



# 2019 TAX YEAR

## PLEASE COMPLETE AND RETURN

# ENGAGEMENT LETTER FOR TAX RETURN PREPARATION SERVICES

This letter is to specify the terms of our engagement with you, to clarify the nature and extent of the services we will provide, and to confirm an understanding of our mutual responsibilities.

#### **Our Services:**

- We will prepare your 2019 Federal and State individual income tax returns based upon timely information you submit to us. We will not audit or otherwise independently verify the data you submit, although we may ask you to clarify certain items. As such, the data included in your returns is your representation. You have the final responsibility for the income tax returns and, therefore, you should review them carefully prior to signing and filing them.
- We will adopt whatever position you request on your returns so long as it is consistent with our professional standards and ethics. If you desire a legal opinion before choosing between alternative tax positions, you should retain legal counsel for this purpose.
- The engagement does not include any services not specifically within the scope of services provided for in this letter. However, under the rules of professional responsibility governing our practice, we may have to provide additional accounting or research services which are incidental to preparing your tax return. Incidental services of this nature will be included with the billing for your tax return. At your request, we would be pleased to consult with you regarding other income tax matters, such as proposed or completed transactions, income tax projections, and for research in connection with such matters. We will render additional invoices for such additional services at our standard billing rates.

#### **Electronic Filing:**

• Your return may be electronically filed with the Internal Revenue Service Center and one or more state authorities through a secured third-party filing service. Electronic filing of your return does not affect your responsibility to review and approve the return before it is submitted. It is your responsibility to timely provide the signed e-file authorization form to us in order for us to timely e-file your return.

Anne Skalka & Associates CPA's, 3836 Quakerbridge , Suite 105, Hamilton, NJ 08619 609-671-1300 OFFICE | 609-981-7258 FAX | www.skalkacpa.com Alliance Accounting Group, 23 Royal Road, Suite 101, Flemington, NJ 08822 908-751-7090 OFFICE | 908-824-7862 FAX | www.AllianceWMG.com Page 1 of 2

#### Your responsibilities:

- Confirm that you did not have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account. If you do have such an account, you agree to inform us of the balances and earnings in your accounts, as you are required to file Treasury Form FinCEN 114 if your aggregate balance is \$10,000 or greater at any point during the tax year. You may also be required to file form 8938 under certain circumstances. Please bring any foreign financial accounts to our attention, as failure to do so could result in severe civil and criminal penalties to be assessed against you.
- Inform us as to the status of health insurance coverage for your household
- Confirm that any amounts claimed for Education Credits or Earned Income Tax Credits were properly incurred.
- If an extension of time to file is required, any tax due with these returns must be paid with that extension. Any amounts not paid by the filing deadline may be subject to interest and late payment penalties.

#### Our fees:

- Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.
- Individual tax returns start at \$375, dependent tax returns start at \$175.
- Fees for professional services rendered, including but not limited to income tax return preparation and planning, tax research and inquiries, and extension filing assistance, will be billed as incurred. Fees and expenses are due and payable upon presentation of our invoice to you. Our fee for representing you will be based upon time spent, billed at our rates of \$150 per hour for staff accountant time and \$225 per hour for CPA time. If we have not received payment in accordance with the stated terms, we reserve the right to terminate this engagement upon written notification to you.

You may terminate your engagement of our services at any time. Should you do so, however, you remain liable for all unpaid fees as discussed above. We reserve the right to withdraw from this engagement at any time because of unpaid fees, the guidance of our Professional Standards, or for any other reason. We will notify you in advance of any decision by us to withdraw, and will take all reasonable steps to assist in the orderly transfer of your tax services.

Your returns may be selected for review by the taxing authorities, and in the event adjustments are proposed by the taxing authorities, you may have a right to appeal that conclusion. In the event of such governmental tax examination, we will be available to represent you under a separate engagement letter.

If the foregoing fairly sets forth your understanding for tax return preparation services, please sign the enclosed copy of this letter in the space indicated and return it to our office. In the event you provide us with some of the information necessary to prepare tax returns, either your signing of a tax organizer, or the commencement of our services constitutes your acceptance of the terms of this letter, even if this engagement agreement is not signed.

Thank you for the opportunity to be of service to you.

Anne Skalka & Associates/Alliance Accounting Group

Accepted by: \_



Date: \_\_

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## **Contact Information**

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### Please complete EVEN IF THERE ARE NO CHANGES,

this is how we will contact you with questions regarding your return.

| CLIENT NAME                            |        |                                      |
|--|--------|--------------------------------------|
| STREET ADDRESS                         |        |                                      |
| CITY                                   | STATE_ | ZIP CODE                             |
| PHONE (PLEASE CHECK PREFFERRED NUMBER) |        | EMAIL (PLEASE CHECK PREFFERED EMAIL) |
| HAVE THERE BEEN ANY CHANGE             | S FINA | ANCIALLY IN THE TAX YEAR:            |

Any ADDITIONAL TAX RETURNS to be completed (ex. trust, dependent):

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