



2023 Letter of Engagement

Liberty Financial Consulting provides tax services for individuals and small businesses. The following policies and procedures will be effective for the 2022 filing season:

1. The returns to be completed for the following taxpayers:
 - a. Individuals – Form 1040 and proper state form
 - b. Businesses – Form 1120 (C and S) for corporations; Form 1165 for partnerships (including LLCs)
2. Clients are responsible for providing data to LFC for the timely preparation of their returns. Complete the taxpayer organizer (found on website). Clients are responsible for timely payment of all income taxes.
3. Tax preparer will rely on the client's information accuracy in preparing taxpayer's return.
4. The client is to keep and retain all documents and data to support their income and deductions on the tax return.
5. New clients should provide LFC with 3 prior year's tax return before work begins. LFC will provide a review of these returns to determine if errors were made.
6. Fees will be based on complexity of return and time spent on processing. Simple returns will start at the following rates:
 - a. Individual returns – minimum fee: \$350
 - b. Business returns (Form 1120, Partnership 1165) – minimum fee: \$700
7. Provide data to LFC for timely filing of tax return (no later than):
 - a. Individuals – March 15th, 2023
 - b. Businesses – February 20th, 2023

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8. Taxpayers are ultimately responsible for filing their tax returns. Providing LFC with data on a prompt basis to prepare their taxes is the taxpayer's obligation.

9. Sign and return this document for work to begin tax preparation.

10. New clients will need to prepay fees before work begins. Fees can be paid with check or credit/debit card.

Taxpayer

Date

Owner – Liberty Financial Consulting, Inc.

Date

Card authorization form

I, _____, give permission to _____ to charge

Buyer name

Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized

Cardholder email

Product/service

All fields required

Card information

Card type

- MasterCard
- Discover
- VISA
- AMEX
- _____
- Other

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

ZIP code
(From credit card billing address)

Recurring payments information

Charge every:

Week Month Quarter Other _____

Charge on this date _____

(For example, the 1st of every month)

Payment amount

Product/service sold

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Email receipts

Mail receipts to:

To cancel, contact: _____
(Name and email)

Customer signature

Date