YEARLY INCOME TAX PREPARATION RETAINER CONTRACT

This Agreement is entered into on this _____ day of _____, 20____, by and between:

Tax Professional: _____
Address: _____
Phone: _____ | Email: _____

And

Client: _____
Address: _____
Phone: _____ | Email: _____

1. SCOPE OF SERVICES

The Tax Professional agrees to provide the Client with annual income tax preparation services, which include:

1. Preparation of federal, state, and local income tax returns for the tax year ending _____.
2. Review of financial documents, receipts, and income statements provided by the Client.
3. Electronic filing (e-filing) of completed and approved tax returns.
4. Year-round tax planning consultations, limited to _____ hours per calendar year.

2. RETAINER FEE & PAYMENT TERMS

The Client agrees to pay the Tax Professional an annual retainer fee of $_____ for the services outlined above.

- A non-refundable deposit of $_____ is due upon signing of this Agreement.
- The remaining balance of $_____ shall be paid upon completion and prior to the filing of the tax returns.
- Any additional consulting hours beyond those specified in Section 1 will be billed at an hourly rate of $_____.

3. CLIENT RESPONSIBILITIES

The Client agrees to provide all necessary financial records, receipts, forms (such as W-2s, 1099s, K-1s), and other relevant documentation no later than _____. The Tax Professional is not responsible for tax return delays, penalties, or interest resulting from the Client's failure to provide information in a timely manner.

4. TERM AND TERMINATION

This Agreement is valid for one calendar year from the date of execution. Either party may terminate this Agreement by providing _____ days written notice. If the Client terminates this Agreement prior to completion of the tax services, the initial retainer deposit will be forfeited.

5. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of _____.

IN WITNESS WHEREOF, the parties hereto have executed this Retainer Contract as of the date first written above.

TAX PROFESSIONAL

Signature

Print Name: _____

Date: _____

CLIENT

Signature

Print Name: _____

Date: _____