

Engagement Letter and E-file Authorization Form

Tax Year 2023

Dear Valued Client:

This engagement letter and E-file authorization form spells out the tax services that Money Management Associates, LLC will be providing to you for the tax filing season and outlines the responsibilities that you have in providing all pertinent information needed to complete the services and to E-file your tax return.

1. We will sign/date/and accurately complete your tax return according to the current tax laws related specifically to your tax situation.
2. You will provide all income statements including but not limited to w-2s, 1099s, social security earnings, interest and dividend statements, profit and loss statements (if applicable), and rental income and itemized expenses (if applicable)
3. You will provide all documents related to any of the following that pertains to you and your dependents: a picture ID, social security card, medical ID cards, and any other pertinent information needed to claim an individual as your dependent which could include but not limited to school records, social service records, medical records.
4. If applicable, you will provide all information regarding homeownership, rental agreements, childcare provider and documented expenses, tuition expenses, church and other charitable contributions, business balance sheets and bank statements (if business owner).
5. It is the responsibility of the client to retain all documents, cancelled checks, and other data to support their income and deductions.
6. If you are new MMA tax client, we request that you provide a copy of the last tax return that you filed.
7. Tax preparation fees are based on the complexity of each individual tax return. Our fees are posted in our office and available online at www.mmataxpro.com. We accept checks, cash, and major credit cards. Payment is expected once the tax return is completed and before it is electronically filed. We would be happy to provide you with an estimate of your fee upon request.

Today's Date: _____ Anticipated Federal Refund Date _____

Direct Deposit/Check Amount Fed: \$ _____ State \$ _____ State \$ _____

Amount Owed Fed: \$ _____ State \$ _____ State \$ _____

Financial Institution (If applicable) _____ Checking ___ or Savings ___

Routing number _____ Account Number _____

By signing this agreement, I/we authorize MMA to complete and electronically file my/our tax return. I/we also understand that each time an attempt is made and rejected by the IRS or the State a possible delay of when we/I may anticipate receiving my/our tax refund may occur. I/we also agree to hold MMA harmless for any IRS/State delays in processing my/our return electronically or for any delay in receiving my/our refund beyond the anticipated dated listed above.

We also agree and attest that we are providing all truthful and accurate information for MMA to accurately complete and E-file my/our tax return.

Taxpayers Signature _____

Spouses Signature (if applicable) _____

Date: _____