

Name: ___

Small Business Accounting & Complete Income Tax Services

 $email: in fo@accounting consortium.com\\ www.accounting consortium.com$

Bay Creek Business Center 305 Cooper Road, Ste 200 Loganville, GA 30052

> Ph: 678.696.0829 Fx: 866.442.8824 Text: 404-369-1870

Tax Year: 2016

TAXPAYER ENGAGEMENT LETTER

We appreciate the opportunity to work with you and to advise you regarding your income tax obligations. To ensure we have an understanding of our mutual

responsibilities, we ask that all clients read and confirm the following information.	
We provide an easy to use organizer which is designed to assist you in collecting information for your individual income related to the completion of the organizer, please make note of them within the booklet so that we can discuss them who obtain the organizer through our website at www.accountingconsortium.com and select the link to the organizer or call the home address or we can email the document to you.	en we prepare your tax return. You can
Please provide all records and necessary information requested, including but no	limited to the following
Forms & DocumentsW-2, 1098, 1099, K-1, Property Tax, Ad Valorem Tax, Contributions, Business Expenses, Medica Stock Basis, Child Care Provider Information, Education Expenses, Student Loan Interest, State Tax Refunds, Unemplo Estimated Tax Payments made.	
We will prepare your Federal and state income tax returns from information that you provide to us. You represent that the complete to the best of your knowledge, supported by records as required by law, including information that may qualify Credit, the Child Tax Credit and Education Credits. We will make no audit or other verification of the data you submit. He of some of the information to establish a reasonable basis for your tax position.	you to receive the Earned Income Tax
Our work is completed in accordance with Federal and state income tax law and regulations. We will use our profession the law is unclear or where conflicts exist between tax authorities interpretation of the law. We will discuss our recomme acceptance of our resolution prior to applying it to your tax return. It is your responsibility to review your completed tax rebefore it is submitted to the taxing authorities. Under the law, the taxpayer has the final burden of responsibility for the a responsibility and to comply with the law, we will NOT electronically file or mail tax returns on your behalf until return and signed Form 8879—IRS efile signature authorization	Indation with you and request your eturn for accuracy and completeness ccuracy of the return. <i>To protect your</i>
Filing Deadline: Tuesday, April 18th. If you require an extension of time to file, remember that the extension only proverturn. It does NOT extend your payment liability beyond April 18th. Late payment penalties and interest will begin accrusatisfied by the April 18th deadline. In order for us to prepare your return without having to file an extension, we request later than Monday, April 3rd. Paperwork received beyond that date, requiring completion by the filing deadline, will be as	uing if your entire tax burden is not that you have your paperwork to us no
In the unlikely event of an examination of your tax return, we will support the return on your behalf. We will be available rate of \$75.00 per hour plus out of pocket expenses. Any errors generated by the taxing authorities, requiring our time to correspondence will be billed at our standard hourly rate of \$75.00 for phone calls and \$50.00 for letters that we draft or responsibility for the accuracy of prior year income tax returns prepared by other sources where carry forward informatic in an inaccuracy on the tax return we prepared.	o resolve by phone or by written I your behalf. We assume NO
If any dispute arises between the parties, from our professional services or under this engagement letter, the parties agr binding arbitration according to the rules of the American Arbitration Association. BY AGREEING TO BINDING ARBITR WAIVE ITS RIGHT TO A JURY TRIAL AND AGREES TO WAIVE ITS RIGHT TO HAVE THE DISPUTE DECIDED IN A Consortium will pay half the cost of the arbitration and the claimants shall pay the other half.	ATION, EACH PARTY AGREES TO
It is your responsibility to settle your account with us at the time that our service is provided. We will not electronically file paid in full or reasonable arrangements are made in order to pay the balance on your account. If full payment of our service, all discounts and coupons will not be honored and our full service price will apply. If you fail to pick up your com to mail them to you, a \$15.00 fee will be assessed for postage and processing.	vices is not received at the time of
If this letter fairly sets forth your understanding of our mutual responsibilities, please complete the section below and account of the section below.	cept our sincere thanks for your business.
Agreed to & Accepted By:	
Taxpayer: Date: Phone: _	
Spouse: Date:	