American Tax Consultants of Florida

1275 Johns Circle
Merritt Island (32952) Florida
(321) 452-9686 (240) 465-6208 Fax
E-mail: americantax@cfl.rr.com

Please read each page thoroughly. Print or type all required information. (Put N/A if Not Applicable). ***LEAVE NO BLANKS,*** **except "Master Rep" lines. Sign and print YOUR name(s) where indicated.**

(**Client # 1 is ALWAYS the single applicant (male or female) or the husband in marriage.**
(**Client # 2 is always a female spouse.**
{ **If you're a business owner or "entity" manager, you must fill out the Business Information Sheet on p.5.**

Page 2:	Schedule of Taxes Paid	
Page 3 & 4:	Client Historical Data Sheet:	If you are single, fill out the left side as Client # 1. If married, the husband fills out the left side as Client #1, and the wife fills out the right side as Client #2.
Page 5:	Business Information Sheet:	Completed by all clients with personal businesses, partnerships, or who have "income benefits" from managing trusts or other entities.
Page 6:	1st Year Fee Schedule:	This is a complete list of the varying initial fees.
Page 7:	2nd Year Fee Worksheet	ALL figures must be filled in here before submitting application.
Page 8:	Fee Schedule:	Please read carefully and follow the instructions. You will need to refer back to pages 6 & 7 when completing this page.
Page 9:	W-4 Package Request Form	Complete this page if you want a new W-4 pkg for employer(s).
Page 10:	Disclaimer:	Read carefully to determine if you fall into one of these categories. **The Disclaimer page must be signed and returned with your application, regardless of whether it applies to you, or not.**
Page 11 & 12:	Sample Client Agreement	This is a sample of the "Contract" you have with the Company.
Page 13:	Fax-A-Check Form:	You will need this form ONLY if you are faxing your application.

I will review the paperwork, have the Master Representative, Joe Lansing, sign the forms, and return the copies to you. Please make your check payable to:

American Tax Consultants of Florida

If you have any questions, about any of the documentation or forms, please contact me:

Paul Leinthall
(661) 822-7889 fax: (240) 465-6208
e-mail: littlehammer@primemail.com

[If you're able to FAX your application (including your check), it's quicker and usually cheaper than priority mail or courier, plus, you don't have to make extra copies of needed documents. Either way, we need ALL pages (printed sides) of any requested documents.]

FAX: (240) 465-6208

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Schedule of Taxes Paid

Please attach COPIES (all pages) of your last three years 1040 and State Tax Returns, including W2s, 1099s, K-1s, etc. If you didn't file returns, attach W-2s, 1099s, K-1s & income "evidence" for those years.

No Returns filed? Check Here [ ]. Last year Return filed___________?

List ALL years not filed_______________________________________

		Client #1/ Husband	Client #2/ Spouse
01.	Please approximate the year of your first 1040 filing	____________	______________
02.	Have you received and/or signed any IRS/State Correspondence in the last three years? If so, attach copy(s).	[ ] Yes [ ] No	[ ] Yes [ ] No
03.	Have you received any demands for additional taxes? If so, attach copy(s). What years?_______________________________________	[ ] Yes [ ] No	[ ] Yes [ ] No
04.	Have you received Notice of Lien, Levy, or Warrant of Distraint on any property or income? If so, attach copy(s).	[ ] Yes [ ] No	[ ] Yes [ ] No
05.	Have you currently or are you planning to file bankruptcy? (Which? Chapter 7 or 13?)_____________________	[ ] Yes [ ] No	[ ] Yes [ ] No
06.	Are you currently having a bank account or your wages garnished?	[ ] Yes [ ] No	[ ] Yes [ ] No
07.	Have you in the last 3 years had notice of sale issued, a sale pending, or property seized?	[ ] Yes [ ] No	[ ] Yes [ ] No
08.	Are you currently being Court ordered to pay any income tax?	[ ] Yes [ ] No	[ ] Yes [ ] No
09.	Is there a judgment of unpaid taxes that has not been satisfied?	[ ] Yes [ ] No	[ ] Yes [ ] No
10.	Do you pay City Tax?	[ ] Yes [ ] No	[ ] Yes [ ] No
11.	School District Tax? Name of School District _________________	[ ] Yes [ ] No	[ ] Yes [ ] No

Only fill out the table for years to be processed**. Put "N/F" in amount paid & amount refunded boxes for any year you did not file a return.**

Federal or State	Tax Yr.	Amount Paid/Withld	Amount Refunded	Client 1, 2, Both	IRS issues
Federal Income Tax	2000				
Federal Income Tax	1999				
Federal Income Tax	1998				
State Income Tax	2000				
State Income Tax	1999				
State Income Tax	1998				

