

CLAUDE.TAX
THE AFFORDABLE TAX PREPARATION BUSINESS
TAX SEASON 2025
"PERMISSION TO PREPARE YOUR TAXES"

I am pleased to be able to serve you in preparing your 2025 federal and (if any) requested state income tax returns.

This letter is to specify and confirm the terms of our engagement with you and to clarify the nature and extent of the services I will provide.

I will prepare your 2025 federal and requested (if any) state income tax returns from information you will furnish us. I will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. I will furnish you an organizer to guide you in gathering the necessary information. Your use of the organizer will assist in keeping pertinent information from being overlooked. The filing deadline is April 15, 2026 I will need all information at the earliest possible time in order to meet the deadline. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks, and other data that form the basis of income and deductions. These may be necessary to support the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns. Therefore, you should review them carefully. My engagement cannot be relied upon to disclose errors, irregularities, or illegal acts, including fraud and defalcations, which may exist. I may inform you of any such matters that come to my attention. If an extension of time to file your return(s) is required, any tax that may be due with the return(s) must be paid with the extension. Any amounts not paid by the filing deadline are subject to interest and late filing penalties when those amounts are actually paid. All costs in this regard are your responsibility.

This

includes any additional fees for the extension as well as any penalties and/or interest that may be due because of the late payment. The law provides for various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact me. Your returns may be selected for review by the taxing authorities. Any proposed adjustments resulting from that review are subject to certain rights of appeal. It is agreed by us that there are no other agreements or understandings between us relating to the subject matter of this engagement agreement, and that it supersedes all prior engagement agreements and the like, either written or oral, that exist or may have existed. Neither this engagement agreement nor its execution have been induced by any reliance, representation, stipulation, warranty, agreement, or understanding of any kind other than those expressed in this agreement. No change or modification of this engagement agreement shall be valid unless made in writing and signed by the parties. All invoices are due and payable upon receipt.

Either of us may cancel this engagement at any time by any form of written or electronic notice. If you cancel and I have performed any work prior to my receiving your cancellation notice, you agree to pay me for such work performed based upon my current rate schedule. I may use any deposits or payments already received and apply them to your account.

RECORD RETENTION POLICY

In accordance with my current record retention policy, I will retain my work papers and at times, copies of your financial reports and other records for the engagement for five to seven years. I will provide you copies of all reports prepared that should be a part of your books and records. If you should need replacements, I will provide additional copies at our standard copying fee of \$5 per return. All of your original records will be returned to you. After three years, our records pertaining to this engagement will no longer be available. Physical deterioration or catastrophic events may shorten the term during which our records will be available. The working papers and files of mine are not a substitute for the

original records of your company. It is agreed and understood that in connection with the performance of our engagement, the work papers prepared by me will remain my property.

PRIVACY POLICY

This is being furnished to you as required by the Gramm-Leach-Bliley act of 1999, which addresses in part the protection of individuals' privacy. This is the annual notice required by law. As you undoubtedly know, it has long been the policy of my office to treat any information concerning my clients and former clients with strict confidentiality. Consistent with that policy, I restrict access to nonpublic personal information concerning you to present / future staff members who must have it in order to provide you the products and services for which you have retained me. I do not disclose any personal or confidential information to anyone else without your express permission to do so, except as permitted by law. In addition, I maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. I may disclose any of your nonpublic personal information that I collect about my customers, former customers to my affiliates or to non-affiliated third parties as permitted by law. This policy will continue.

Thank you for permitting me to be of service. I value my relationship with you and hope you view me as your most trusted advisor. I will work to continue earning that trust. If the foregoing fairly sets forth your understanding of this engagement, please sign this letter in the space indicated and return it to my office.

Sincerely yours,

Claude

TO BE COMPLETED BY THE CLIENT:

The engagement terms described in this letter are acceptable and hereby are agreed to. I/we also agree to the record retention and privacy policies set forth in your letter.

Accepted by:

Taxpayer:  Date: 

Spouse:  Date: 

Or if business entity:

Name: _____ Title: _____ Date: _____

On Behalf of: _____ (Business Name)

CLAUDE.TAX
THE AFFORDABLE TAX PREPARATION BUSINESS
TAX SEASON 2025

PLEASE SIGN AND DATE
"PERMISSION TO EFILE TAXES"

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

- ERO must obtain and retain completed Form 8879.
- Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

PLEASE PRINT

Taxpayer's name

X

Social security number

LAST 4 X

Spouse's name

X

Spouse's social security number

LAST 4 X

Part I Tax Return Information — Tax Year Ending December 31,

(Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1
2	Total tax	2
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3
4	Amount you want refunded to you	4
5	Amount you owe	5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only



I authorize

CLAUDE TAX

ERO firm name

ZIP CODE

to enter or generate my PIN

XXXXXX

as my

Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.



I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Date ► *X*

Spouse's PIN: check one box only



I authorize

CLAUDE TAX

ERO firm name

ZIP CODE

to enter or generate my PIN

XXXXXX

as my

Enter five digits, but
don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.



I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Date ► *X*

Spouse's signature ► *X*

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Claude Tax

Date ► *X*

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 3277BX

Form **8879** (Rev. 01-2021)

CLAUDE.TAX
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