



BAER
TAX GROUP

Consulting Information

Name(s): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Cell: _____

Entity Type:

Individual Business Not for Profit Trust

Consulting Type:

Tax Planning Tax Notices Past Years Filings

Accounting/Bookkeeping Services Business Structure/Taxation

Other: _____

Information you would like to communicate:

Accepted By (print name): _____

Signed: _____ Date: _____



BAER
TAX GROUP

Consulting Engagement

Baer Tax Group, Inc. provides consulting, on a fee basis, for matters related to individual or business tax planning, business structure and taxation, accounting services, planning for past year filing compliance or tax notices.

Our fee structure for professional consulting services is noted as follows:

In office consultation 30 minutes- \$150

In office consultation 60 minutes- \$300

Phone consultation 15 minutes- \$75

Phone consultation 30 minutes- \$150

New first-time clients can schedule a 15 minute “get to know us” appointment for no charge.

All fees are payable at time of service unless advance arrangements have been made.

If the foregoing fairly sets forth your understanding, please sign below.

Sincerely,

Baer Tax Group, Inc.

Check this box if you are a new client scheduling the 15-minute “get to know us” appointment.

Accepted By (print name): _____

Signed: _____ Date: _____



BAER
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Payment Authorization Form

I/We hereby authorize Baer Tax Group, Inc to initiate debit entries to our account at the financial institution named below for the purpose of paying our fees for accounting and/or tax work.

Debits are processed upon completion of the work; an invoice will be sent. The debit will take place 3 days from invoice being sent, if the debit day falls on a holiday, the debit is processed the next business day.

I/We understand that if the funds are not available at the time of the transfer, we will receive notification from Baer Tax Group, Inc that the transfer could not be completed. I/We will then bring current the total amount due by making a credit card payment over the phone with 3% fee.

Further, I/we agree not to hold Baer Tax Group, Inc responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until Baer Tax Group, Inc receives written notification of cancellation from me/us at the following email address office@baertaxgroup.com. The notice of cancellation must be received in such time and in such manner as to allow enough time for processing.

Name on bank account OR credit card: _____

Name of bank: _____

Account Type: Checking Savings

Routing number (9 digits): _____ Account number: _____

Billing Zip Code on account: _____ Phone number: _____

OR

Credit card info: (will incur a 3% fee) Visa and Mastercard only.

Credit card #: _____

Expiration date: _____ Code from back of card (3 digits): _____

Billing Zip Code on account: _____ Phone number: _____

Printed Name: _____

Signed: _____ Date: _____