Thank you for using our services. We'd like to hear how your experience was with us. Please take a moment to complete this short evaluation. We'd appreciate your feedback.						additional s	Are there any additional services that you would like us to offer?		
Name (optional):									
Email (optional):									
Professional you	worke	d with	:				Would you	like to receive updat	es from us on tay
Date(s) of appointment:						•	and tax planning tip		
When contacting us for your tax needs, how satisfied were you with the following:						Would you member? □ Yes			
V _{Cry} Cry	Tistled	Disficor	Disse Cutral	Very Disse	Otis fice	4	•	ve any other suggestion ove our service?	ons on how we
Accessibility of Staff									
Courteousness of Staff									
Location of Office									
Tax Professional's Knowledge									
Prompt Service									
Your Questions Answered									
Accuracy of the Tax Return									
Value for Price Paid									