

Dear _____,

This letter is to confirm our understanding of the terms of our agreement and the nature and limitations of the services we will provide, based on the initial information that you have provided to us:

Case Representation

We will prepare and file IRS form 8821 on your behalf. This form allows us to obtain IRS wage and income transcripts. Once wage and income transcripts have been ordered we will prepare your tax returns.

Tax Return Preparation

We will prepare Federal & State tax returns on your behalf for the following tax years:

Case Resolution

We will prepare your Federal & State tax returns. Once all tax returns are prepared they will be mailed to you with envelopes addressed to the government agencies where they are to be filed.

Professional Fees:

As agreed, the fees for the services herein described are

All fees for services are earned when paid. Because the majority of our services are performed at the beginning of each engagement, no refunds are given. Failure to pay any service fees shall cause our firm to immediately stop providing services without further notice.

Any obligations on our part shall become null and void if you fail to provide us with agreed upon payments or information in a timely manner or if you provide us with false and misleading information. All unpaid fees shall become immediately due. Timely manner is defined as 3 business days from the request date.

*If the method of payment is by Credit Card, please complete the following:

Credit Card Number	
Exp. Date	
CVV	
Card-holder Name	
Card Type	
Total amount to be charged	
Billing Address	

*If method of payment is by automatic bank Withdrawl, please complete the following:

Bank Name	
Routing Number	
Account Number	
Name on Account	
Total amount to be charged	
Billing Address	

AGREED TO AND ACCEPTED:

NOTICE AND ACKNOWLEDGMENT OF PAYMENT FOR SERVICES: BY SIGNING THIS BILLING AUTHORIZATION FORM I HEREBY ACKNOWLEDGE THAT I HAVE AGREED TO RETAIN THIS SERVICE FOR THE ABOVE STATED FEE TO REPRESENT ME BEFORE THE IRS AND OR STATE TAXING AUTHORITY(S).

Client Name _____

Signature _____ Date _____

ADDENDUM 1

As agreed, the fees for the services herein described are _____, to be paid on the following days in the following amounts:

Unless other arrangements are made, on each date indicated above on which a payment is to be made, the amount so indicated will be charged against your [Visa/MC/Amex] account.

9841 Airport Blvd Ste: 670 Los Angeles CA 90045 Office 888-387-1760 Fax 888-400-6352

Signature