If more room is needed, please use additional forms

Client #1/Husband Name:______________________________**Client #2/Spouse Name:**_________________________
(please print) (please print)

Client #1/Husband: _______________________**Date:**_________**Client #2/Spouse:**_____________________**Date**_______
(signature) (signature)

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PERSONAL INCOME TAX HISTORICAL DATA SHEET

BUSINESSES MUST BE LISTED ON BUSINESS INFORMATION SHEET

[ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Divorced - less than 3 years [ ] Spouse Deceased

Client # 1/Husband	**Client # 2/Spouse**
Please check [ ] Mr. [ ] Mrs. [ ] Ms.	**Please check [ ] Mr. [ ] Mrs. [ ] Ms.**
Last Name, First Name Middle Initial	**Last Name, First Name Middle Initial**
SSN:	**SSN:**
State of Birth: **DateOfBirth:**	**StateOfBirth:** **Date of Birth:**
Email Address:	**Email Address:**
Phone Number: **Fax Number:**	**Phone Number:** **Fax Number:**
Physical Address: (Street, City, State, Zip Code) ____________________ ____________________	**PhysicalAddress: (Street,City,State,ZipCode)** ____________________ ____________________
Mailing Address: ____________________ ____________________	**Mailing Address:** ____________________ ____________________
County of Residence:	**County of Residence:**
Part Time State of Residence/Business Interest	**PartTimeState of Residence/Business Interest**

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Client Historical Data Sheet Continued

Single Client #1 or Husband	**Client #2 (Female Spouse)**
Name & Address of Employer	**Name & Address of Employer**
____________________ ____________________ ____________________	____________________ ____________________ ____________________
[ ] Self employed MUST FILL OUT BUSINESS INFORMATION SHEET **Type of Self Employment:** [ ] Sole Proprietor [ ] Partnership [ ] C Corp [ ] S Corp [ ] L.L.C. [ ] L.L.P. [ ] Trust [ ] Corporation Sole [ ] Other (if so, explain____________________)	**[ ] Self employed MUST FILL OUT BUSINESS INFORMATION SHEET** **Type of Self Employment:** [ ] Sole Proprietor [ ] Partnership [ ] C Corp [ ] S Corp [ ] L.L.C. [ ] L.L.P. [ ] Trust [ ] Corporation Sole [ ] Other (if so, explain ____________________)
[ ] W-4 employer packet needed for this employer **Gross Monthly Income**	[ ] W-4 employer packet needed for this employer **Gross Monthly Income**

If Client(s) have used other Advisors, Attorneys, CPAs, &/or Consultants in the past to resolve income tax matters, check here [ ].

Company Name	Phone Number	Year(s) Used	What Was Done	End Result

Use additional sheets if needed

Client(s) certify that information provided in this profile is correct as of the date of signing and acknowledge(s) an understanding that any intentional and or negligent misrepresentation(s) of the information contained in this profile may void or be cause for cancellation of any future agreements between the client(s) and American Tax Consultants of Florida. If the client(s) has or have had a divorce and/or a separation, then it is the clients(s) responsibility to notify the ex-spouse of the possible income tax ramifications to that individual(s).

Client # 1/Husband (Please Print): ____ **Date:**____________

Client # 2/Spouse (Please Print): ____ **Date:**____________

Master Representative Name (printed): ____ **Date:** ____________

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Business Information Sheet

[ ] Sole Proprietor [ ] Partnership [ ] C Corp [ ] S Corp

[ ] L.L.C. [ ] L.L.P. [ ] Trust [ ] Corporation Sole

Business: Full Legal Name
FED ID or EIN:
State of Incorporation:
Email Address:
Phone Number: **Fax Number:**
Physical Address: (Street, City, State, Zip Code) ____ ____
Mailing Address: ____ ____

If Client(s) have used other Advisors, Attorneys, CPAs, &/or Consultants in the past to resolve income tax matters, check here [ ].

Company Name	Phone Number	Year(s) Used	What Was Done	End Result

Use additional sheets if needed

Client(s) certify that information provided in this profile is correct as of the date of signing and acknowledge(s) an understanding that any intentional and/or negligent misrepresentation(s) of the information contained in this profile may void and/or cause cancellation of any future agreements between the client(s) and American Tax Consultants of Florida.

I understand that American Tax Consultants of Florida must have my business information so that they can address the IRS properly for my personal tax issues and *<u>are not</u>* representing my business or other entity.

