

# MOLLEN & ASSOCIATES

11555 Champion Forest Drive • Houston, Texas 77066

Tax and Financial Services

Phone: 281-440-6279 • Fax: 281-716-6000

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 Client Information Form - attached
- Completed Dependent Information Form - 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

Securities offered through Investors Capital Corporation Member FINRA/SIPC  
Advisory Services offered through Investors Capital Advisory  
230 Broadway, Lynnfield MA 01940 800-949-1422

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## New Client Information

Filing Status	Filing status (table)		
	Married Filing Separate and lived with spouse	<input type="checkbox"/>	
	Year spouse died, if qualifying widow(er)		
Taxpayer	First name and initial		<b>Filing Status</b> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
	Blind	<input type="checkbox"/>	
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)		
	Blind	<input type="checkbox"/>	
Address	Street address		
	Apartment number		
	City		
	State		
	Zip		
Foreign Address	Region		
	Postal code		
	Country		
Taxpayer Contact Information	Home phone		<b>Daytime Phone</b> 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone		
	Mobile phone		
	Email address		
Spouse Contact Information	Home phone		<b>Daytime Phone</b> 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone		
	Mobile phone		
	Email address		
Referral	Referred by:		

# New Client Dependent Information

	<b>Dependent</b>	<b>Dependent</b>	<b>Type of Dependent Table</b> 1 = Child at home 2 = Child not at home 3 = Dependent other than child 4 = Head of house only, not a dependent 5 = Earned income credit only, not a dependent
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home (2012)			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	<b>Dependent</b>	<b>Dependent</b>	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home (2012)			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	<b>Dependent</b>	<b>Dependent</b>	<b>Special Notes:</b>  If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Heal care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement  If your child is disabled, please provide one of the following forms of proof of disability” 1. Doctor Statement 2. Other health care provider statement 3. Social services agency or program statement.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home (2012)			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	<b>Dependent</b>	<b>Dependent</b>	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home (2012)			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

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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 2012 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 1<sup>st</sup> a filing 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. 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. 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.
3. 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.

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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  
Retirement Planning  
Asset Protection  
Business Planning  
Debt Management

Investment Planning  
Disability and Income Protection  
Estate Planning  
Education Planning  
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 Investors Capital 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 Investors Capital Corporation (Member FINRA/SIPC), an Investment Adviser Representative of Investors Capital Advisory, 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](mailto:complaints@tigta.treas.gov).