



January 3, 2016

RE: Confirmation of Arrangements for Tax Services for 2015 tax year

We will prepare the Federal, State(s) and Local Individual Tax Returns, including Use Tax and Estimated Income Tax Vouchers (if required) from information you furnish to us.

You are responsible for determining your state and local tax filing obligations with respect to all state and local tax authorities. You are also responsible for keeping contemporaneous records of your deductible expenses along with business and personal use of any property used by you during the year. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

To the best of our knowledge, all the information submitted to us is correct and includes all income, deductions and other information necessary for the preparation of the above returns. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked but it is your responsibility to alert us of information not requested but reportable.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible, and for which there is reasonable justification. In prior years, you could have been penalized for positions taken in the return that did not have a basis in the law (substantial authority), unless the position was disclosed to the IRS. As the preparers, we were generally not subject to penalties. However, we can now be penalized if any return position cannot be fully supported upon audit. We are now generally prohibited from taking positions that do not meet a more likely than not audit standard. This means that we must believe that these items will likely survive on audit. By relying on your information, however, we can avoid a penalty if we have a basis in the law for a position, and we tell you about these penalties.

The filing deadline for the tax returns is April 15, 2016. In order to meet this filing deadline, the information needed to complete the return should be received by us within a reasonable amount of time to allow for timely completion. If an extension of the time is required, any tax that may be due with the returns must be paid with that extension. Any amounts not paid by the filing deadline are subject to interest and late payment penalties when those amounts are actually paid.

The law provides various penalties that may be imposed when taxpayers understate their liability. If you would like information on the amount or circumstances of these penalties, please contact us. Your returns are, of course, subject to review by the taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you and will charge you for these additional services.

Our fee for the above services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable on presentation.

You understand that if you were referred to us by one of our clients, they may receive a discount on their tax return preparation fee in association with referring you to our firm.

We are pleased to have this opportunity to serve you. If the above fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office. We also need you to complete the checklist below. The enclosed copy is for your files.

Very truly yours,

Valley National Services

Client Signature:

By: _____ Date: _____

Please complete the following information as required:

	YES	NO	NA
Charitable Contributions - No charitable deduction is allowed if you do not have a receipt or canceled check. Do you have the necessary support?			
Do you have a letter from the charity for contributions over \$250?			
For contributions of property, the assigned value must be a reasonable thrift shop value. Any item donated must be in "good or better" condition. Do you meet these conditions for in-kind property donations?			
Business Auto Expenses - to claim a deduction for this item, you need to substantiate it with contemporaneous records. Do you have records to support the total miles driven this year and your total business miles?			
Other Business Expenses - to claim these deductions, you need receipts, contemporaneous notes with regard to the business discussed and with whom, etc. Do you have records that will support your deductions for meals and entertainment and all other business expenses?			
Rental Property Deductions - if you do not have income from your rental property, you will not be able to take certain deductions if the property was not available for rent. Do you have a broker's contract, property listing or other documentation to support the property's availability for rent?			
Use Tax - Did make purchases which are subject to Use Tax?			

Please select a delivery option for your tax return:

Electronic

Paper

In order to protect your identity, we will no longer e-mail electronic copies of your tax returns to any personal e-mail address. In order to receive your electronic copy of your tax return, please log into your secure eVault Client Portal. If you do not have an eVault login set up, please contact our office at your earliest convenience.



The following questions pertain to the 2015 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:	Yes	No
Did your marital status change?	_____	_____
Are you married?	_____	_____
If Yes, do you and your spouse want to file separate returns?	_____	_____
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	_____	_____
Can you or your spouse be claimed as a dependent by another taxpayer?	_____	_____
Did you or your spouse serve in the military or were you or your spouse on active duty?	_____	_____
Have you or your spouse been a victim of identity theft and have you contacted the IRS?	_____	_____
If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. _____ Taxpayer _____ Spouse		

Dependents:		
Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support	_____	"aaaaa"
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	_____	_____
Do you have any children under age 18 with unearned income more than \$1,050?	_____	"aaaaa"
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050?	_____	aaaaa
Did you adopt a child or begin adoption proceedings?	_____	_____
Are any of your dependents non-U.S. citizens or non-U.S. residents?	_____	_____

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? _____ aaaaa"

If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.

