

# Charitable Organization or Business - New Client Form

Date: \_\_\_\_\_  
Legal Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Website: \_\_\_\_\_  
Employer ID# (EIN) \_\_\_\_\_ Tax ID# \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Principal Officer

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Briefly describe the organization's mission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year of Formation: \_\_\_\_\_  
Fiscal Year End: \_\_\_\_\_  
Number of Officer/Members: \_\_\_\_\_

List Names and Titles & SS# for Each (List additional on back)  
Member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: (other than those listed above) \_\_\_\_\_

Tax Exempt Status: 501[c][3] 501[c] 527 4947[a][1] other

Gross Receipts Total: \$ \_\_\_\_\_

**PLEASE PROVIDE ALL THAT APPLY: Certificate of Formation, SS-4, Business Registration, NJ Registration, By-Laws**

**Davis CPA Group, PC**  
**Our Work Agreement TY 20\_\_**

Client Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_ Individual Tax preparation: ( ) Federal ( ) NJ ( ) PA ( ) Philadelphia ( ) Other: \_\_\_\_\_

\_\_\_\_ Business Tax preparations: 1065 1120S 1120C 990 \_\_\_\_\_ Accounting Services

Here are the terms of our professional relationship:

1. \_\_\_\_\_ Davis CPA Group, PC will prepare our work product based only on information both written and oral, which you give us. You represent that you will provide us information, which is complete, true and correct, disclosing all relevant facts. We will restrict our services to those which are shown above with no continuing obligation to update or provide other services. You understand we will not audit or verify your information
2. \_\_\_\_\_ Davis CPA Group, PC does not keep any original client records. We routinely scan and keep copies of some supporting documents, but we are not the custodian of your records, and you cannot rely upon us to maintain support for your tax return that is your responsibility. By accepting the return, you acknowledge the return of all original source documents.
3. \_\_\_\_\_ You're aware of IRS record keeping and documentation requirements and you represent that you have the documentation necessary to support all your tax deductions. You understand that taxing authorities may examine the returns, that documentation should be retained to support the information you provided to us, especially business travel and entertainment deductions, business use % of autos and other assets, barter activities and the required documents to support all charitable contributions, and that interest and/or penalties may be imposed on returns that are late, unpaid or incorrect. You will retain for seven years all the documents, receipts, cancelled checks and other records to substantiate the items of income and expenses claimed on your return.
4. \_\_\_\_\_ Penalties or underpayment, late filing or failure to file on time or interest on unpaid tax are your responsibility. If you receive a penalty imposed as the result of our error, we will reimburse you for the penalty or credit your account at our option. We don't file extensions unless asked to do so.
5. \_\_\_\_\_ You will inform our office of any FOREIGN ACCOUNTS you own or have signature of authority over.
6. \_\_\_\_\_ TAX NOTICES: It is possible you may receive a notice of additional tax, or for clarification of items on your returns. Our fee to prepare your return does not include responding to inquiries or examination by taxing authorities.
7. \_\_\_\_\_ There may be elections and decisions in your return which could be challenged by tax authorities. If we believe we see a grey area, we will discuss it with you. We are required by law to disclose any position on a return for which there is a reasonable probability of challenge. Tax law is ever changing. It is possible that you may be assessed additional tax, interest or penalties. While we try our best, we are human and occasionally make mistakes. It's an imperfect world.
8. \_\_\_\_\_ ADDITIONAL WORK: Tax planning, amended returns or audit work will be billed at our regular hourly rates.
9. \_\_\_\_\_ E-FILE: We will, if possible, e-file your returns upon receipt of a signed Form 8879. It is possible your e-filing may be rejected; in which case we will prepare returns for paper filing or try to correct the item which caused the e-file to be rejected.
10. \_\_\_\_\_ You understand what was involved in the preparation of your tax return and acknowledge that the return was prepared with your informed consent. You agree to the reasonableness of how we bill, and you agree to pay our bill upon presentation.
11. \_\_\_\_\_ Should there be any disagreement of any sort between us, you agree to mediation. If mediation is unsuccessful, you agree to binding arbitration under the rules of the American Arbitration Association. The limit of time for making a claim arising from our services is one year after the services are rendered.
12. \_\_\_\_\_ Advice, suggestions and opinions which are given informally, orally or via e-mail do not have the same force and effect of a formal written opinion and should not be relied upon to the same degree. The IRS says that any advice which you receive from us, either in writing or orally cannot be used as a defense against the assessment of a penalty. You agree to immediately inform our office upon signing this agreement if you are a member of any law enforcement agency including but not limited to federal, state or local government entity.
13. \_\_\_\_\_ In the case of work product covering more than one party, the undersigned enters into this agreement on behalf of all affected parties (i.e., husband or wife signing for both spouses or minor children).
14. \_\_\_\_\_ If I am asked to disclose and privileged communications, unless I am required to disclose the communications by law, I will not provide such disclosure until you have had an opportunity to sign a form approving the information release.
15. \_\_\_\_\_ Any rights which insure to the benefit of Davis CPA Group, PC pursuant to this engagement letter shall also insure to its permitted successors in interest by way of merger, acquisition or otherwise and their permitted assigns.
16. \_\_\_\_\_ If any provision herein is inoperative, the remainder of this agreement shall remain in full force and effect. This agreement is intended as the complete agreement and can only be modified in writing signed by both of us.

**Read, understood and agreed to on:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
Davis CPA Group, PC