



# Astron Business and Tax Services, LLC

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## CLIENT ACKNOWLEDGEMENT

### Verification of Tax Information

(Label)

#### Year of signing

Please read this page before or after completing your Tax Organizer, and return it in order to confirm that all the data entered into this organizer including information on notes, attachments, information given during phone interview, additional worksheets and schedules, are true to the best of your knowledge. **Please be aware your TAX INFORMATION will not be PROCESSED without this signed form.**

- I/we have supporting records for mileage, business expenses, charitable contributions, as well as all other expenses claimed.
- All W-2's and 1099s are reported. They are correct and complete, except as we have noted on our Tax Organizer. Income from all sources, domestic (USA) and worldwide, has been reported. All income received in cash or via barter or trades has been reported.
- If you are eligible for the EIC, you certify the children being claimed are your legal dependent(s). You are not filing a fraudulent Head of Household return while you are married and they are legal resident(s) of the United States.
- I understand that ABTS has no control of IRS Audit procedures, and in the event of an audit by the Internal Revenue Service, I will be solely and completely responsible for providing any written documentation and proof of all statements made on my tax return within 7 business days. I understand that audit fees are separate from my Tax Preparation fees and will pay \$150 down payment and \$75 per hour.
- I realize that ABTS is advising me and providing tax services to the best of their knowledge and belief; however, ABTS is in no way liable for the content of my return.
- I agree to review the completed returns and verify that there are no misstatements, omissions, or additions.
- Additional charges will be incurred for any bookkeeping and consultation to compile information to complete the Tax Return.
- If the Tax Return is changed on the client's behalf after we have completed the return, made the copies, and assembled the return, a fee will be issued for the time and materials, unless and error was made on ABTS part.
- I understand and release ABTS of any liability in the event that I do not provide information requested to prepare my Income Tax Return within three (3) days after receiving the official request, whether verbally or in writing.
- I agree to pay for services rendered immediately upon completion of work.
- I understand that my Tax return will not be released prior to full payment or approved payment arrangements made to ABTS
- I understand that if I do not pay timely, I am responsible for any and all costs of collection including legal, court and collection agency cost.
- I understand that all bad checks will be returned over to Richland Parish District Attorney's Office for recovery.
- I understand that ABTS is not liable for any receipts sent to ABTS. Receipts will not be needed unless requested.
- I agree and understand that I must have proof of all documentation before ABTS will submit my tax return.
- I agree to give ABTS permission to pull any necessary web accounts for tax or payment purposes.
- I agree some information may be given over the phone therefore it is my responsibility to **review my return** and report any question, comments or concerns to my Preparer within 10 business days of the filing of my return after which I agree all information on my return to be true and accurate.
- **ASTRON BUSINESS & TAX SERVICES LLC RESERVES THE RIGHT TO REFUSE SERVICE REQUESTS**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date