

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:

Tax Agencies:

Tax Period / Years:

Federal Tax Liability:

State Tax Liability:

Case Representation

We will prepare and file IRS Form 8821 on your behalf to provide notification of representation. This form will allow us to communicate on your behalf, obtain tax information related to your case, and to provide efforts to protect against involuntary collections activities (e.g. bank levies, wage garnishments, seizure of assets) from the taxing authority(s). We will contact the taxing authority(s) to obtain current balances and determine your compliance status. We will request a hold on collections action, and obtain IRS transcripts and income records as we deem necessary for review and analysis.

Case Resolution

We will review and analyze all of the information obtained. We will prepare a Federal Tax Summary. The Federal Tax Summary will have a break down of your taxes, penalties, and interest in an easy to read format.

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.

Professional fees for the services herein described are to be paid as follows:

*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	

Authorized Signature _____

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 _____

Client
Name _____

Signature _____

Signature _____

Date _____

Date _____