



SPECIALIST
ECONOMIC ADVISORS

DATE

COMPANY NAME
COMPANY ADDRESS 1
COMPANY ADDRESS 2
COMPANY CITY, STATE, ZIP

TERMINATION AGREEMENT LETTER

Dear CLIENT NAME:

With regard to any and all issues related to tax returns, litigation, audits, offer in compromise, installments, estimated tax or any other tax related matters, the undersigned do hold the above tax and accounting firm harmless.

This written notification becomes binding and ends the verbal or written contractual relationship of client/taxpayer and tax professional (CPA, Enrolled Agent, ETC.) However, with regard to any fees, the taxpayer/client relationship shall not be considered terminated until all amounts due to Name of Tax Firm, Name of Tax Professional, Title of Tax Professional (CPA, Enrolled Agent, ETC) are paid in full. This document may also be used by both parties as notification of the termination of Power of Attorney for tax purposes.

Under Section 10.34 of United States Treasury Department Circular Number 230 - Title 31 Code of Federal Regulations, if any balance of the account is not paid in accordance with the terms on the billing statement, governmental agencies can be notified that the signature area of the return is inaccurate because Name of Tax Professional, who signed tax returns as a PAID PREPARER, has not received payment.

Your signature below will close your currently open file. This document includes personal and business accounts, files and returns related to the undersigned.

“I understand that if I request copies of any information, such as returns, I will be required to pay for such requested information based upon time and material, including copying, postage, and/or fax expense. (For example, a request for a copy of a return would be figured using Name of Tax Professional’s hourly rate, plus the costs incurred for overhead regarding copying, “approximately _____ cents per copy”). These amounts would have to be paid prior to delivery of the requested information. This includes any requests made by a new accountant/tax preparer. It also includes costs pertaining to any correspondence from any government agency the client may receive after this document has been signed. I understand that all tax work papers are the property of Name of Tax firm.”



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Taxpayer Signature _____ Date _____

Spouse Signature (if applicable) _____ Date _____

Name of Business (if applicable) _____ Date _____

Business Authoritative Signature _____ Date _____

Upon payment in full, representative of Name of Tax Firm, will sign below, terminating the entire relationship between Name of Tax Firm/Tax Professional, who has previously signed above.

Tax Professional/Title _____ Date _____

