



ACCOUNTING/TAX SERVICE ENROLLMENT (2019)

COMPLETE, SIGN & DATE

This form authorizes JIM PALMER to withhold an accounting fee from your weekly settlement and pay to Abacus CPAs, LLC

Company: **JIM PALMER** or **AFFILIATED COMPANY**

In association with the service provider: **Abacus CPAs, LLC**

Name _____
First MI Last

Driver Code _____ Truck # _____

Social Security # _____ Phone Number _____

Email _____ Secondary Phone Number _____

Mailing Address _____ City, State, Zip _____

☐

Check box to receive Quarterly Estimates (\$50 per quarter)

Fee & Service

The fee a client pays the service provider (Abacus CPAs) is determined by the level of service selected. The client must complete the *Accounting Service Option* form and select one of the levels of service. **By signing this form the client authorizes the company (Jim Palmer.) to withhold from the client's weekly settlement the fees for the level of services selected and an initial \$10 sign-up fee, then forward said fees to the services provider.**

To allow us to better serve your accounting needs, please select one of the following statements/fee schedule that applies to you:

☐

I am signed up to receive my Operating Statements through Jim Palmer

**See Back Page for Fee Schedules*

☐

I am NOT signed up to receive my Operating Statements through Jim Palmer

**See Back Page for Fee Schedules*

In the event that the client is no longer employed or contracted with the company (Jim Palmer.), this agreement will automatically be cancelled. If the client chooses continued service, previously paid fees will be applied to the service. Client will be requested to inform the service provider (Abacus CPAs) of this decision.

Agreement

TO THE COMPANIES NAMED ABOVE: I hereby apply to participate in the ACCOUNTING/ TAX SERVICE PLAN and **AUTHORIZE** you to deduct from my settlement the necessary plan fee as set forth in this document and the *Accounting Service Level* form. I have read, understand, and agree to the fee structure. This **Authority** is to remain in effect until revoked by me **in writing**. I also understand that if I am no longer contracted to the participating company, my participation will be cancelled.

By signing this I also give the company (Jim Palmer.) the authority to share information regarding my settlements to the service provider selected. The company (Jim Palmer.) shall not be held liable for any loss of profit, indirect, special, exemplary, punitive, incidental, or consequential damages that may be caused by resulting from the performance or nonperformance of this service.

FOR OFFICE USE:

Entered: _____

To Payroll: _____

Jim Palmer Hire Date: _____

X _____

Signature

X _____

Date

Pricing Sheet Based on Settlement Election

Will not receive Operating Statements

Month	Tax Year	Date of 1 st Payment	Annual Fee	Weeks Left	Weekly Payment
Jan	2019	1/1/2019	916	52	17.62
Feb	2019	2/5/2019	891.12	47	18.96
Mar	2019	3/5/2019	866.02	43	20.14
Apr	2019	4/2/2019	840.84	39	21.56
May	2019	5/7/2019	815.85	35	23.31
Jun	2019	6/4/2019	791.12	31	25.52
Jul	2019	7/2/2019	765.99	27	28.37
Aug	2019	8/6/2019	691.02	22	31.41
Sep	2019	9/3/2019	666.18	18	37.01
Oct	2019	10/1/2019	641.06	14	45.79
Nov	2019	11/5/2019	615.96	9	68.44
December - Closed Enrollment					