Business / CEO Name (Please Print): ______________________________ **Date:** ______________

Master Representative Name (printed): ______________________________ Date: ______________

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1st Year Fee Schedule

For current filing and amending/filing the past three years (tax refunds & non filers):

Single Adult	$2500.00
Married Adults: filing jointly	$3100.00
Divorced/Separated Adults: different households filing jointly	$4000.00

For current filing with no amendments of prior years (no petition for tax refunds):

(Non Filers cannot use this category)

Single Adult	$1900.00
Married Adult: filing separate non-particpating spouse	$1900.00
Married Adults: filing jointly	$2500.00
Divorced/Separated Adults: different households filing jointly	$3400.00

Client's Single, <u>Dependant</u> Children living at home (or school):

Dependant child who has not worked before the current year	$450.00
Dependant child who has **<u>filed only 1 return.</u>**	$1000.00

Disclaimer Fee: **Lien, Levy, Garnishment and Seizure Fees**

Additional Fee at time of signing contract: (if required)		$750.00
If CPA and/or Attorney required:	(If Lien, Levy, Garnishments and Seizures are discoved after contract is in force)	$195.00 hr

Continuing Yearly Fees:

Continuing yearly fee	$450.00

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2nd Year Fee CALCULATION Worksheet

(FEES CALCULATED HERE DO NOT INCLUDE FILING FOR BUSINESSES Or OTHER ENTITIES)

Last Name: ______________________________
(please print)

Enter your TOTAL INCOME, for each year as indicated, on Lines A, B, & C.
(IF YOU FILED TAX RETURNS, the figures to use here are from Line 22 of each year's Form 1040 Tax Return)
Perform the Calculations on Lines D, E, & F; then, transfer the figure from Line F to the middle of p.8.
(NO LINE should have a "zero" figure. For Illustration, See the "Sample Worksheet" on the lower half of this page).

Tax Year		Figures	(All Figures must be filled in prior to submitting your application)
1998		$________________**(A)**	
1999		$________________**(B)**	
2000		$________________**(C)**	
Total *(A+B+C):*	=	$________________**(D)**	
Line D (divided by) **3**	=	$________________**(E)**	
Line E x 6.25%	=	$________________**(F)**	**($450.00 Minimum Fee)**
(**Notice: 6.25 percent [.0625]**)		(Enter this final figure on the line in the middle of Page 8 where it says: "2nd Year Fee")	

Sample Worksheet

Tax Year: **Federal Tax Return Page 1, Figure from Line 22 (if you filed tax returns)**
Otherwise, enter your TOTAL income for each year from all sources.

1998		$ 41,000	**(A) sample**
1999		$ 43,000	**(B) sample**
2000		$ 45,000	**(C) sample**
Total *(A+B+C):*	=	$ 129,000	**(D) sample**
Line D (divided by) **3**	=	$ 43,000	**(E) sample**
Line E x 6.25%	=	$ 2,687.50	**(F) sample**

Master Representative: ____ Date: ____________________

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Fee Schedule

FEES DO NOT INCLUDE FILINGS FOR BUSINESSES

Client #1/Husband Name: ______________________ **Client #2/Spouse Name:** __________________________
(please print) (please print)

First Year Initial Fee & Deposit

The above named individual(s) do hereby engage the services of American Tax Consultants of Florida in the representation, consultation, and assistance in the conduct of negotiations with the Internal Revenue Service and/or other Income Taxing agencies in accordance with "Sample Client Agreement" on pages 11 & 12 and acknowledges receipt of "Disclaimer" on page 10.

First Year Fee: (From page 6) $__________________

Disclaimer Fee: IF any item(s) named on "Disclaimer" page 10, Enter $750.00 on this line. $__________________

Less Cash Deposit: $__________________

Balance to be paid: $__________________

2nd Year Fee: (From line F on page 7) $__________________ **($450.00 Minimum Fee)**

Third Year Fee: (those with pending levy, garnishment, or seizure, same as 2nd year fee; ALL OTHERS $450.00) $____________________

$450.00 shall be paid on all subsequent anniversary dates thereafter, or until the services of American Tax Consultants are no longer required as stated in item (h) of "Sample Client Agreement" (page 11).

Signed in agreement this: ___________ day of ____________________________________

Right to cancel: Client(s) have a ten (10) business day right of refund from the above date.

