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## **RE: Nonprofit Return Extension**

Dear Client:

Thank you for choosing JPT Financial Solutions Inc. for our nonprofit professional services. This letter is to confirm and specify the terms of our engagement with you as our client to prepare your nonprofit return extension.

In order to ensure the understanding of our mutual responsibilities, we ask that you confirm the arrangements listed below. Acknowledgement of this information is required from all clients prior to the preparation of tax return extensions by our firm.

Please sign and date this form as requested below, and complete the 3 sections noted below with required client details to complete the preparation of your tax extensions.

We are pleased to have this opportunity to provide you with our firm's services and sincerely appreciate your confidence in us. Please contact our office if you have questions on the attached documentation.

Very truly yours,

JPT Financial Solutions Inc.

### **ENGAGEMENT & REQUEST TO PROCESS NONPROFIT RETURN EXTENSION**

- 1.) Your request to engage JPT Financial Solutions Inc. to prepare and file an income tax extension is a tax service **separate and distinct** from preparing and filing your final tax return. As such, a **separate** fee to prepare and file your income tax extension will be charged for this service.
- 2.) We will prepare your requested federal and requested state/local income tax extensions based solely on information that you provide to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.
- 3.) You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. The accuracy of the information and completeness of the representations reflected in your return is your responsibility.

**Nonprofit Return Extension**

- 4.) You understand that filing an extension allows additional time to complete and file your tax return to the respective government taxing authorities, but does not allow for an extension in time to pay any tax due to the respective government taxing authorities.
  
- 5.) Fees & Payment for Extension:
  - (a) Our fees are due by you, the client, **within 15 days after completion of all professional services** provided to you by this firm. A compounded 1.5% monthly interest late fee will be reflected on all past due accounts over 15 days.
  
  - (b) You understand that in order for JPT Financial Solutions to satisfy IRS requirements to sign-off on your tax return as a “paid preparer”, it is required that clients remit payment to our firm **upon receipt or notification of the completed tax return** and **prior** to the electronic filing of your return.
  
  - (c) In general, **tax return preparation fees** are calculated in proportion to the amount of work necessary to complete your return. This includes time spent assembling and reconciling documentation supplied by the client, as well as follow-up discussions with the client (verbal and/or written e-mails) for supplemental data or clarification of information received from the client.
  
  - (d) Where necessary, our firm will request **a retainer deposit payment** from you in advance of tax return preparation and/or related services that are of a sizeable nature. Terms of this agreement will be shared with the client in advance as determined by our firm.
  
  - (e) To complete all professional services provided to you by our firm, we will perform supplemental analysis, consultation and/or advisory services as needed, and we will render any required accounting and/or bookkeeping services as determined to be necessary. All of these services will be itemized and included in our invoices for services.

**Nonprofit Return Extension Engagement - Acknowledgement By Client**

CLIENT TAXPAYER

Accepted by  
(Please Print)

\_\_\_\_\_

Signature  
of Client

\_\_\_\_\_

Date

\_\_\_\_\_

**Nonprofit Return Extension**

Page 3 of 5

**Client to Provide Details to Prepare Your Tax Return Extensions**

**SECTION 1 – Provide Tax Year and Client Information**

Current Tax Year (4 digits):	<input type="text"/>	Today's Date:	<input type="text"/>
Taxpayer Name:	<input type="text"/>		
Tax ID:	<input type="text"/>		
Address:	<input type="text"/>	Apt No.	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	Country:	<input type="text"/>

**SECTION 2 – Identify Tax Extensions (IRS / Individual States) to be Filed**

<input type="checkbox"/> IRS	<input type="checkbox"/> Connecticut
<input type="checkbox"/> New Jersey	Other State #1: _____
<input type="checkbox"/> New York	Other State #2: _____

**SECTION 3 – Provide Detailed Data to File Extensions**

If you are making a payment with the filing of this extension please be sure to complete the electronic funds withdrawal section of the separate "Direct Deposit & Electronic Withdrawal Information" form.

**IRS**

(a) Estimate of Total Tax Liability for the Current Tax Year:	<input type="text"/>
(b) Payments Already Made for the Current Tax Year:	<input type="text"/>

**Nonprofit Return Extension**

**IRS (Continued)**

(c) Balance Due (Subtract box "b" from box "a"):

(d) Amount you are paying to the IRS  
with this extension:

**NEW JERSEY**

Amount you are paying to the State of NJ  
with this extension:

**NEW YORK**

(a) Estimate of New York State Income Tax  
Liability for the Current Tax Year:

(b) Estimate of NY City Income Tax Liability  
for the Current Tax Year:

(c) Estimate of Yonkers Income Tax Liability  
For the Current Tax Year:

(d) Sales and use tax due for the  
Current Tax Year:

(e) Total Taxes (add amounts in boxes a,b,c,d)

(f) Payments Already Made for the Current  
Tax Year:

(g) Balance Due (Subtract box "f" from box "e"):

(h) Amount you are paying to the State of NY  
with this extension:

**Nonprofit Return Extension**

**CONNECTICUT**

(a) Estimate of Total Tax Liability for the Current Tax Year:

(b) Payments Already Made for the Current Tax Year:

(c) Balance Due (Subtract box "b" from box "a"):

(d) Amount you are paying to the State of CT with this extension:

**OTHER STATE #1:** \_\_\_\_\_.

(a) Estimate of Total Tax Liability for the Current Tax Year:

(b) Payments Already Made for the Current Tax Year:

(c) Balance Due (Subtract box "b" from box "a"):

(d) Amount you are paying to Other State #1 with this extension:

**OTHER STATE #2:** \_\_\_\_\_.

(a) Estimate of Total Tax Liability for the Current Tax Year:

(b) Payments Already Made for the Current Tax Year:

(c) Balance Due (Subtract box "b" from box "a"):

(d) Amount you are paying to Other State #2 with this extension: