

Proposal for accounting, tax and consulting services for :



MCNAIR & ASSOCIATES
CPAs and Forensic Accountants



Company :

Customer : Date :

Address : Phone :

City / State : Contact Email :

DESCRIPTION		AMOUNT
INITIAL PAYMENT :		MONTHLY TOTAL

100% Total Satisfaction Guarantee: If you are not satisfied
with our service, let us know and we will make it right.

Printed Name : _____ Title : _____

Signature : _____ Company Initials : _____

THANK YOU FOR YOUR BUSINESS!



YOUR ON BOARDING STEPS



PLEASE READ TERMS & CONDITIONS CAREFULLY



MCNAIR & ASSOCIATES
CPAs and Forensic Accountants

Terms & Conditions (See Plan Details): Customer Agrees to be truthful with Company as the purpose of this Agreement is carried out and to abide by this Agreement and keep Company apprised of any changes that could have an impact on this Agreement including address changes or changes in Customer's economic condition. Customer and Company may be referred to hereinafter as the "Parties".

STATEMENT OF WORK: The Statement of Work is available at <http://www.mcnaircpas.com/statementofwork> and is included as though fully set forth herein. THIS IS THE ENTIRE AGREEMENT BETWEEN THE PARTIES PERTAINING TO ACCOUNTING AND TAX SERVICES. There are no other Agreements, expressed or implied, between the Customer and Company. All Agreements shall be made in writing. If a portion of this Agreement is held to be invalid, the remaining portions shall remain in effect.

PURPOSE: Customer desires to have Company assist with accounting, bookkeeping, tax help and general business consulting. Company shall provide accounting and bookkeeping support on the matters identified by Customer and quantified on the second page hereto. Said services are listed therein. Hourly Rates are also set forth in the Support Plan Details as applicable.

TERM & TERMINATION: This Agreement starts as of _____ and is for 12 Months. Thereafter, this Agreement shall become a month to month agreement, automatically renewing for successive 30 day terms unless cancelled in writing by either party. After the initial term of the Agreement, termination of this Agreement can be made by either party and will become effective thirty (30) days after written notification or cancellation has been made. Company may terminate this Agreement immediately if Customer fails to pay the aforementioned monthly amount within 15 days of the payment due date.

OUR SATISFACTION GUARANTEE: Customer may terminate this agreement if Company is not able to resolve applicable accounting and bookkeeping issues within 30 days written notice.

PAYMENTS: Company may auto-charge the credit card or bank account provided to the Company on the Payment Authorization Form starting on the 1st date of the term and on each month of the Term thereafter. All changes such as frequency, account information, etc. will require a new McNair & Associates Payment Authorization Form to be submitted to McNair & Associates fifteen (15) days prior to implementation. The Customer understands that this payment plan may be cancelled by McNair due to non-sufficient funds (NSF) or rejected payment and the Customer will be liable to pay an NSF fee of \$25.00 per transaction, which may be automatically debited. The Customer hereby agrees, all charges past due by sixty (60) days will be counted delinquent and service ceased. If payment is not received on a balance, and the account is referred to a collection agency and/or their attorney, the Customer hereby agrees to pay all "cost of collection". Cost of collection will be assessed up to an amount equal to the delinquent balance due. In addition to collection fees all fees for accounts which must be forwarded or receive "legal action" will be added to the amount due. These fees will include: attorney fees, court costs, service fees, levy and lien fees, which may be incurred. The Customer understands that they are ultimately responsible for all services rendered. In case of default, the Customer is responsible for the cost of attorney fees, court costs, the cost of collection proceedings and waives the right to have any amounts discharged in bankruptcy. Invoices for this agreement will be issued by the 1st monthly, service invoices will be issued the 1st week of the month after the month of service, and additional invoices may be issued as need for purchases outside this agreement.

INDEPENDENT CONTRACTOR; USE OF SUBCONTRACTORS: Company is not an employee of Customer. Company is an Independent Contractor. Company may, at its sole discretion, use subcontractors to fulfill its obligations herein. Company is not engaged in any "Work for Hire" and owns its inventions, concepts, designs and ideas.

EXPENSES: Unless specifically included in the "Statement of Work" mentioned above, Customer is responsible to pay Company, at its then current rate, for all materials necessary to fulfill the purpose of this Agreement, including, but not limited to, software, hardware, licenses and other items.

INDEMNIFICATION: The Parties agree to indemnify, defend, save and hold harmless the other party from any and all claims, charges, suits, actions or damages arising out of their individual or company operations, conduct or actions under this Agreement. In the event Company places equipment on Customer's premises for Customer's use under this Agreement, Customer agrees to add Company as an additional insured on Customer's insurance policy or to otherwise insure said equipment and to provide Company with written confirmation thereof upon request.

WARRANTY: Other than as specifically set forth herein and in the "Statement of Work", Company makes no warranties.

LIMITATION OF LIABILITY: Neither party shall be liable for any indirect, special, incidental, punitive or consequential damages, including but not limited to business interruption, or loss of profits.

CONFIDENTIAL INFORMATION: The Parties shall not disclose to third parties or use in any manner, directly or indirectly, any such trade secrets and other proprietary or confidential information received from the other party during the term of this Agreement or at any time thereafter; provided, however, that nothing in this paragraph shall be construed to prohibit disclosure by Company if said disclosure is made to fulfill the purpose of this Agreement on Customer's behalf.

INTELLECTUAL PROPERTY: Any Intellectual Property disclosed by a party to the other shall remain the property of the disclosing party unless expressly stated otherwise.

NON-CIRCUMVENTION: Customer Agrees not to circumvent any business relationships of Company including any employees or contractors of Company. Under no circumstances will Customer attempt to induce employees of Company to leave said employment.

VENUE: This Agreement is entered into under the laws of the State of Nevada. Venue shall rest in Clark County, Nevada.

MEDIATION: This Agreement is subject to mediation. If a dispute should arise, Customer and Company shall confer in good faith to resolve the dispute and engage the services of JAMS or similar mediation service prior to resorting to litigation or other dispute process. Such mediation shall occur within 90 days of either Customer or Company asserting this provision. Attorneys' Fees & Costs shall be paid by the non-breaching Party.

Printed Name: _____ Title: _____

Signature of Authorized Check Signer : _____ Date: _____

I represent and warrant that I am authorized to execute this agreement and payment authorization for the purpose of implementing this payment plan for my company (the Customer organization referenced above). The Customer organization hereby indemnifies and holds McNair & Associates and the bank harmless from damage, loss or claim resulting from all authorized actions hereunder.

Company Name: _____ Phone Number: _____ Billing Contact: _____

ACH or Bank Draft Payments (ZERO PROCESSING FEE!) – Attach Copy of Voided Check

I authorize McNair & Associates to initiate debit entries from our checking account from the financial institution listed below. I authorize McNair & Associates to withdraw: Reoccurring Flat Amount of \$_____ Monthly _____ Weekly _____. This authorization is to remain in full force and effect until the Company has received written notification from me, within 15 days of the next payment date in order to provide Company a reasonable opportunity to act on it.

Company Name (as it appears on the account): _____ First Name: _____ Last Name: _____

Bank Name: _____ Account Number: _____ Routing Number: _____

Billing Address for Account: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Credit Card Payments (3% CREDIT CARD PROCESSING FEE APPLIES TO EACH TRANSACTION)

Company Name (as it appears on the card): _____ First Name: _____ Last Name: _____

Card Billing Address: _____

Card Billing City: _____ Card Number: _____

Card Billing State: _____ Billing Zip: _____ Expiration: _____ CVV Code: _____

Pay By Check Payments (\$25 PER CHECK FEE APPLIES FOR PROCESSING)