If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemptions apply.

Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? _____ aaaaa"

Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? _____ aaaaa

Did you apply for an exemption through the Marketplace? _____ "aaaaa"

If Yes, provide the Exemption Certificate Number.

Are any of your dependents required to file a tax return? _____ aaaaa

Healthcare (continued):

Yes No

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? _____ aaaaa"

Were you eligible for employer-sponsored healthcare coverage? _____ aaaaa

If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? _____ aaaaa

Did you or your spouse have any transactions pertaining to a health savings account (HSA)? _____ aaaaa

If you received a distribution from an HSA, include all Forms 1099-SA.

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? _____ aaaaa

If you received a distribution from an MSA, include all Forms 1099-SA.

Did you or your spouse receive any distributions from long-term care insurance contracts? _____ aaaaa

If Yes, include Form 1099-LTC.

If you or your spouse are self-employed, are you eligible to be covered under an employer's health plan at another job? _____ aaaaa

If Yes, how many months were you covered? _____

If you or your spouse are self-employed, are you eligible to be covered under an employer's long-term care plan at another job? _____ aaaaa

If Yes, how many months were you covered? _____

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? _____ aaaaa

Education:

Did you or your spouse pay any student loan interest? _____ aaaaa

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? _____ aaaaa

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? _____ aaaaa

If Yes, include all Forms 1099-Q.

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? _____ aaaaa

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? _____ aaaaa

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses? _____ aaaaa

Did you or your spouse make any large purchases, such as motor vehicles and boats? _____ aaaaa

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? _____ aaaaa

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? _____ aaaaa

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? _____ aaaaa

If Yes, provide the number of gallons or special fuels used for off-highway business purposes.

_____ Gallons _____ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? _____ aaaaa

Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditions, or water heaters? _____ aaaaa

Investments:

Yes No

Did you or your spouse have any debts canceled, forgiven or refinanced? _____ aaaaa

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? _____ aaaaa

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? _____ aaaaa

Did you or your spouse sell, exchange, or purchase any real estate? _____ aaaaa

If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? _____ aaaaa

Did you or your spouse engage in any put or call transactions? _____ aaaaa

If Yes, provide the transaction details.

Did you or your spouse close any open short sales? _____ aaaaa

Did you or your spouse sell any securities not reported on Form 1099-B? _____ aaaaa

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? _____ aaaaa

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? _____ aaaaa

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? _____ aaaaa

Did you or your spouse retire or change jobs? _____ aaaaa

Did you or your spouse receive deferred, retirement or severance compensation? _____ aaaaa

If Yes, enter the date received (Mo/Da/Yr). _____

Personal Residence:

Did your address change? _____ aaaaa

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job? _____ aaaaa

Did you or your spouse claim a homebuyer credit for a home purchased in 2008? _____ aaaaa

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? _____ aaaaa

Are your total mortgages on your first and/or second residence greater than \$1,000,000? _____ aaaaa

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

Did you or your spouse take out a home equity loan? _____ aaaaa

Did you or your spouse have an outstanding home equity loan at the end of the year? _____ aaaaa

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? _____ aaaaa

Did you or your mortgagee receive mortgage assistance payments? _____ aaaaa

If Yes, include all Forms 1098-MA.

Sale of Your Home:

Yes No

Did you sell your home? _____ aaaaa

Did you receive Form 1099-S? _____ aaaaa

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? _____ aaaaa

Did you or your spouse ever rent out the property? _____ aaaaa

Did you or your spouse ever use any portion of the home for business purposes? _____ aaaaa

Have you or your spouse sold a principal residence within the last two years? _____ aaaaa

At the time of the sale, the residence was owned by the: _____ Taxpayer
_____ Spouse _____ Both

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? _____ aaaaa

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? _____ aaaaa

Did you or your spouse make any gifts to a trust for any amount? _____ aaaaa

Did you or your spouse have a life insurance trust? _____ aaaaa

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? _____ aaaaa

Did you or your spouse forgive any indebtedness to any individual, trust or entity? _____ aaaaa

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? _____ aaaaa

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? _____ aaaaa

Did you or your spouse create or transfer money or property to a foreign trust?

