunds
_ 1098 Mortgage Statement
_ 1099-S Sale of Real Estate Property
_ HUD-1 for Sale/Refinance of Real Property
_ HUD-1 for Purchase of Real Property
_ 1099-R SSA Supplemental Social Security
_ Roth/Regular IRA Statements
_ Alimony Received/Paid
_ Estimated Taxes paid
_ Cancelled Check for Direct Deposit/Payment
_ Last Bank Statement ending December 31
_ Last Paystub (from each job)
_ Divorce Decree / Separation Agreement
_ Marriage Certificate (if marital status changed)
_ Disability Certificates (if applies)
_ Personal ID issued by State or Federal
_ Schedule K-1 from Partnership/Corporation
_ Profit and Loss Statement from Business
_ Business Bank Statements
_ Bankruptcy Papers (if filed in current tax year)
_ Last 3 years of taxes only if NEW CLIENT
_ Property Tax Statement and copies of paid checks
_ Donations receipts from Non-profit Organizations
_W2G Gambling Income / Losses Statements
_ HSA/MSA Medical Account Statements
_ Rental Income / Expenses
_ 1098-T Tuition Statement for Students
_ 1098-E Student Loan Interest
_ Attendance statements from College/University
_ All other tax related Statements

Also, enclosed is an engagement letter which explains the services we will provide to you. Please sign a copy of the engagement letter and bring it with all the documents or mail it if you live out of state.

If an extension of time is required, any tax due must be paid with that extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest. If you are due a refund, the IRS allows 3 years from the due date to file returns in order to obtain a refund.

We look forward to providing quality services to you. Should you have questions regarding any items, please do not hesitate to contact us. Our new web page provides variety of information and business forms in two languages; IRS links, refund status check, free filing of form 1040EZ and Health Care sign up. Please visit **www.ExclusiveFinancialSolutions.org**

360-597-4143 Phone
360-597-4506 Fax1
360-831-0024 Fax2
Email exclusivefinancialsolutions@comcast.net

Tatiana Tsvor, LTC / Svetlana Pesetskaya, Secretary

EXCLUSIVE FINANCIAL SOLUTIONS, INC.

Dear Customer,

Thank you for choosing Exclusive Financial Solutions Inc. to assist you with your 2013 taxes. This letter confirms the terms of our engagement with you and outlines the nature of the services we will provide.

We will prepare your 2013 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fees are calculated based on forms that are selected in your tax package. Additional fees may apply based on complexity of your tax return. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for four years, after which these documents will be destroyed.

Our engagement to prepare your 2013 tax returns will conclude with the delivery of the completed returns to you (if paper filing) or your signing, and the subsequent submittal, of your tax return (if e-filing). Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign below in the space indicated. Let us know if you have any questions.

Accepted By:

____

Taxpayer Signature First, Last Name

____

Spouse's Signature First, Last Name

____

Date

Exclusive Financial Solutions Inc.

15123 NE 12th Way
Vancouver WA 98684
360-597-4143 Phone/ 360-597-4506 Fax

SIMPLIFIED CLIENT TAX ORGANIZER 2013

1.Organizer muse be completed prior to your tax appointment!
2. Bank statements must be attached if required
3. Personal documents ready such as State ID, SS Card, and Passport

TAXPAYERS INFORMATION

	TAXPAYER	SPOUSE
NAME		
ADDRESS		
HOME PHONE		
CELLULAR PHONE		
EMAIL ADDRESS		
DATE OF BIRTH		
SOCIAL SECURITY #		
OCCUPATION		
DISABLED OR BLIND?		

IF YOUR MARITAL STATUS CHANGED DURING THE YEAR PLEASE ATTACH SUPPORTING DOCUMENTS!

FILING STATUS: __ SINGE __ MARRIED __ HEAD OF HOUSEHOLD __ QUALIFYING WIDOW

DEPENDENT CHILDREN

NAME	SOCIAL SECURITY #	NUMBER OF MONTHS LIVED IN HOME	RELATIONSHIP	NAME OF SCHOOL ATTENDED	BIRTH DATE
1					
2					
3					
4					
5					
6					
7					

PLEASE PROVIDE TWO OF THE FOLLOWING DOCUMENTS: CHILD'S MEDICAL RECORDS, HEALTHCARE INFO, STATEMENT FROM SOCIAL SERVICES OR SCHOOL RECORDS THAT SHOW YOUR CHILD LIVED WITH YOU FOR MORE THAN SIX MONTHS DURING THE YEAR.

