## 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:

| Signature Client 1 | Signature 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> | Client 2 | Type  |
|-----------------|----------|---|
|                 |          | Federal Tax Return  |
|                 |          | State Tax Return (s)   State 1 State 2 State 3                  |
|                 |          | Local Income Tax Return (s)<br>Locality 1 Locality 2 Locality 3 |
|                 |          | Federal Quarterly Tax Coupons                                   |
|                 |          | State Quarterly Tax Coupons                                     |
|                 |          | Local Quarterly Tax Coupons                                     |
|                 |          | Extension of Time to File<br>Federal State Local                |

A 3.5% service charge will be added to use a debit or credit card for payment.

## ADDITIONAL SERVICES

## 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:

Signature Client 1

Signature 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.

| <u>Client 1</u> | <u>Client 2</u> | <u>Type</u>            |
|-----------------|-----------------|------------------------|
|                 |                 | Consulting             |
|                 |                 | Tax Planning           |
|                 |                 | Bookkeeping/Accounting |

A 3.5% service charge will be added to use a debit or credit card for payment.

## TMI Group, LLC PO Box 102, Confluence, PA 15424 Confluence: 814-395-5567 Greensburg: 724-858-3213