_____ aaaaa

Did you or your spouse own any foreign financial assets?

_____ aaaaa

Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees? _____

Did you or your spouse receive unreported tip income of \$20 or more in any month? _____

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness? _____

Did you or your spouse engage in any bartering transactions? _____

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? _____

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? _____

Additional state pages have been included at the back of the organizer and should be reviewed.



Disclosure of Foreign Assets

2015

We need to make further inquiries to ensure the \$10,000 penalty (or higher), and the loss of tax return statute of limitations, will not affect you:

Yes No Do you own directly or with others any foreign stock or securities, financial instruments, foreign-issued annuities or life insurance, foreign hedge and private-equity funds (not in a US Brokerage account or US Financial Institution) If so, what country? Estimated value of position on 12/31/2015 Do you have a retirement or deferred compensation plan/account in another country (other than a Social Security type program)? If so, what country? FMV on 12/31/2015 Highest estimated value of the retirement plan during 2015: Do you have a bank/brokerage account or a custodial account in another country? Highest value of the bank account during the year: Do you have any other assets outside the US such as land? If so, what country? Description and estimated value of the assets:

At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? If "Yes", you may be required to file Form 114 to report that financial interest or signature authority. If required, enter the name of the foreign country where the financial account is located: During 2015, did you receive a distribution from, or were you the grantor of, or transferor to a foreign trust? If "Yes", you may have to file Form 3520

The above information is correct to the best of my knowledge.

Signature: Date:

Signature: Date:

ANNUAL CONSENT TO DISCLOSE TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, 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 from the date of signature.

By checking the box(es) below, I/We (Print Name) _____ authorize Valley National Services to disclose my/our federal and state tax returns for the 2015 tax year, if applicable, for any of the following services:

- Valley National Advisers, Inc. to assist in any of the following, if applicable:

Portfolio / Asset Allocation Review	Financial Roadmap/Updates	Elder Planning
Income Tax Planning / Analysis	Employee Benefits	Business Continuity
Cash Management / Budget Analysis	Educational Funding Analysis	Estate Planning
Insurance / Risk Management	Retirement Planning/Analysis	
Investment related planning with a signed Asset Management Agreement		

- Valley National Investments, Inc. Brokerage Services to be used for investment related planning (without a signed Asset Management Agreement), if applicable (which can include but is not limited to harvesting tax losses, setting up and contributing to retirement accounts, setting up and contributing to 529 education plans, etc.)

Note, the IRS requires that you electronically file your income tax return in 2014. This involves using a third party, CCH Inc. (our tax software provider) for transmission of your information to the IRS.

- If you choose to have your refund automatically deposited, or tax payment due withdrawn, from your bank account, you must consent to Valley National Services sending certain information, including your 2014 tax information, bank account information and social security number to CCH Inc., which will send the Information to River City Bank for further processing. You have the ability to request a more limited disclosure, however by requesting a more limited disclosure of tax return information, we cannot provide you with the Bank Product you have requested.

Limitations (if any): _____

Signature(s): _____

Date: _____

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.

ANNUAL CONSENT TO USE TAX RETURN INFORMATION

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

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation 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 from the date of signature.

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Income Tax Planning / Analysis	Employee Benefits	Business Continuity
Cash Management / Budget Analysis	Educational Funding Analysis	Estate Planning
Insurance / Risk Management	Retirement Planning/Analysis	
Investment related planning with a signed Asset Management Agreement		

- Valley National Investments, Inc. Brokerage Services to be used for investment related planning (without a signed Asset Management Agreement), if applicable (which can include but is not limited to harvesting tax losses, setting up and contributing to retirement accounts, setting up and contributing to 529 education plans, etc.)

Limitations (if any): _____

Signature(s): _____ Date: _____

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