OTHER DEPENDENTS

NAME	SOCIAL SECURITY	RELATIONSHIP	BIRTH DATE	NUMBER OF MONTHS IN YOUR HOME	% SUPPORT FURNISHED BY YOU

PLEASE ANSWER THE FOLLOWING QUESTIONS AND CHECK IF THEY APPLY TO YOU, ATTACH DOCUMENTS.

_____ HAS YOUR MARITAL STATUS CHANGED?

_____ HAVE YOU BEEN NOTIFIED BY THE IRS OF CHANGES TO A PRIOR YEAR'S TAX RETURN OR RECEIVED ANY OTHER TAX CORRESPONDENCE?

_____ DID YOU PURCHASE OR SELL YOUR PRINCIPAL RESIDENCE?

_____ DID YOU RECEIVE PAYMENTS FROM A PENSION OR PROFIT SHARING PLAN?

_____ DID YOU RECEIVE ANY DISABILITY INCOME?

_____ DID YOU RECEIVE ANY FOREIGN INCOME OR PAY ANY FOREIGN TAXES?

_____ DID YOU RECEIVE INTEREST FROM A BANK ACCOUNT IN A FOREIGN COUNTRY?

_____ WERE EITHER YOU OR YOUR SPOUSE ENLISTED IN THE MILITARY OR NATIONAL GUARD?

_____ DID YOU ADOPT CHILDREN IN THE U.S. OR ANY OTHER COUNTRY?

_____ DID YOU HAVE A DISPOSITION OR CHANGE IN USE OF YOUR HOME FOR WHICH YOU CLAIMED THE FIRST-TIME HOME BUYER CREDIT?

_____ DID YOU RECEIVE PROCEEDS FROM AN INSTALLMENT SALE?

_____ DID YOU MAKE GIFTS FOR OVER $14,000 TO ANY ONE INDIVIDUAL?

_____ WERE ANY PAYMENTS MADE ON STUDENT LOANS?

_____DID YOU REFINANCE A MORTGAGE OR TAKE OUT A HOME EQUITY LOAN?

_____ DID YOU SUFFER ANY CASUALTY, THEFT OR CONDEMNATION OF A BUILDING OR STRUCTURE?

_____ DID YOU START A BUSINESS DURING THE YEAR?

_____DID YOU SELL ANY PROPERTY, EQUIPMENT ON INSTALLMENT?

_____DID YOU RECEIVE RENT FROM REAL ESTATE OR OTHER PROPERTY?

_____DID YOU HAVE ANY DEBTS CANCELLED, FORGIVEN OR REFINANCED?

_____DID YOU GO THROUGH BANKRUPTCY PROCEEDINGS?

____WERE YOU A HOLDER OF FOREIGN FINANCIAL ASSETS WITH A VALUE GREATER THEN $50,000 ON THE LAST DAY OF THE TAX YEAR, OR GREATER THEN $75,000 AT ANY TIME DURING THE YEAR?

INCOME

	CURRENT YEAR AMOUNT
WAGES (ATTACH W-2 FORMS)	
TAXABLE REFUND FROM STATE AND LOCAL INCOME TAXES	
ALIMONY RECEIVED	
PENSION AND ANNUITIES (ATTACH 1099-R FORM)	
SUPPLEMENTAL SOCIAL SECURITY INCOME (ATTACH 1099-R SSA)	
PRIZES AND AWARDS	
FARM INCOME (ATTACH FARM INCOME/EXPENSES STATEMENT)	
GAMBLING INCOME (ATTACH W2G)	
JURY DUTY	
UNREPORTED TIPS	
INTEREST INCOME (ATTACH 1099-INT / 1099-DIV)	
CAPITAL GAIN (ATTACH 1099-B FROM BROKER)	
RENTS, ROYALTIES , PARTNERSHIPS, CORPORATIONS, ESTATES, TRUSTS	

