

# Bachleda & Rodriguez Companies

This letter confirms the arrangements for our income tax services. In order to insure a more complete understanding of the nature and extent of the services we agree to perform, your responsibilities, and our fee arrangements, we have set forth in the following paragraphs our understanding of these agreements and responsibilities.

We will prepare the \_\_\_\_\_ income tax return from information you provide. We will not audit or verify the data you submit, although we may ask you to clarify it.

We will use our judgment to resolve questions in your favor where the tax law is unclear or where there are conflicts between the taxing authorities' interpretation of the law and what seem to be other supportable positions.

We will be available to answer your inquiries on specific tax matters and to consult with you on income tax planning.

Fees for our services will be at our standard billing rates. We will give you a final bill when the work is completed and all invoices are due and payable on presentation.

Your returns can, of course, be reviewed by the taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you at an additional fee.

We require payment at this time for your return preparation. During the interview process We will either determine the fee to be charged or give an estimate.

If total cost is not determinable a **NON-REFUNDABLE DEPOSIT** of \_\_\_\_\_ or 1/2 of the estimate (whichever is higher) is due at this time.

Documents must be submitted to our office early before processing & picked up upon completion.

We appreciate the opportunity to serve you and look forward to a continuing, mutually satisfying relationship.

Sincerely,

Debra Bachleda, CPA & Luis Rodriguez, EA

Estimate \_\_\_\_\_ Fee \_\_\_\_\_

I accept the above terms and hereby do give Bachleda & Rodriguez Consulting the authorization to prepare my/our tax return.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Note to Staff: Please provide client with a copy and receipt for their records.

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