

ENGAGEMENT LETTER

Bookkeeping Services Agreement

Date: _____

Dear _____,

This letter confirms the terms of our engagement and outlines the nature and extent of the bookkeeping services we will provide to _____ for the fiscal period beginning _____.

1. SCOPE OF SERVICES

We will provide the following professional bookkeeping services on a _____ basis:

- Recording and classifying daily financial transactions.
- Reconciliation of bank accounts, credit cards, and loan statements.
- Preparation of monthly, quarterly, and annual financial reports, including Balance Sheets and Income Statements.
- Processing and maintenance of accounts payable and accounts receivable.
- Assisting with payroll processing and associated regulatory filings, as mutually agreed upon.

2. CLIENT RESPONSIBILITIES

To perform our services effectively, you agree to provide us with all necessary financial information, source documents, bank statements, receipts, and invoices in a timely and organized manner. We rely on the accuracy and completeness of the information you provide. We will not audit or verify the information submitted, and our services cannot be relied upon to detect errors, fraud, or illegal acts.

3. PROFESSIONAL FEES

Our fees for these services will be billed as follows:

A fee of _____ per _____, payable upon receipt of invoice. Any additional services requested outside the scope of this agreement will be billed at our standard hourly rate of _____ per hour.

4. CONFIDENTIALITY AND TERMINATION

We will maintain the strictest confidentiality regarding all aspects of your business and financial records. This agreement may be terminated by either party with _____ days written notice. Upon termination, all outstanding fees must be paid in full immediately.

Please review this agreement. If the terms outlined are acceptable and accurately reflect your understanding of our arrangement, please sign and return a copy of this letter to us.

Sincerely,

ACKNOWLEDGMENT & ACCEPTANCE

The terms and conditions of this engagement letter are hereby approved and accepted:

Authorized Client Representative Signature

Print Name: _____

Title: _____

Date: _____

Bookkeeper/Firm Representative Signature

Print Name: _____

Title: _____

Date: _____