Client # 1/ Husband: __________________________________ **Client # 2/ Spouse:** ____________________________________
(signature) (signature)

Master Representative: ____

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(signature)

W-4 Package Request Form

Client # 1/Husband: ___________________________
(please print)

Company Name: _____________________________ Phone #: ______________________________

Company Address: ____

City:_______________________________State:___________Zip Code: ____________________

Client # 2/Spouse: ____________________________
(please print)

Company Name: _____________________________ Phone #: ______________________________

Company Address: ____

City: _____________________________ State:__________Zip Code:______________________

[ ] Check box if self-employed and you want a W4 Package.
YOU MUST FILL OUT A BUSINESS INFORMATION SHEET

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Disclaimer

(ALL CLIENTS MUST SIGN & RETURN THIS PAGE WITH THEIR APPLICATION)

American Tax Consultants of Florida, hereinafter known as (American), represents clients in income tax matters **ONLY,** and **ONLY** in an administrative capacity.

The fees set forth in paragraphs (g), (h), (i), & (j) of the "Sample Client Agreement", **DO NOT** include charges for services required to resolve any of the following Federal and/or State Income Tax matters:

"Warrant of Distraint"	"Court Ordered Appearances and/or Tax Liabilities"
"Notice of Levy" (Garnishments)	"Notice of Sale"
"Notice of Seizure"	"Notice of Lien"

Charges for resolution of these matters are found in the "Fee Schedule" (page 6). Resolution will be implemented as set forth in the "fee schedule" upon receipt of client approval and payment. Liens and/or levies more than three (3) years old may or may not be removed by American.

New client(s) cannot expect the above-identified problem(s) specifically addressed until after sixty (60) days from the date after American's receipt of signed documents. This allows for appropriate processing with Internal Revenue Service/State income taxing agency.

NOTE: Any action prior to that time will only cause additional delay.

New clients(s) who have a scheduled IRS/State Income Tax audit appearance within sixty (60) days after American's receipt of signed client documents are advised to appear and notice the convening authority of pending American efforts (unless otherwise advised by American).

If you are a single client who is separated or divorced, you do hereby certify that, to the best of your ability, you have or will notify your spouse/ex-spouse(s) of the probability of their income tax liability increasing in proportion to your income tax exemption/refund.

Client # 1: ____ **Date:** ____________
(signature)

Client # 2:____ **Date:** ____________
(signature)

Master Representative: ______________________________________ **Date:**____________

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(signature)

Sample Client Agreement
FOR PERSONAL INCOME TAXES ONLY

By this agreement, Client(s) does hereby engage the services of American Tax Consultants of Florida, hereinafter referred to as American, in the representation, consultation, and/or assistance in the conduct of his/her personal income tax relationship with the Internal Revenue Service and other income taxing agencies.

(a) Client(s) shall make available to American copies of any and all documents, communications, and records from income taxing agencies that now exist and are in the Client's possession. The Client(s) shall notify and furnish copies of all future correspondence covering the last three (3) years or any notice or lien or levy between himself/herself and the income taxing agencies.

(b) Upon receipt of all income tax data supplied by client (example: income tax returns, W-2’s, 1099’s, etc.), American shall confer with Client(s) and if acceptable prepare the appropriate filing to resolve the identified problems.

(c) American shall make any and all correspondence with the income taxing agencies from the date of this agreement. Disagreements with any income taxing agency due to the examination, inquiry, findings and/or response to any tax matter for any given tax period, statement, or tax return shall be submitted to and answered by American.

(d) Should Client(s) be entitled to a refund of taxes paid in error as the result of a citizenship dispute or misunderstanding, American shall file for the Client(s) the proper forms for those three years.

(e) American shall keep Client(s) informed of progress made. Since the Internal Revenue Service conducts their collection activities by the rules of the Uniform Commercial Code and it's regulations, it is of the utmost importance that all instruments of communication, no matter how incidental in appearance, shall be submitted immediately to American. Client(s) shall notify American by telephone of the receipt of said communications within two (2) business days.

(f) In addition, a Power of Attorney and Declaration of Representative Form 2848 and any applicable state power of attorney shall be filed with all income taxing agencies involved.

(g) As compensation for services rendered, Client(s) agree to pay to American the first year initial fee of $2,500.00 (individual) or $3,100.00 (couple) or $4,000.00 for divorced/separated clients, both utilizing our services upon the signing of this agreement, or a satisfactory payment plan, which constitutes fee for services as stipulated in paragraphs (b) through (g) of this “Sample Client Agreement” only.

(h) Additional compensation, payable for the next year, is based on the "Fee Schedule" attached hereto and made a part of this “Sample Client Agreement”. An additional payment of $450.00 shall be paid on each subsequent anniversary date thereafter as indicated on the "Fee Schedule", or until the services of American are no longer required, due to the Client(s) demise, or the present income tax system negates the effectiveness of American's efforts.