Will receive Operating Statements

ABACUS CPA'S, LLC						
2019 PREPAY FEE SCHEDULE						
Basic Service						
Week	Date to Payroll	First Payment	Annual Fee	Weekly Payment	Additional Payment	For # of Weeks
1	12/31/18	01/04/19	\$ 426.00	\$ 8.00	\$ 10.00	1
2	01/07/19	01/11/19	\$ 426.00	\$ 8.00	\$ 9.00	2
3	01/14/19	01/18/19	\$ 426.00	\$ 8.00	\$ 8.67	3
4	01/21/19	01/25/19	\$ 426.00	\$ 8.00	\$ 8.50	4
5	01/28/19	02/01/19	\$ 426.00	\$ 8.00	\$ 8.40	5
6	02/04/19	02/08/19	\$ 426.00	\$ 8.00	\$ 8.33	6
7	02/11/19	02/15/19	\$ 426.00	\$ 8.00	\$ 9.67	6
8	02/18/19	02/22/19	\$ 426.00	\$ 8.00	\$ 13.20	5
9	02/25/19	03/01/19	\$ 426.00	\$ 8.00	\$ 14.80	5
10	03/04/19	03/08/19	\$ 426.00	\$ 8.00	\$ 16.40	5
11	03/11/19	03/15/19	\$ 426.00	\$ 8.00	\$ 12.86	7
12	03/18/19	03/22/19	\$ 426.00	\$ 8.00	\$ 16.33	6
13	03/25/19	03/29/19	\$ 426.00	\$ 8.00	\$ 17.67	6
14	04/01/19	04/05/19	\$ 426.00	\$ 8.00	\$ 16.29	7
15	04/08/19	04/12/19	\$ 426.00	\$ 8.00	\$ 17.43	7
16	04/15/19	04/19/19	\$ 426.00	\$ 8.00	\$ 18.57	7
17	04/22/19	04/26/19	\$ 426.00	\$ 8.00	\$ 19.71	7
18	04/29/19	05/03/19	\$ 426.00	\$ 8.00	\$ 20.86	7
19	05/06/19	05/10/19	\$ 426.00	\$ 8.00	\$ 19.25	8
20	05/13/19	05/17/19	\$ 426.00	\$ 8.00	\$ 20.25	8
21	05/20/19	05/24/19	\$ 426.00	\$ 8.00	\$ 21.25	8
22	05/27/19	05/31/19	\$ 426.00	\$ 8.00	\$ 22.25	8
23	06/03/19	06/07/19	\$ 426.00	\$ 8.00	\$ 23.25	8
24	06/10/19	06/14/19	\$ 426.00	\$ 8.00	\$ 21.56	9
25	06/17/19	06/21/19	\$ 426.00	\$ 8.00	\$ 22.44	9
26	06/24/19	06/28/19	\$ 426.00	\$ 8.00	\$ 23.33	9
27	07/01/19	07/05/19	\$ 426.00	\$ 8.00	\$ 21.80	10
28	07/08/19	07/12/19	\$ 426.00	\$ 8.00	\$ 22.60	10
29	07/15/19	07/19/19	\$ 426.00	\$ 8.00	\$ 23.40	10
30	07/22/19	07/26/19	\$ 426.00	\$ 8.00	\$ 24.20	10
31	07/29/19	08/02/19	\$ 426.00	\$ 8.00	\$ 22.73	11
32	08/05/19	08/09/19	\$ 426.00	\$ 8.00	\$ 23.45	11
33	08/12/19	08/16/19	\$ 426.00	\$ 8.00	\$ 22.17	12
34	08/19/19	08/23/19	\$ 426.00	\$ 8.00	\$ 22.83	12
35	08/26/19	08/30/19	\$ 426.00	\$ 8.00	\$ 23.50	12
36	09/02/19	09/06/19	\$ 426.00	\$ 8.00	\$ 22.31	13
37	09/09/19	09/13/19	\$ 426.00	\$ 8.00	\$ 22.92	13
38	09/16/19	09/20/19	\$ 426.00	\$ 8.00	\$ 23.54	13
39	09/23/19	09/27/19	\$ 426.00	\$ 8.00	\$ 24.15	13
40	09/30/19	10/04/19	\$ 426.00	\$ 8.00	\$ 24.77	13
41	10/07/19	10/11/19	\$ 426.00	\$ 8.00	\$ 23.57	14
42	10/14/19	10/18/19	\$ 426.00	\$ 8.00	\$ 24.14	14
43	10/21/19	10/25/19	\$ 426.00	\$ 8.00	\$ 24.71	14
44	10/28/19	11/01/19	\$ 426.00	\$ 8.00	\$ 23.60	15
45	11/04/19	11/08/19	\$ 426.00	\$ 8.00	\$ 24.13	15
46	11/11/19	11/15/19	\$ 426.00	\$ 8.00	\$ 23.92	15
47	11/18/19	11/22/19	\$ 426.00	\$ 8.00	\$ 24.75	15
48	11/25/19	11/29/19	\$ 426.00	\$ 8.00	\$ 24.75	14
49	12/02/19	12/06/19	\$ 426.00	\$ 8.00	\$ 24.75	13
50	12/09/19	12/13/19	\$ 426.00	\$ 8.00	\$ 24.75	12
51	12/16/19	12/20/19	\$ 426.00	\$ 8.00	\$ 24.75	11
52	12/23/19	12/27/19	\$ 426.00	\$ 8.00	\$ 24.75	10



ENGAGEMENT LETTER

The purpose of this letter is to confirm the understanding between the undersigned (client) and Abacus CPAs, LLC. An accounting firm located in Springfield, Missouri.

1. Abacus CPAs, LLC, is engaged to prepare federal and state income tax returns on the client's behalf beginning with the year of the date of signature below. Abacus CPAs, LLC, will continue to prepare client's tax returns annually until client notifies Abacus CPAs, LLC, in writing that client no longer requires Abacus CPAs, LLC, services or client has terminated contract with sponsoring company.

2. Abacus CPAs, LLC, fees for preparing your tax returns will be based on our normal operating procedures. Abacus CPAs, LLC, will collect additional fees as specified in Abacus CPAs, LLC, current rate schedule for any additional work required on client's behalf. Standard fees will be collected on a periodic basis through the company that the client operates under beginning with the month of engagement.

3. Abacus CPAs, LLC, has no responsibility for the funds collected by client's company until those funds are remitted to Abacus CPAs, LLC.

4. Client will ensure full payment of tax preparation fees prior to client receiving final tax returns.

5. If client discontinues Abacus CPAs, LLC, services prior to year-end tax returns being filed Abacus CPAs, LLC, reserves the right to retain any and all funds paid to Abacus CPAs, LLC, for signup, setup, marketing expenses, and ongoing work related to client.

6. Abacus CPAs, LLC, will use its judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and what seem to be other supportable positions. Abacus CPAs, LLC, will resolve such questions in client's favor whenever possible.

7. Client represents that the information provided to Abacus CPAs, LLC, is accurate and complete to the best of the client's knowledge. Abacus CPAs, LLC, will review the information and supporting documentation and may ask for additional information or clarification of certain items. For most expenses the law specifically requires that records indicating the amount, time, place, and business purpose of the expense must substantiate any deductions.

8. Client agrees to allow Abacus CPAs, LLC, to gather settlement information from the company that Client drives for. In addition, Client agrees to allow Abacus CPAs, LLC, to share monthly operating statements with the company that the client drives for.

9. Abacus CPAs, LLC, may, at its option, for any reason automatically file for an extension on behalf of client to extend the tax return filing deadline. If Client has not provided all documentation by March 15 for the proceeding tax year, Abacus CPAs, LLC, may very likely need to file an extension on behalf of client.

10. The Client is reminded that the law imposes a penalty if taxpayer makes a substantial understatement for tax liability. The Client is ultimately responsible for the tax return and therefore, should review them carefully before signing and filing them.

11. Should the client's return be selected for examinations by tax authorities, Abacus CPAs, LLC, will provide representation for the client before these authorities and prepare any refund claims or protest that may be necessary to obtain a final determination of client's income tax liability. **Clients will be billed at Abacus CPAs, LLC, standard rates, plus out of pocket expenses for these services.**

12. Client agrees that Abacus CPAs, LLC, liability for damages under this agreement, regardless of the form of action, shall not exceed the total amount paid for the services described herein. This shall be client's exclusive remedy. This engagement letter shall be governed as to validity, interpretation, construction, effect, and in all other respects by the law and decisions of the state of Missouri.