McNair & Associates – 4955 S. Durango Drive, Suite 207, Las Vegas, NV 89113 702-646-0888 • accounting@mcnaircpas.com

Company Initials _____



PLAN DETAILS

Description	No plan	Silver	Gold	Platinum
Proactive Tax Planning				
Business tax returns	Hourly or Flat Fee	Included	Included	Included
Business tax planning analysis	Included	Included	Included	Included
Meeting repotential business tax planning solutions	Included	Included	Included	Included
Basic Monthly Bookkeeping	Hourly or Flat Fee	Included	Included	Included
Compiled Monthly Financial Statements	Hourly or Flat Fee	Not included	Included	Included
Reviewed Annual Financial Statements	Hourly or Flat Fee	Not included	Not included	Included
Cash flow management / Accounting Support				
Cash Flow Story Analysis (18 page report)	\$249	Included	Included	Included
Expense analysis, recommendation and minimization study	\$249	Included	Included	Included
Vendor Contract Review	Hourly	Included	Included	Included
Available for accounting questions	Hourly	Included	Included	Included
Business / Financial Statement System Health Report	Included	Included	Included	Included
Owner planning / Concierge accounting				
Owner's personal tax returns	Hourly	Not included	Included	Included
Personal Financial Statements	\$750	Not included	Included	Included
Same Page Meeting with your financial advisor / attorney	1x per year Included	1x per year	1x per year	2x per year
Financial Legacy Assessment™ (24 point report)	\$249	Included	Included	Included
Tax Audit Protection	\$249	Not included	Included	Included
Acquisition and/or Exit Strategy				
Compile list of potential acquisition candidates	Not included	Not included	Not included	Included
Participate in financial due diligence on acquisition candidates	Not included	Not included	Not included	Included
Negotiations of potential acquisitions	Not included	Not included	Not included	Included
Value Builder Report (15+ Pages) on maximizing value on sale	\$449	Included	Included	Included
Strategic Planning				
Forensic Fraud Analysis and Risk Assessment	\$850	Not included	Not included	Included
Attendance at annual owner meetings	Included	Included	Included	Included
Attendance at quarterly review and planning meetings	\$249	Not included	Not included	Included
Annual Budget Planning Meetings	Hourly	Not included	Included	Included
Client Satisfaction Guarantee				
365 Day Total Satisfaction Guarantee	Not included	Included	Included	Included
100% No-Hassle Billing Guarantee	Not included	Included	Included	Included
Savings > Our Cost Guarantee	Not included	Included	Included	Included



Onboarding Information

1. Primary office contact:

a. Name :

b. Phone :

c. Email :

3. Number of dependents: _____ Under 18, _____ Over 18

4. If Business Owner, number of employees across all locations:

5. Top 3 Areas of Concern

a._____

b._____

c._____

In addition to these services, we work with a trusted team of professionals who provide a wide range of expertise. These relationships allow us to work as a team to plan, select and implement strategies to help you achieve your most important financial goals and business objectives. On all of these, we would contact you before making an introduction or sharing your contact information with a 3rd party.

Please take a moment to let us know how we can help you by completing the below:

6) McNair & Associates, I would like additional information, at no charge, in the following areas :

Financial Planning

Charitable Planning

Retirement Income Planning

Estate Planning

Social Security

Other Legal Services

Investment Planning

Safe Money Options

Life Insurance; Home / Auto Insurance

Buying / Selling a Home

Long-Term Care

Refinancing a Home

7) McNair & Associates, I am a business owner and would like additional information, at no charge, on the following:

Retirement Plans

Business Valuation

Employee Benefits / Health Insurance

Business Insurance

Buy/Sell Agreements

Cost Segregation Analysis

Business Financing

Captive Insurance Companies

Business Exit Planning

Legal Services

Buying / Selling your business

Business Expense Reduction

Buying / Selling an office building

Payroll Services / PEO Services