



ITAXEXPERTS.COM

87 RIVERVIEW RD
JERSEY CITY, NJ 07305

Phone: 347-757-3636

Cell 201-965-5301

Fax: 212-537-0261

E-mail: tax@itaxexperts.com

Engagement Letter/Service(s) Agreement

Effective Date: _____

Business Name: _____

Please check service(s) client has agreed to receive from **ITAXEXPERTS.COM**

- Monthly Retainer

Monthly Fee: \$_____

(If not monthly, please fill out below)

Tax Reporting

\$_____ Fee/Quarter or Annual

1. Quarterly Sales Tax
2. Quarterly Payroll Reporting
3. Annual Corporate Tax Reporting

Notices/Audit

1. Tax related Notices
2. Worker compensation Audit
3. Unemployment Audit

Following Services will be billed separately and are not included in a monthly retainer if client has signed a monthly retainer with itaxexperts.com

Payroll Processing: ITAXEXPERTS.COM will charge \$_____ per pay cycle for processing payroll. This fee covers payroll processing up to 4 employees with direct deposit of funds to each employee account.

Corporate & Sales Tax Audits: Corporate and Sales Tax audits either by IRS or any State or Locals tax authorities will be billed by an hourly rate. Our current rate for those services is \$_____ an hour. Number of hours and final rate will be determined at the time of signing the representation engagement

Accounting & Bookkeeping: ITAXEXPERTS.COM will charge a flat fee of \$_____ to do basic accounting required for tax reporting purpose. If client does not sign up for accounting &



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Bookkeeping service, client agrees to provide complete Profit and Loss and Balance Sheet to **ITAXEXPERTS.COM** for tax reporting

Acknowledgment

- As an authorized officer of the company, I agree to receive above services provided by **ITAXEXPERTS.COM**
- I also authorize **ITAXEXPERTS.COM** to be an authorized reporting agent for all tax reporting including Sales, Payroll, Corporate
- I also authorize **ITAXEXPERTS.COM** to electronically submit all tax liabilities for Federal, State and Local utilizing our Company bank account provided to **ITAXEXPERTS.COM**
- I also authorize **ITAXEXPERTS.COM**, to debit company bank account for payroll processing fee every pay cycle & their tax reporting & Accounting Services fee
- I also authorized **ITAXEXPERTS.COM** to receive all correspondence with IRS and other tax authorities to their office address

Signature: _____

Signed By: _____

Title: _____

Date: / /

* Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.