

**Please complete and submit with your tax documents for preparation.**

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign this letter in the space indicated and return it to us with your tax documents. Thank you for the opportunity to be of service. If you have any questions, contact our office at the numbers listed below.

Accepted by:

\_\_\_\_\_  
*Client 1*

\_\_\_\_\_  
*Client 2*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

**All responsible parties must sign for preparation of joint returns.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

Please initial beside the tax returns or estimated tax coupons you would like us to prepare for you.

<u>Client 1</u>	<u>Client 2</u>	<u>Type</u>
_____	_____	Federal Tax Return
_____	_____	State Tax Return (s) State 1 _____ State 2 _____ State 3 _____
_____	_____	Local Income Tax Return (s) Locality 1 _____ Locality 2 _____ Locality 3 _____
_____	_____	Federal Quarterly Tax Coupons
_____	_____	State Quarterly Tax Coupons
_____	_____	Local Quarterly Tax Coupons
_____	_____	Extension of Time to File Federal _____ State _____ Local _____

**ADDITIONAL SERVICES**

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Accepted by:

\_\_\_\_\_

*Client 1*

\_\_\_\_\_

*Client 2*

\_\_\_\_\_

*Printed Name*

\_\_\_\_\_

*Printed Name*

**All responsible parties must sign for preparation of joint returns.**

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Date*

Please initial beside the additional services you would like us to perform.

**Client 1    Client 2    Type**

\_\_\_\_\_    \_\_\_\_\_    Consulting

\_\_\_\_\_    \_\_\_\_\_    Tax Planning

\_\_\_\_\_    \_\_\_\_\_    Bookkeeping/Accounting

**TMI Group, LLC**

**PO Box 102, Confluence, PA 15424**

**Confluence: 814-395-5567**

**Greensburg: 724-858-3213**