ADJUSTMENT TO INCOME

	AMOUNT PAID
EDUCATOR EXPENSES (RECEIPTS ONLY UP TO $250)	
HEALTH SAVINGS ACOUNTS	
MOVING EXPENSES (COUNT TRANSPORTATION/LODGING/STORAGE ONLY) MILES FROM OLD RESIDENCE TO NEW JOB ______________ MILES FROM OLD RESIDENDE TO OLD JOB _______________ WERE YOU REIMBURSED FOR YOUR EXPENSES Y / N	
SELF- EMPLOYMENT PENSION PLANS	
PENALTY ON EARLY WITHDRAWAL FROM SAVINGS ACCOUNT (1099-INT)	
ALIMONY PAID (ATTACH DIVORCE DECREE AND CHECK COPIES)	
DEDUCTABLE IRA CONTRIBUTIONS	
STUDENT LOAN INTEREST (ATTACH FORM 1098-E)	
TUITION AND FEES (ATTACH 1098-T AND SEE STUDENT INFORMATION LATER)	
SELF EMPLOYMENT HEALTH INSURANCE	

CASUALTY AND THEFT LOSSES

TYPE OF PROPERTY "B" BUSINESS / "P" PERSONAL	B / P
DESCRIPTION OF PROPERTY	
DATE ACQUIRED _________________________________ DATE OF INCIDENT ________________________________	
ORIGINAL COST OF PROPERTY	$
PREVIOUS DEPRECIATION (TAX DEDUCTION)	$
INSURANCE REIMBURSMENTS	$
FAIR MARKET VALUE BEFORE INCIDENT	$
FAIR MARKET VALUE AFTER INCIDENT	$

*ATTACH LIST FOR MORE ITEMS, POLICE REPORTS AND INSURANCE CLAIMS

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL

MEDICAL AND DENTAL	AMOUNT PAID
OUT OF POCKET MEDICAL INSURANCE (LESS REIMBURSMENTS)	
MEDICAL BILLS PAID	
MEDICAL TRAVEL (TRANSPORTATION AND LODGING) MEDICAL VEHICLE MILES ________________________________	
PRESCRIPTION, HEARING AIDS, EYE GLASSES, MEDICAL DEVICES, SUPPLIES)	
HANDICAPPED EQUIPMENT INSTALLED IN YOUR HOME	

TAXES PAID

TAXES PAID	AMOUNT PAID
STATE AND LOCAL INCOME TAXES PAID NOT LISTED ELSWHERE	
REAL ESTATE TAXES PAID	
PERSONAL PROPERTY TAXES TAXES THAT ARE IMPOSED ANNUALLY BASED ON THE VALUE OF YOUR PERSONAL PROPERTY	

INTEREST

INTEREST	AMOUNT PAID
HOME MORTGAGE PAID TO FINANCIAL INSTITUTION	
HOME MORTGAGE PAID TO INDIVIDUALS NAME ____________________________________ ADDRESS____________________________________ TAX ID ____________________________________	
POINTS PAID ON PURCHASE / REFINANCE (ATTACH HUD-1 FROM TITLE CO.)	
INVESTMENT INTEREST	
MORTGAGE INSURANCE PREMIUMS	
SECOND MORTGAGE / EQUITY LINE OF CREDIT	

CHARITABLE CONTRIBUTIONS

DONATIONS TO REGISTERED, DOMESTIC, NON-PROFIT ORGANIZAIONS (ATTACH RECEIPTS/LETTERS FROM ORGANIZATIONS)	
GOODWILL DONATIONS (REFER TO VALUE GUIDE LINK BELOW) http://www.goodwillnne.org/donate/donation-value-guide/	
VOLUNTEER MILES	
VEHICLE DONATION (ATTACH RECEIPT) ORGANIZATION NAME______________________________ FEDERAL ID ______________________________ ADDRESS OF ORG. ______________________________ ORIGINAL PURCHASE PRICE $____________ DATE ________ FOR ITEMS OVER $5000 MUST HAVE PROFESSIONAL ASSESMENT	

OTHER EXPENSES	AMOUNT PAID
TAX PREPARATION FEES	
INVESTMENT EXPENSES	
SAFE DEPOSIT BOX RENTAL	
JOB HUNTING EXPENSES IN YOUR CURRENT OCCUPATION (RESUME/PLACEMENT AGENCY FEES/POSTAGE/COPIES/TRAVEL)	$ ____________MILES

ALL UNREIMBURSED EMPLOYEE EXPENSES HAVE TO BE REQUIRED AND/OR NECESSARY TO PERFORM WORK IN YOUR TRADE EMPLOYER MUST PROVIDE SUPPORTIVE LETTER THAT MUST BE KEPT ON FILE

