

Astron Business and Tax Services, LLC

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CLIENT ACKNOWLEDGEMENT

TAX YEAR ENDING: 2009

Although we would prefer to conclude business on a handshake, good business practices require that we (1) establish method of payment and (2) obtain your initials and signature on the following Client Acknowledgement:

I Acknowledge & Agree That:

- _____ All information I provided to Astron Financial Services Inc. is true and correct to the best of my knowledge.
- _____ I understand that 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.
- _____ I realize that Astron Financial Services, Inc. is advising me and providing tax services to the best of their knowledge and belief; however, Astron 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 Astron's part.
- _____ I understand and release Astron Financial Services, Inc. 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 Astron Financial Services, Inc.
- _____ 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 Ouachita Parish District Attorney's Office for recovery.
- _____ I understand that Astron is not liable for any receipts sent to Astron. Receipts will not be needed unless requested.
- _____ I agree and understand that I must have proof of all documentation before Astron Financial Services, Inc. will submit my tax return.

Tax Payer Signature

Date

Spouse Signature

Date

SIGNATURE REQUIRED AS AUTHORIZATION OF ACKNOWLEDGEMENT BEFORE TAXES
MAY BE COMPLETED