

Engagement Letter/Service(s) Agreement

(Please complete the requested information below for your Engagement Letter)

Effective Date: _____

Business Name: _____

Please check service(s) client has agreed to receive from Zakir CPA, PLLC

- 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: Zakir CPA, PLLC 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 Local 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: Zakir CPA, PLLC will charge a flat fee of \$ _____ to do basic accounting required for tax reporting purpose. If client does not sign up for accounting &



ZAKIR CPA PLLC

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Email: support@zakircpa.com
Email: tax@zakircpa.com

Bookkeeping service, client agrees to provide complete Profit and Loss and Balance Sheet to Zakir CPA, PLLC for tax reporting

Acknowledgment

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