UNREIMBURSED EMPLOYEE EXPENSES	AMOUNT PAID
PROFESSIONAL ORGANIZATION OR UNION DUES	
PROFESSIONAL LICENSE RENEWAL	
EDUCATION EXPENSES REQUIRED TO MAINTAIN YOUR JOB	
TOOLS / EQUIPMENT	
SPECIAL UNIFORM AND PROTECTIVE GEAR / UNIFORM DRY CLEANING	
PROFESSIONAL JOURNAL SUBSCRIPTION	
PARKING AND TOLLS	
TELEPHONE (% PERSONAL USE __________% JOB RELATED USE___________	
OFFICE AT HOME EXPENSES REQUIRED BY YOUR EMPLOYER	

OVERNIGHT TRAVEL EXPENSES (Per-diem rates can be obtained through www.gsa.gov)

CITY / STATE / ZIP CODE	# OF NIGHTS	$ HOTEL COST	$ MEALS COST	REIMBUSED $
				$
				$
				$
				$
				$
				$
				$
				$

UNREIMBURSED VEHICLE EXPENSES - **Your job related transportation expenses may be deductible when you are traveling to the second job location, job related seminars, or travel between 2 jobs in any one day, and there is no full reimbursement plan at work. Mileage log must be maintained. Do you have a mileage log? Y / N**

____VEHICLE DESCRIPTION __________DATE FIRST IN SERVICE

________________JOB RELATED MILES ____________PERSONAL MILES ______________TOTAL MILES

OTHER (DESCRIBE)	

TAX CREDITS

	AMOUNT PAID
FOREIGN TAXES PAID – ATTACH DOCUMENT	
RESIDENTIAL ENERGY TAX CREDIT Please go to www.energystar.gov for more information	
RETIREMENT SAVINGS CONTRIBUTION	
CHILD AND DEPENDENT CARE EXPENSES NAME OF CHILD FOR WHICH EXPENSES PAID ____________________ EFIN / SOCIAL SECURITY OF PROVIDER ____________________ NAME OF CHILDCARE PROVIDER ____________________ ADDRESS OF CHILDCARE PROVIDER ____________________	

EDUCATIONAL EXPENSES FOR STUDENTS

PLEASE ATTACH FORM **1098-T** AND ATTENDANCE PRINTOUT, FROM YOUR ONLINE STUDENT ACCOUNT!

STUDENT NAME ____SOCIAL SECURITY#________________________

YES / NO HAS THE HOPE CREDIT OR AMERICAN OPPORTUNITY CREDIT BEEN CLAIMED FOR THIS STUDENT FOR A TOTAL OF 4 TIMES IN ANY PRIOR YEAR?

YES / NO WAS STUDENT ENROLLED AT LEAST HALF-TIME FOR AT LEAST ONE ACADEMIC PERIOD THAT BEGAN IN 2013, AT AN ELIGIBLE INSTITUTION IN A PROGRAM LEADING TO A POST-SECONDARY DEGREE?

YES / NO DID THE STUDENT COMPLETE THE FIRST 4 YEARS OF POST-SECONDARY EDUCATION BEFORE 2013?

YES / NO WAS STUDENT CONVICTED BEFORE THE END OF 2013 OF A FELONY FOR POSSESSION OR DISTRIBUTION OF A CONTROLLED SUBSTANCE?

TUITION PAID LESS REIMBURSMENTS RECEIVED FROM SCHOLARSHIPS	$
COURSE RELATED BOOKS,	$
COURSE RELATED SCHOOL SUPPLIES	$
COURSE RELATED EQUIPMENT	$

NOTE: ROOM AND BOARD, INSURANCE, TRANSPORTATION OR OTHER SIMILAR PERSONAL LIVING, OR FAMILY EXPENSES, DO NOT QUALIFY FOR EDUCATIONAL CREDITS

IF YOU OBTAINED A STUDENT LOAN, YOUR EDUCATIONAL EXPENSES ARE DEDUCTED IN THE YEAR TUITION AND RELATED EXPENSES ARE PAID. YOU CAN NOT DEDUCT REPAYMENT OF THE LOAN, BUT ONLY INTEREST IN THE YEAR THE LOAN IS REPAYED.

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer Signature____ Date____________________________________

Spouse's Signature ____ Date ____________________________________

COMMENTS / SUGGESTIONS

NAME ____ PHONE# ____________________

WE VALUE YOUR BUSINESS AND APPRECIATE YOUR SUGGESTIONS!