

MOLEN & ASSOCIATES**S**

Building Relationships that Last Generations

Dear New Client:

Thank you for choosing Molen & Associates for your tax preparation needs. Attached is our introductory packet. Please fill in the requested information as it applies to your tax situation. **Social Security numbers are extremely important.** *We cannot electronically file your tax return unless the social security number and last name for each person listed on the return matches the Social Security Administration records.*

We have provided you with an “Engagement Letter” for your signature. The purpose of this letter is to help you understand the service that Molen & Associates is performing for you and your part in receiving that service. Because of our more than twenty years of tax experience, you can feel confident in receiving quality and timely tax preparation.

We have also provided you with a consent form. You are not required to complete this form. Please read it carefully and bring it with you even if you decide not to complete the form.

Please bring the following with you to your appointment:

- Completed Tax Organizer Page 1 (Note: pages 2-4 are optional) – attached
- Completed Questionnaire - attached
- Signed Engagement Letter - attached
- Consent to Disclose Letter - attached
- Copies of all tax documents:
 - Form(s) W-2 (wages, etc.)
 - Form(s) 1099 (interest, dividends, miscellaneous income, etc.)
 - Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
 - Form(s) 1098 (mortgage interest) and property tax statements
 - Brokerage statements from stock, bond or other investment transactions
 - Closing statements pertaining to real estate transactions
 - Any tax notices received from the IRS or other taxing authorities.
 - A copy of your last tax return
- Copies of Social Security Cards for every individual that will be presented on the tax return including spouse and dependents

Thank you again for choosing to do business with us.

Very truly yours,

Molen & Associates

11555 Champion Forest Drive, Houston, Texas 77066
Phone: 281-440-6279 Fax: 281-716-6000
www.molentax.com

Securities offered through 1st Global Capital Corp., Member FINRA, SIPC
Investment advisory services offered through 1st Global Advisors, Inc.

2016	1040	US	Tax Organizer
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MOLEN & ASSOCIATES LLC
 11555 CHAMPION FOREST DR
 HOUSTON, TX 77066

Telephone number: (281) 440-6279

Fax number: (281) 716-6000

E-mail address: info@molentax.com

Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please enter all pertinent 2016 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

2016 1040 US Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2016 Amount	2015 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

_____	_____
_____	_____

Winnings not reported on W-2G.....
 Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....	Attach Forms 1099
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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2016 1040 US Tax Organizer

MISCELLANEOUS INCOME

Taxpayer: Alimony received.....		
Spouse: Alimony received		
Other: _____		

RETIREMENT PLAN CONTRIBUTIONS

	2016 Amount	2015 Amount
Taxpayer: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		
Spouse: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		

OTHER GOVERNMENT FORMS - DEDUCTIONS

<input type="checkbox"/> Form 1098-E - Student loan interest	Attach Forms 1098	
<input type="checkbox"/> Form 1098-T - Tuition and related expenses.....		

AFFORDABLE CARE ACT

<input type="checkbox"/> Form 1095-A - Health Insurance Marketplace Statement.....	Attach Forms 1095	
<input type="checkbox"/> Form 1095-B - Health Coverage.....		
<input type="checkbox"/> Form 1095-C - Employer-Provided Health Insurance Offer and Coverage		

ADJUSTMENTS TO INCOME

Taxpayer:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		

Alimony paid - Recipient name & SSN.....		

Spouse:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		

Alimony paid - Recipient name & SSN.....		

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....		
Doctors, dentists and nurses		
Hospitals and nursing homes.....		
Insurance premiums.....		
Long-term care premiums - taxpayer.....		
Long-term care premiums - spouse.....		
Insurance reimbursement.....		
Out-of-pocket lodging and transportation expenses		
Number of medical miles.....		
Other: _____		

TAXES PAID

State income taxes - 1/16 payment on 2015 state estimate.....		
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2016 1040 US Tax Organizer

TAXES PAID (continued)

- City/local income taxes - 1/16 payment on 2015 city/local estimate.....
- City/local income taxes - paid with 2015 city/local extension.....
- City/local income taxes - paid with 2015 city/local return.....
- State and local sales taxes (except autos and special items).....
- Use taxes paid on 2016 purchases.....
- Use taxes paid on 2015 state return.....
- Sales tax on autos not included above.....
- Sales taxes paid on boats, aircraft, and other special items.....
- Real estate taxes - principal residence.....
- Real estate taxes - property held for investment.....
- Foreign income taxes.....
- Personal property taxes (including automobile fees in some states)...

2016 Amount	2015 Amount
Attach Tax Notice	

INTEREST PAID

- Home mortgage interest and points paid:

- Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

- Points not reported on Form 1098:

- Mortgage insurance premiums on post 12/31/06 contracts.....
- Investment interest (interest on margin accounts):

- Passive interest.....

Attach Forms 1098	

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

- _____
- _____
- Volunteer expenses (out-of-pocket).....
- Number of charitable miles.....

