

# Total Tax Solutions

Certified Public Accountants

2100 East Sample Road, Suite 202

Lighthouse Point, FL 33064

Phone (954) 946-4142

Fax (954) 946-4115

[Totaltaxsolutions.net](http://Totaltaxsolutions.net)

I/we the undersigned, agree to have our Accounting and Tax matters handled by Total Tax Solutions, for a term of one (1) year from the date of this agreement not including matters dated prior to this agreement (Note: The one year period does not include the first 3 month's free service). For these services rendered to us, we agree to pay, in consideration thereof, \$\_\_\_\_\_ for the installation of the Accounting System and \$\_\_\_\_\_ per (Month/Quarter) payable for the following services, as checked marked below:

## Services included in the Monthly/Quarterly Fee

1. Preparation of (Monthly/Quarterly) financial statements
  - a. Balance Sheets
  - b. Profit & Loss - Regular
  - c. Profit & Loss - Comparative Year to Year
  - d. Detailed General Ledger
  - e. Cash Disbursement Listing in Check Sequence
  - f. Payroll Earnings Report
2. Preparation of Sales Tax returns
3. Preparation of Quarterly Payroll Tax forms 941 and UC-6
4. Personal Tax Returns

## Additional Services for Year End

5. Preparation of Year end Federal U/C form 940
6. Preparation of W-2's and/or 1099's
7. Preparation of State Intangible tax returns
8. Preparation of County property tax return
9. Preparation of Business Income Tax returns (Proprietorship, Partnership or Corporate)
10. Advice on any new tax laws which affect the business & tax planning strategy
11. Additional services to be quoted separately

Formal Bank Loan presentations  
Internal Computer Set-up & training  
Sale and Acquisition Analysis

## Audits, Inquiries, or Penalties - IRS, State, Workman's compensation, Sales Tax, etc.

### FEES ARE AS FOLLOWS:

- |   |          |
|---|----------|
| 1. Installation fee (to set up books and computer)        | \$ _____ |
| 2. Fee to bring back work up-to-date: From _____ To _____ | \$ _____ |
| 3. Other  | \$ _____ |
| 4. Total Fees   | \$ _____ |
| 5. New customer credit                                    | \$ _____ |
| 8. Balance  | \$ _____ |

Name of Client \_\_\_\_\_ Owner's Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

*Member of the American and Florida Institute of Certified Public Accountants*

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## Credit Card Information:

Billing Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex (Mark with an "X")

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Your signature confirms your intention to engage Total Tax Solutions for a period of one year and validates that this agreement accurately summarizes your understanding of our engagement. Additionally, by signing this engagement letter, I authorize Total Tax Solutions to charge my account for any amounts not paid during the initial consultation, monthly/quarterly payments outlined above, and, if services are terminated prior to the end of this engagement, the new customer credit to my account and to perform the obligations set forth with the issuer of your credit card.**