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(i) An amount equal to Thirty Three & One Third percent (33 1/3%) shall be charged for any and all refunds for prior income tax periods and shall be paid to American within three (3) days of receipt of recovered funds. If there is a prior lien and/or levy, any of these funds recovered by American shall be compensated to American in the amount of Thirty Three & One Third percent (33 1/3%) of such recovery. If the IRS or State Taxing Agency grants a refund and later demands its return, American will refund the amount paid to American to the client upon production of a copy of such demand.

(j) Should occasion arise that is not covered by the articles so stated herein that would result in additional time and costs by American, Client(s) shall reimburse American for actual costs, plus time, at the rate of One Hundred and Ninety Five Dollars ($195.00) per hour payable within thirty (30) days of statement. Occasion is further defined, as any tax matter not listed on "Power of Attorney" as in number three (3) of (Tax Matters) and is specifically identified on "Disclaimer" paragraph number two (2). Approximate cost for any and all additional time spent by American shall be pre-approved by Client(s) and specifically identified.

(k) Termination of this agreement may be made by either party, giving notice to the other party, of the termination of this agreement. **Such notification shall be sent by certified mail, return receipt requested**. Said termination shall be effective upon receipt of said notice. Upon receipt of notice of termination, any current annual outstanding balance, prorated to date of termination, shall be immediately due and payable. Client(s) shall have seventy-two (72) hours in which to make payments without penalty. Further, ***Client(s) shall enjoy a ten (10) business day right of refund from the date of signing the fee schedule.***

(l) American Tax Consultants are not attorneys.

(m) Should legal action be required to enforce the provisions herein, the prevailing party shall be entitled to reasonable legal fees and costs related to the collection thereof

(n) If the Client(s) engages the services of any other person(s) or firm(s) to assist in the resolution of any income tax matters, the Client(s) will notify American within forty-eight (48) hours in writing. Based upon the methodology of the new Advisors, Attorneys, CPAs, and/or Tax Consultants, American reserves the right to terminate this contract without cause. The full amount of the initial year agreement will be fully earned and payable within seventy-two (72) hours.

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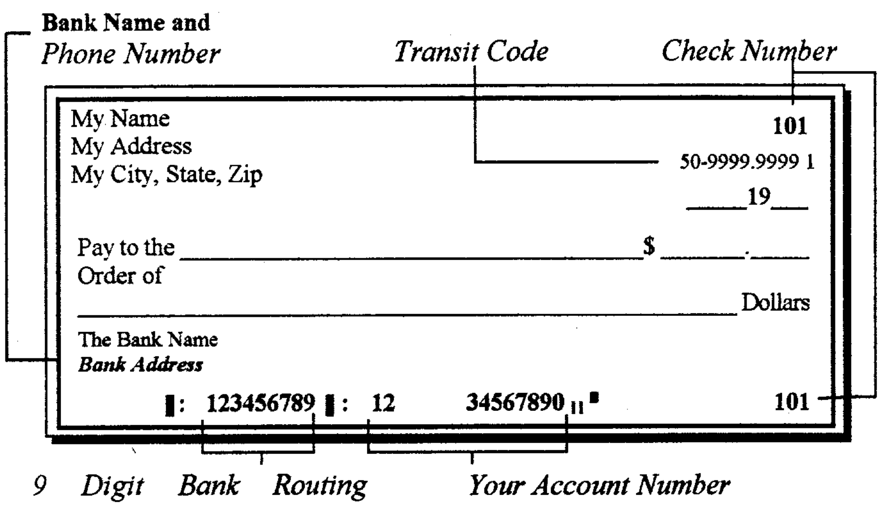
Fax-A-Check

Client #1 Name: ________________________________
(please print)

To process your paperwork immediately, fill out the check information below and fax with your entire package to:

Paul Leinthall FAX: 240-465-6208

Please enter the requested information at the bottom from the diagram below. Before faxing this form, you can simply scotch-tape the top (or leading edge) of your actual written and signed check over the diagram. You keep your original. What comes back to your bank, for your records after faxing, is a computer check (draft). Legal and accepted by all banks.



Print name as it appears on your check: ________________________________

Your Address: ________________________________

City/State/Zip: ________________________________

Bank Name: ____________________ **Transit Code:** ______________ **Check Number:** __________

Your signature: ________________________________

Payable to: American Tax Consultants **Check Amount:$** ______________

9 Digit Bank Routing Number: ________________ **Your Account Number:** ________________