



ENGAGEMENT & RETAINER AGREEMENT

Dear Prospective Client:

The purpose of this letter is to confirm you are retaining Gold Standard Tax & Accounting, Inc. to assist in the preparation of your income tax return or other services provided. This document outlines the terms of our engagement and extent of the services we will provide to you.

Accounting & QuickBooks training services are available on an as needed basis at a rate of \$135 per hour. Other services include bookkeeping, and payroll, done at a flat rate based upon frequency and quantity of work required.

Our work does not include any audit (unless retained to do so) of your records to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we do discover. Should we encounter instances of unclear tax law, or potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Depending upon the scope of the work a retainer may be collected in advance and due upon the signing of the engagement. Invoices are due and payable upon receipt. To the extent permitted by state law, a carrying charge may be added to all accounts not paid within thirty (30) days at the rate of 1.5% per month.

Either party shall be free to terminate this arrangement at any time. In such event, you shall be responsible for all services performed up to receipt of the termination request plus any expenses and disbursements paid on your behalf. We will work with you in organizing an orderly transition of documents into your possession. Your failure to respond to us in a reasonable time period or act on recommendations that are relevant to your case can be cause for the termination of this agreement.

Our services are rendered on the foregoing basis. If you have any questions, please do not hesitate in contacting us. To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of the letter in the space indicated. We look forward to serving you.

Sincerely,
Gold Standard Tax & Accounting, Inc.

Taxpayer Signature	Dated	Spouse Signature (if applicable)	Dated
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315 S. Coast Highway 101, Suite U-526 Encinitas, CA 92024
Phone/ Fax (760) 888-6247



NEW CLIENT CHECKLIST

Thank you for choosing Gold Standard. It is a privilege to be able to extend our services. At your earliest convenience, please review the following list and provide all items that apply to you. -

Taxes:

1. Prior year income tax return.
2. Birthdates for every individual to be claimed on current year income tax return.
3. Health insurance information for every individual to be claimed on current year income tax return. Who was covered, how were they covered, and which months during the tax year did they have coverage?
4. Separate email addresses for Taxpayer and Spouse (if married).
5. Bank info for direct deposit or withdraw. This includes bank name, routing number, and account number.
6. All current year tax documents.

Bookkeeping:

1. Voided check of company bank account
2. Username and password for online banking
3. Current QuickBooks file and/or previous year financials
4. Previous quarter sales tax return (If applicable)
5. Prior year income tax return

Payroll:

1. Copies of all prior quarterly payroll reports (these are supplied by your payroll company).
2. A detailed payroll summary of any payroll runs done by your previous payroll company in the current year.
3. What's the pay day? What pay period does each pay day cover?
4. A copy of a voided check from the company account funds will be paid out of.
5. W4 form (please find attached) completed by all EMPLOYEES.
6. A copy of a voided check for each Employee that will have direct deposit.
7. I9 form (please find attached) completed by all SUBCONTRACTORS (if applicable).
8. A copy of a voided check for each Subcontractor that will have direct deposit (if applicable).

Please let us know if you have any questions or concerns.

Thank you,

Gold Standard

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goldstandardtax.com



NEW CLIENT QUESTIONNAIRE INDIVIDUALS

Taxpayer Name: _____

Number of Individuals Claimed on Return: _____

Taxpayer Birthdate: ___/___/___ Spouse Birthdate: ___/___/___

Current Address: _____

Tax I.D. (SSN): _____

Contact Person: _____

Phone: _____

E-mail Address Taxpayer: _____

E-mail Address Spouse: _____
(if applicable)

Financial Institute Information:

Bank Name: _____

Routing Number: _____

Account Number: _____

Health Care Coverage:

Who is Covered: _____

Who is NOT Covered: _____

Dates of Coverage: ___/___/___ - ___/___/___

Source of Health Insurance (Marketplace, Employer, Government): _____

Please take a moment to tell us your main concerns and/or notations regarding your specific needs:



NEW CLIENT QUESTIONNAIRE BUSINESSES

Legal Name: _____

DBA (if applicable): _____

Type of Business: _____

EIN/FEIN (Employer Identification Number): ____ - _____

Type of Entity (Sole Proprietor, LLC, Partnership, C or S Corp): _____

Business Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Number of Business Bank Accounts: _____

Number of Business Credit Cards: _____

Section for Only Corporations

State of Incorporation: ____ State ID Number: _____

Election of Officers

President: _____ (Name)

Vice President: _____ (Name)

Secretary: _____ (Name)

Treasurer: _____ (Name)

Percentage of Ownership

Owner 1: _____ (Name) _____ %

Owner 2: _____ (Name) _____ %

Owner 3: _____ (Name) _____ %

Owner 4: _____ (Name) _____ %

Total Capital Contributed \$: _____

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