Let’s Get This Behind You!

Rasmussen Tax Group

Thank you for choosing Rasmussen Tax Group to assist you in resolving your tax matters. We look forward to resolving this matter on your behalf in as quick and efficient of a manner as possible.

The tax resolution process requires a significant amount of up-front information gathering to best represent your position and obtain the best possible resolution for your tax issues. So that we can begin protecting your income and assets as promptly as possible. Please thoroughly complete all steps contained in this document.

Step 1: **Complete and sign the enclosed Representation Agreement and Form 2848, Power of Attorney.**

Please fill in your name, address, tax identification number on page one where indicated, and sign in the center of page 2 where indicated.

The Power of Attorney allows me to speak with the IRS on your behalf, and to research the history of your case with the IRS, order account transcripts, and obtain summaries of liabilities and missing returns. All this information is critical in planning the best course of action for assisting you.

Step 2: **THOROUGHLY complete the enclosed Client Information Form.**

Some of the questions on this form may seem odd, burdensome, or overly intrusive. However, each one of these questions is crucial for determining the best course of action to help and is **required** for us to be able to prepare and file the proper IRS forms to get you the tax relief you need. It is best to think of the tax resolution process as a loan application - it requires all the same information and documentation.

Based on experience with new clients, obtaining the information from steps 2 and 3 from a new client is the most common cause of delay in obtaining tax relief. Other tax firms will take your money, and then badger you for weeks or months to obtain this information from you by allowing you to "trickle" it in, which gets you no tax relief during that time. *Our goal is to establish a positive and successful working relationship with you from the very beginning.*

I look forward to working with you to put your tax problems behind you!

Michael J Rasmussen CPA

PO BOX 11500, CONWAY, AR 72034 | (P)501-269-3009 | (F)866-403-6406 | RASMUSSENTAXGROUP.COM

IRS Representation Agreement

Rasmussen Tax Group

Our responsibilities:

1. Submit Form 2848 to IRS and retrieve transcripts for tax periods 2010-2025
2. Review transcripts and communicate via Secure Video Call a follow-up strategy session to interpret transcripts to (Client name)
3. Prepare a proposal of Tax Resolution Strategy Steps and deliver to (Client Name).

Client Agreement

I, ________________________________, (Client Name) agree and acknowledge the terms of the agreement, the disclosure of information, and services to be provided henceforth from today, date noted below..

By signing this contract, I agree to submit all information required for services agreed upon. Client further agrees to use best efforts to provide requested documents immediately due to time sensitive IRS response directives electronically in PDF format to Michael J Rasmussen CPA APC utilizing a secure online portal. Credentials to be provided to client upon execution of agreement.

IRS Representation Fee: $1,500

Client	Michael J Rasmussen CPA APC
Name_________________________________	Name_________________________________
Signature______________________________	Signature______________________________
Date _______________________________	Date _______________________________

Payment Authorization

Rasmussen Tax Group

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME	ID NUMBER

I (we) hereby authorize Michael J Rasmussen CPA APC, hereinafter called COMPANY, to initiate debit entries to my (our) □ Checking Account/ □ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME	BRANCH
CITY	STATE, ZIP
ROUTING NUMBER	ACCOUNT NUMBER

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (Please Print)	ID NUMBER
DATE	SIGNATURE

Client Information

Rasmussen Tax Group

FULL NAME	SSN	DOB
SPOUSE NAME	SSN	DOB
BUSINESS NAME	EIN	START DATE
BUSINESS STREET ADDRESS		
CITY, STATE, ZIP		
BUSINESS PHONE	HOME PHONE	CELL PHONE

Dependent Information:

NAME	DOB	RELATIONSHIP

1. Are you currently being sued or suing anybody in court YES NO
2. Have you (or your business) ever filed bankruptcy? YES NO
3. Have you ever been audited by IRS or any State Agency YES NO
   a. IF YES: Dates covered AND Resolution Letter dated ____________________
4. Do you currently have an unresolved tax notice from a tax agency? ✔ YES NO
5. Have you had any communication from a tax agency in past 3 years?
   If YES, are you current on all tax filings and tax payments? YES NO

Form 2848 – Power of Attorney

Rasmussen Tax Group

Please complete the IRS form 2948 as noted in the example below.

Form **2848** (Rev. January 2021) Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Go to *www.irs.gov/Form2848* for instructions and the latest information.

OMB No. 1545-0150

For IRS Use Only
Received by:
Name ____________
Telephone ____________
Function ____________
Date / /

Part I **Power of Attorney**

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 **Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

Exactly per your Tax Filing

Taxpayer identification number(s)

Daytime telephone number

Exactly per your Business or Individual Tax Filing

Best Contact Number

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 **Representative(s)** must sign and date this form on page 2, Part II.

Name and address — CAF No. ____ PTIN ____ Telephone No. ____ Fax No. ____
Check if to be sent copies of notices and communications ☐ Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address — CAF No. ____ PTIN ____ Telephone No. ____ Fax No. ____
Check if to be sent copies of notices and communications ☐ Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address — CAF No. ____ PTIN ____ Telephone No. ____ Fax No. ____
(**Note:** IRS sends notices and communications to only two representatives.) Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address — CAF No. ____ PTIN ____ Telephone No. ____ Fax No. ____
(**Note:** IRS sends notices and communications to only two representatives.) Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 **Acts authorized (you are required to complete line 3).** Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)

4 **Specific use not recorded on the Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See *Line 4. Specific Use Not Recorded on CAF* in the instructions . . . . ▶ ☐

5a **Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): ☐ Access my IRS records via an Intermediate Service Provider;
☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return; ____________

☐ Other acts authorized: ____________

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11980J Form **2848** (Rev. 1-2021)