AGREED TO AND ACCEPTED: The forgoing is in accordance with client's understanding of Abacus CPAs, LLC, engagement to provide tax services. By providing us the information necessary to prepare your tax returns, you accept the terms of our engagement outlined in this letter and the enclosed rate sheet. Abacus CPAs, LLC, appreciates this opportunity to serve you.

BY: _____ DATE: _____

Abacus CPAs, LLC
1835 E. Republic Rd. Ste. 200 Springfield, MO 65804
Phone 417-380-5000 · Fax 417-521-6887

CLIENT DATA SHEET

PLEASE COMPLETE

The information requested on this form will help us better serve your accounting and tax needs. The more we know about you, the better prepared we are to work for you.

Truck Information:

Contracted with _____ Date Started With Company _____

Truck Number _____ Own or Lease _____

Taxpayer Information:

Filing Status: Single _____ Married Filing Joint _____ Married Filing Separate _____ Head of House _____

First Name _____ Initial _____ Last Name _____

Address (Physical): _____ City _____ State _____ Zip _____

Address (Mailing): _____ City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Date of Birth _____

Home Telephone _____ Cell or Work Telephone _____

E-Mail Address: _____

State(s) of residence during the past year - If more than one state, please provide the date you moved: _____

Some state tax returns require county and school district information. Please list the county and school district of your resident state _____

Spouse Information: (Even if filing separate you must provide your spouse's information.)

First Name _____ Initial _____ Last Name _____

Social Security # _____ - _____ - _____ Date of Birth _____

Occupation _____ Cell or Work Phone: _____

Dependent Information:

If dependent children are not in your custody, do you have the legal right to claim them as a dependent?

1. Name _____ Date of Birth _____
Social Security # _____ Relationship _____
Months Lived at Home _____
2. Name _____ Date of Birth _____
Social Security # _____ Relationship _____
Months Lived at Home _____
3. Name _____ Date of Birth _____
Social Security # _____ Relationship _____
Months Lived at Home _____
4. Name _____ Date of Birth _____
Social Security # _____ Relationship _____
Months Lived at Home _____



DRIVER CASH EXPENSE RECORD

Email: exprec@abacuscpas.com Fax: 417-823-0744

Name _____
Truck # _____

Dates Included _____

Days Away From Home	Lumpers (Required if reefer)	Cash Tolls/ Parking Fees	Scales (Required)	Equipment/ Operating Supplies	Safety/Weather Gear
	Amount	Amount	Amount	Amount	Amount
Days away from home for this time period					
Total ==>		Total ==>		Total ==>	
Cash Fuel	Oil & Additives	Truck & Trailer Wash (If not given a PO #)	Repairs (If not on settlement)	Cell Phone, Internet, & Communication	Recruiting & Advertising
Amount	Amount	Amount	Amount	Amount	Amount
Total ==>	Total ==>	Total ==>	Total ==>	Total ==>	Total ==>
Office Supplies	Motels	Laundry/Showers	Bank/ATM Fees	Miscellaneous	
Amount	Amount	Amount	Amount	Item Description	Amount
Total ==>	Total ==>	Total ==>	Total ==>		Total ==>

LIST ONLY THOSE EXPENSES THAT ARE NOT INCLUDED IN THE SETTLEMENT FROM YOUR COMPANY. OUR PREFERENCE IS THAT YOU SEND THIS FORM TO US ONCE A MONTH. CALL IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM.

We will not accept any unsigned or undated form.

I have in my possession all the necessary documents to prove the expenses listed or summarized on this cash expense form and verify that said expenses are true and correct. In addition, all expenditures listed meet the definition of a business deduction as defined by the IRS.

_____ Sign & Date