### **Abundant Returns Tax Service**

5909 Peachtree Dunwoody Rd, Bldg D, Ste 990 770-451-6330 \* www.abundantreturns.com

# **Bookkeeping Letter of Engagement**

We appreciate the opportunity to provide bookkeeping services for

Company Name:				
Address:				
Phone:	Fax:		Email: _	
Officers Name:		Title:		Cell:

To ensure a complete understanding between us, this letter will describe the scope and limitations of the services we will provide for you. Joy Boothe, ARTS accountant, will be the contact person for this engagement.

On a monthly basis, we prepare your company financial reports. We will enter all accounting transactions for your company into a QuickBooks company file. This includes checks, deposits, and other transactions affecting the checking accounts. It also includes vendor transactions: checks, credit card charges, debit and ach transactions. We will perform the reconciliations for all bank accounts, loans, credit card and asset accounts. We will record and capitalize all company accounts, new purchases and enter adjusting journal entries as necessary, including depreciation. We will set up new customers, employees, and vendors on an as needed basis. All of the above transactions will be entered from original documents, bank statements, credit card statements, ledgers and receipts you provide.

### What We Won't Do

We will make no attempt to adjust the records to reflect Generally Accepted Accounting Principles nor to reflect proper tax record keeping. We will make no audit or other verification of the data you submit. We do not at any time provide legal services of any type. We have not been requested to discover errors, misrepresentations, fraud, illegal acts, or theft, therefore, have not included any procedures designed or intended to discover such acts, and you agree we have no responsibility to do so.

#### What We Need from You

To perform our services, we will need to obtain information on a timely and periodic basis from your company. These items include all the input such as check registers, bank statements, credit card statements, loan statements, sales ledgers and receipts, sales tax account information, vendor information, year-end payables and receivables, federal tax ID number, payroll information, employee data, unemployment account information, and any other information that we may require to complete the work of this engagement. These



When We'll Do It
This engagement will begin on (Date) and will continue on a regular scheduled basis o until either party terminates the agreement. This engagement is made on a time-and-materials best-efforts basis.
Hardware and Software Warranties
During the course of the engagement, we may recommend a purchase and installation of computer or technological hardware, software, communications, or services by your company. Warranties, to the extent they exist, are provided <u>only</u> by the manufacturer/vendor of those computer products.
Services Outside the Scope of this Letter
You may request that we perform additional services at a future date not contemplated by this engagement letter. If this occurs, we will communicate with you regarding the scope and estimated cost of these additional services. Engagements for additional services will necessitate that we issue a separate engagement letter to reflect the obligations of both parties.
Fees
Our fee for these services will initially be at per month, which may be adjusted as the accountant sees fit due to an excessive number of monthly transactions. At that time, a new letter of engagement will be signed. Prior to commencing our services, we require that you provide us with a retainer in the amount of The retainer will be applied against ou final invoice, and any unused portion will be returned to you upon our collection of all outstanding fees and costs related to this engagement. Your payment will be due on the 1st of each month.
* Includes Monthly Tax Plan Checks Done For You
Please complete credit card information below for your retainer and monthly fees to be deducted from.
Credit Card Information:
Credit Card Number: Expiration:
Security Code: Zip Code:

Cardholder's Name:

### **Approvals**

We are pleased to have you as a client and hope this will begin a long and pleasant association. Please date and sign a copy of this letter and return it to us to acknowledge your agreement with the terms of this engagement.

