

2021 TAX RETURN ENGAGEMENT LETTER & INFORMATION RELEASE

CLIENT INFORMATION

FIRST: _____
LAST: _____
SSN: _____

SPOUSE INFORMATION

FIRST: _____
LAST: _____
SSN: _____

CONTACT INFORMATION

STREET ADDRESS: _____
CITY, STATE, ZIP: _____
BEST PHONE: _____
BEST EMAIL: _____

For Business Returns:

COMPANY NAME: _____
COMPANY EIN: _____

Dear _____,

Thank you for selecting Alpha Management Inc. to assist in the completion of your tax return. The letter confirms the terms of our engagement with you, and the nature and extent of services we will provide.

Acting on this letter, Alpha Management and its tax preparers will be responsible to perform your Tax Services. Our tax professionals assigned to your tax services requests will do your tax work, and if requested file your returns per our agreement.

The tax professionals assigned to you will prepare your return for tax year(s): _____, Completing Federal and State income tax returns you request using information you provide to them. They may ask for clarification of some items, but they will not audit or otherwise verify the information that you provide.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them.

The tax professional's work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work they will do is that which is necessary for preparation of your income tax returns.

The tax professional must use their judgement in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authority's interpretations of the law and other supportable positions. In order to avoid penalties, they will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor their decisions regarding the need to make protective disclosures in your returns.

Penalties of as much as \$10,000 can be imposed on your for failing to disclose participation in "reportable transactions", that is, certain arrangements the IRS identified as potentially abusive. They will insist that all such transactions be

properly disclosed.

The law also imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please contact us.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange for the tax professional to be available to assist you. Fees and expenses for defending the returns will be invoiced in accordance with terms that we agree on for that particular engagement, and will be detailed in a separate Letter of Engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates, plus any out-of-pocket expenses of the tax professional. All invoices are due and payable upon presentation and/or delivery. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We retain copies of records you provide us, along with the work papers for your engagement, for a period of seven years. During this retention period, copies of retained records requested may be supplied for a fee. After seven years, the work papers and engagement files are destroyed. All of your original records will be returned to you upon request. Because the working papers and files are not a substitute for the original records, you should store those records in a secure place.

If you terminate this engagement before its completion, you agree to pay a base fee of \$100 for work completed.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign at the end of this document. A copy of this document is available upon request.

AUTHORIZATION TO RELEASE & DISCLOSE PERSONAL TAX INFORMATION

I/We hereby voluntarily authorize and request disclosure (including paper, oral, and secure electronic interchange of the data:

OF WHAT:

1. My/Our current year tax return and my previous years' tax returns, including all records and other information regarding the tax returns;
2. Information about the tax returns;
3. Copies of financial data and other data supplied and/or created as part of the process for the completion of the tax returns;
4. Information created within 24 months after the date that this Authorization is signed, as well as past information

TO WHOM:

1. The management, and staff of Alpha Management Inc.
2. My tax professional assigned by Alpha Management Inc.

PURPOSE:

For the purpose of providing tax preparation, tax guidance, tax planning services, financial advice, recommending financial products, services & investments, and for the completion of applications for such products, services & investments. This authorization is good for 24 months from the date signed below.

Please note: Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of your signature. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

I/We the undersigned agree to the terms and conditions expressed in the above Letter and Authorization, and we voluntarily authorize Alpha Management Inc. to arrange the preparation of my/our tax return.

Client Name: _____ Client Signature: _____

Date: ____ / ____ / _____

Spouse Name: _____ Spouse Signature: _____

Date: ____ / ____ / _____

Ryan P. Urban Owner, Alpha Management Inc. EFIN #847-239
