BELL
Insurance and
Financial Services
MUTUAL

2020 CORPORATE TAX SERVICES ENGAGEMENT LETTER

This letter is to confirm our understanding of the terms and objective of our tax services engagement and to clarify the nature and limitation of the tax services to be provided.

We will prepare your returns from information which you furnish to us. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge. We will not verify the information you give us; however, we may ask for additional clarification of some information. You have the final responsibility for the income tax returns and therefore, you should review them carefully before you sigh the returns or the e-file transmittals.

As you know, your returns are subject to examination by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deductions shown on your tax returns. The law provides a penalty to be imposed upon the taxpayer where there is a substantial understatement of tax liability. If you would like information on the amount or circumstances of the penalty, please let us know.

We will use our 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. If during jour work, we discover information that affects our prior year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue.

All invoices are due and payable upon receipt. Tax returns will not be filed or released to you until our fees for the return have been paid.

Please indicate your acceptance of the above understanding by signing below.

Accepted by ______________________________________ Date: __________

Date: ____________________ **FEIN:** ____________________

New Client: YES or NO

Payment for tax preparations:

Check ____________ Credit Card ____________

Filing Status

Company Name: ____

Company Address: ____

____

Owner Contact Information

Name: ____

Phone: ____________________ Email: ____

Clerical Representative Contact Information

Name: ____

Phone: ____________________ Email: ____

Bookkeeper Contact Information

Name: ____

Phone: ____________________ Email: ____

Management System for Bookkeeping (circle one)

QuickBooks Quicken Fresh Books Other: ______________________________

Login Username: ____

Password: ____