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

- _____

MISCELLANEOUS DEDUCTIONS

- Union and professional dues.....
- Tax return preparation fee.....
- Safe deposit box rental.....
- Investment expenses.....
- Estate tax, section 691(c).....
- Unreimbursed employee expenses:

- Other: _____

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**If any of the following items pertain to you or your spouse for 2016,
please check the appropriate box and provide additional information if necessary.**

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have Health Insurance for yourself and all of your dependents all 12 months of 2016? |

¶ _____ ¶
Client Signature

New Client: _____

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Engagement Letter

The purpose of this letter is to confirm that you (and your spouse) have retained Molen and Associates to prepare your 2016 Individual Federal Income Tax Return. This letter sets forth the terms and conditions upon which this undertaking is based.

You (and your spouse) will be responsible for the following actions and information:

1. Providing complete information for the preparation of the tax return. If you are unable to provide all required information by **April 1st** an extension may be required.
2. Reviewing the completed tax return documents carefully to verify that the information contained in the return is true and correct.
3. Keeping adequate records to substantiate all items of income, deductions and credits. These records should be retained for three years from the filing date of the tax return.
4. Should the Internal Revenue Service contact you for any reason in connection with this tax return, please call us so that we may discuss the appropriate action to be taken.

Molen and Associates will be responsible for the following actions and information:

1. Preparing the return based on information and documentation provided by you. The documentation you provide will not be independently verified.
2. Using our professional judgment in resolving questions where the law is unclear. We will resolve such questions in your favor whenever possible.
3. Treating any information received from you as confidential and subject to disclosure only at your written request or as compelled by law.

Molen and Associates fee policy is as follows:

1. In Office Tax Service: Tax preparation fees are based on the complexity of the return prepared and each form is individually priced. Payment is due at the time services are rendered.
2. Drop-off Service clients are required to remit their deposit of \$140.00 before the commencement of tax preparation work. The remaining balance will be required just prior to delivery of the tax return.
3. A complete copy of your tax return will be provided at delivery. **All** of your corresponding information is returned to you at the conclusion of your initial appointment.
4. Molen and Associates retains a copy of your tax return and tax related documents in their electronic storage system. Should it become necessary to provide you with a copy of either your tax return or any tax related documents, a retrieval fee of \$25.00 will be charged.

NO TAX RETURN WILL BE RELEASED WITHOUT FULL PAYMENT.

Our services are rendered on the foregoing basis. If you have any objections or any questions, please discuss them with me. We appreciate and value your business and feel all aspects of our representation are appropriate subjects for discussion.

RECEIVED & UNDERSTOOD:

Signature

Printed Name of Client: _____

AGREED: – Molen & Associates: by _____

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Federal law requires this consent form be provided to you. Unless authorized, by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

I am aware that the law requires a high level of privacy in the handling of my tax and financial affairs. Specifically, I am aware that Federal law prohibits disclosure of tax returns and tax return information, and also prohibits the use of any tax return information which I provide for any purpose other than the preparation of the tax return(s) that such information was provided.

I am aware that Ward W. Molen is in the business of providing financial and investment services beyond tax return preparation and tax representation and that my tax information can be used to make recommendations to me, including, but not limited to the following:

Tax Planning	Investment Planning
Retirement Planning	Disability and Income Protection
Asset Protection	Estate Planning
Business Planning	Education Planning
Debt Management	Special Situations

Having full knowledge of my rights in these matters, I affirmatively state that such ancillary services are an integral part of the total services for which I have contracted with Ward W. Molen by providing such tax return information. I hereby authorize Molen & Associates, its partners, its employees, and 1st Global to use my tax return information to provide me with other financial advice, knowing that such advice may include the recommendation of securities, fee-based asset management, insurance products, or other financial services.

Furthermore, I understand that Ward W. Molen is a representative of 1st Global Capital Corp. (Member FINRA/SIPC), and an independent life insurance agent licensed in the state of Texas.

As a registered representative, investment adviser representative and agent, Ward W. Molen will receive compensation for the sale of investment securities, fee-based asset management services, and insurance contracts from the aforementioned entity/entities. The amount of compensation will vary depending upon the particular financial product. Total compensation for investment company securities is fully disclosed in the prospectus of each product. Some investment securities and insurance contracts pay ongoing compensation after the sale. For stocks, bonds and other securities, the commission will be disclosed via a schedule, mutual agreement, or listed as a dollar amount on the initial agreement.

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The fee-based asset management compensation is fully disclosed in the advisory contract we will enter into before establishing such an account. The fee or commission is paid for professional services and a fee or commission will not be accepted solely for the referral of clients to the products or services of any third party.

It is anticipated that the parties will engage in similar transactions in the future and that consent to this fee arrangement shall be construed as consent to the same arrangement in such future transactions, unless and until revoked by the undersigned.

I understand that I am under no obligation whatsoever to follow any recommendations made or to purchase any other products or services offered by or through Ward W. Molen.

I understand that, beyond the specific purpose of providing other financial advice or proposing other services to me, no tax return information will be disclosed to any person or for any purpose not specifically allowed by law or by subsequent written approval by me.

I hereby acknowledge that I/we have read and understood the information contained in this document. Furthermore, I acknowledge receipt of this required disclosure.

Duration of Consent (Optional): _____

Taxpayer Signature

Date

Spouse Signature

Date

Tax Professional Signature

Client Code

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

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