Acknowledged:			
Signature	Title	Date	
Print Officer's Name	 Print Company Name		_



# Abundant Returns Tax Service Bookkeeping Information Sheet 5909 Peachtree Dunwoody Road, Bldg. – D, Suite 990 Atlanta, GA 30328

Tel: (770) 451-6330 ~ Fax: (888)802-1398

## **Bookkeeping Information Sheet**

	Business Name:	
	Contact Name:	
	Address	
	City/St/Zip:	
	Phone:	
1.	How many businesses do you own? Please indicate name and industry (e.g. Medical, Real Estate et	c.)
	a	
	b	
	C	
2.	Account Information:	
	<ul><li>a. Number of business Checking account(s):</li></ul>	
	b. Number of business Savings account(s):	
	c. Number of business Credit Card(s):	
	d. Loans or Lines of Credit. How many?	
3.	What method will you use to send in (3) months of Statements from each account?	
	E-Mail □ Fax □ Mail □	
4.	Bookkeeping Requirements:	
	a. If you had your books previously prepared by an accountant, please submit your most	

current Balance Sheet

b. If you are a mid-year transition, please include

- Bank, Credit Card and Loan Statements to date

- Profit & Loss Statement to date
- Monthly Check Register, Transaction Listing or Description for each transaction on Bank and Credit Card Statement (indicate what was purchased, if a transaction is personal and not business).
- c. If you used your personal accounts for any business related transaction, please provide a list by month showing what was purchased and how much paid.
- d. If your business has fixed assets please list below e.g. Trucks, Major Equipment, Office Furniture, Computers, Printers, etc. (Please add a sheet if necessary)

		ITEM DESCRIPTION	DATE PURCHASED	COST PRICE
	e. Do	you have a loan schedule showing the payme	nt breakdown of P & I?	Please submit copy
	f. Pay	yroll:		
		a. If you have payroll, please submit W-3 su	ımmary for the reportii	ng year or quarterly
		payroll tax returns for current year.		
5. <i>P</i>	Are you signin	g up for Payroll Service with ARTS? (Y) (N)		
	If yes	, please ask for our Payroll Information Sheet.		
5. E	Do vou need 1	ax Returns prepared?		
	=	Business income tax return		
	b.	Personal income tax return		
	C.	Sales & Use tax return		
	А	Business Property Tax Return		
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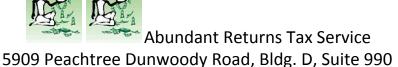
## Abundant Returns Tax Service 5909 Peachtree Dunwoody Road, Bldg. D, Suite 990 Atlanta, GA 30328

Phone: 770-451-6330 `Fax: 1-888-802-1398 clientdocs@abundantreturns.com

## SERVICE(S) PAYMENT/INSTALLMENT AGREEMENT

If you would enjoy the convenience of financing your total charges on service(s) rendered, you will be charged an additional 7% of the total charges financed. Your payments will be automatically withdrawn from your account monthly on date specified. The total amount due represents the full balance owed to Abundant Returns Tax Service. Should you default on a payment, the full balance then remaining shall become immediately due and Abundant Returns Tax Service shall have the right to pursue the full balance, unpaid accrued interest, collection costs and attorney's fees. This Agreement shall be governed by the laws of the state of Georgia.

Client Name:			
Address:			
City/State/Zip:			
Service(s	) Rendered (as	itemized	on attached invoice
☐ Tax Plan Payment Plan☐ Bookkeeping Payment Plan☐ Payroll Payment Plan☐ Tax Return Payment Plan☐ Auto Kept \$87.00 for the year			
Total Amount:	-		
Initial Payment:	-		
Remaining Balance Financed:			
Payment Plan Amount:	_ Frequency:	X Month	ly
Start billing on: St	op billing on:		
Client Signature			 Date



Atlanta, GA 30328

Phone: 770-451-6330 `Fax: 1-888-802-1398

clientdocs@abundantreturns.com

Simply complete the credit/debit card or bank account information below and sign the form.

\*\*\*\*In order to cancel billing, client must provide written notice of cancellation within 7 days of next billing cycle.

Credit Card Information:		
Credit Card Number:		
Expiration:		
Security Code: Zip Code:		
Cardholder's Name:		
Client Signature	Date	
ARTS Representative		Date



### **Payment Record**

Date	Amount Paid	Balance	Date	Amount Paid	Balance

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