

Total Tax Solutions

Certified Public Accountant

2100 East Sample Road, Suite 202
Lighthouse Point, FL 33064
Phone (855) 275-0873
Fax (954) 946-4115
Totaltaxsolutions.net

AGREEMENT TO GENERAL TERMS OF ENGAGEMENT

Thank you for the confidence you have expressed by engaging us to represent you and/or your company. By signing the Power of Attorney forms, you are retaining Total Tax Solutions to represent you before the Internal Revenue Service relating to tax matters, audits, appeals, liabilities, deficiencies, interest and/or penalties for the tax types and years/periods noted on the appropriate powers of attorney forms.

1. **Scope of Engagement**-The scope of our representation shall be limited to one IRS Tax Checkup consisting of the filing of your Form 2848 with IRS, obtaining and reviewing IRS record of account, communicating to you any IRS errors and all options to resolve your IRS problems, and providing you copies of the IRS records obtained.
2. **Fees**-Our fee for this IRS Account Review shall be a **flat amount of \$500.00**
3. **Credit Card Payment Authorization**-Your signature on this letter constitutes acknowledgement and receipt of the services outlined in paragraph 2 hereof and agreement to perform the obligations set forth with the issuer of your credit card.
4. **Power Of Attorney**-You hereby authorize Total Tax Solutions to complete your signed Form 2848 and make any necessary corrections, additions, deletions and modifications before its submission to IRS as is necessary so that we may effectively represent you.
5. **Additional Services**- Should we determine that additional services would help resolve your tax situation and you decide to engage our firm additional services require your authorization and we will furnish you with an engagement letter for such services that will need to be executed and returned to us along with additional payment (if applicable) before we may commence rendering such additional services. Any such additional payment if you authorize to be charged to your credit card shall require your written authorization.

Your initial payment and executed power of attorney (form 2848) confirms your intention to engage Total Tax Solutions in efforts to resolve your delinquent tax liabilities or other specific tax issues and validates that this agreement accurately summarizes your understanding of our engagement. If you have any questions, please feel free to call. Thank you for this opportunity to serve you.

Signature: _____
Print Your Name: _____
Date: _____

Signature: _____
Print Spouse's Name: _____

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APPLICANT INFORMATION FORM

All inquiries and submissions remain strictly confidential and no information will be released to third parties or government agencies.

Please complete the following information (Please do not leave any items blank. Indicate N/A or Unknown for inapplicable or missing information):

Your Name: _____

Your Social Security Number: _____

Your Date of Birth _____ (mm/dd/yyyy)

Spouse's Name: _____

Spouse's Social Security Number: _____

Spouse's Date of Birth _____ (mm/dd/yyyy)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Alternate Number _____

Email Address: _____

Preferred Manner To Contact: _____ Telephone _____ Email _____ Mail (Mark with an "X")

If by telephone, best time to call: _____ a.m./p.m. (circle one)

Type of Tax (i.e., Income, Employment, Civil Penalty, etc.- if Trust Fund Liability, include name and TIN of employer)	Tax Form Number (i.e., 1040, 941, etc.)	Years or Periods

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: _____ **Amount Of Charge: \$500.00**