

AFFORDABLE Bookkeeping, Accounting & Tax Services



Engagement Agreement for Tax Services

Part 2 of 2 Documents

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After you have completed Part 2 of the Engagement Agreement for Tax Services, you may deliver it, along with copies of your tax documents, to Moshe Klein & Associates, Ltd in any one of the following ways:

DROP OFF OPTION

Chicago Office

8745 W. Higgins Rd #110
Chicago, Illinois 60631

Phoenix Office

3032 N. 24th Street
Phoenix, Arizona 85016

Fax To: 773-733-4967

Scan & Send Via Email To: moshe@mkabusiness.com

For additional assistance call: 888-432-8187

Your Information

To add comments, questions, or special instructions please use page 7.

Your Information

Your Legal Name _____

SS # _____ DOB _____

Your Spouse Information

Your Spouse's Legal Name _____

SS # _____ DOB _____

Your Home Address

Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Your Contact Information

Your Cell Phone Number _____

Your Email Address _____

Name of person to be primary point of contact for tax services _____

Services

To add comments, questions, or special instructions please use page 7.

Are you requesting Tax filing services for your Personal or Family returns (Form 1040)?

Yes / No (circle one)

Are you requesting Tax filing services for filing a Schedule C for businesses set up as a sole proprietorship or single member LLC?

Yes / No (circle one)

Are you requesting Tax filing services for your Sole Proprietor business?

Yes / No (circle one)

Are you requesting Tax filing services for your LLC?

Yes / No (circle one)

If you answered Yes to any of the last 3 questions, please fill out the following Business Entity Information sheet for each entity you wish to receive services for.

Business Entity Information

To add comments, questions, or special instructions please use page 7.

You should complete this section only if you are requesting tax services related to your business

Business Name

Business Entity Name: _____

Business Entity EIN: _____

Type of entity (circle one)

Sole Proprietorship Single Member LLC Multi-Member LLC S Corporation C Corporation

Primary Business Address

Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Owner/Shareholder information

Name _____ Percentage of Ownership _____

Email Address _____ Phone Number _____

SS # / EIN _____ DOB _____

Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Owner/Shareholder information

Only fill this out if you have a business partner/shareholder.

Name _____ Percentage of Ownership _____

Email Address _____ Phone Number _____

SS # / EIN _____ DOB _____

Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Owner/Shareholder information

Only fill this out if you have an additional business partner/shareholder.

Name _____ Percentage of Ownership _____

Email Address _____ Phone Number _____

SS # / EIN _____ DOB _____

Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Owner/Shareholder information

Only fill this out if you have an additional business partner/shareholder.

Name _____ Percentage of Ownership _____

Email Address _____ Phone Number _____

SS # / EIN _____ DOB _____

Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Credit / Debit Card Authorization

I authorize Moshe Klein and Associates, Ltd. to charge my credit/debit card when the tax returns requested are completed according to the terms and conditions outlined in this agreement. No other charges are authorized or approved. Services are considered rendered and payment for those services are considered due and owing upon completion and presentation of tax returns prepared with information provided by the client.

Card Type

Card type Credit Card / Debit Card (circle one)

Card company Visa / Mastercard / AMEX (circle one)

Card Information

Card Number _____

Expiration Date _____

Security Code _____

Name on card

First Name _____

Last Name _____

Billing address for card

Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Billing Phone Number _____

Acceptance of Terms

By completing the above document and signing below you are confirming that you wish to engage the services provided by MK&A, and you have read and agree to the terms of service as outlined in the 8 page document provided to you titled **ENGAGEMENT AGREEMENT FOR TAX SERVICES PART 1**.

All documents, agreements, and forms are available for viewing and/or printing on our website: www.mkabusiness.com

Signature _____ Date _____

Additional Notes / Comments / Special Instructions:
