



P.O. Box 7115 La Verne, CA 91750
Office - (909) 596-0050 FAX - (909) 596-2042
Support@2290Tax.com

PAID PREPARER AGREEMENT

Please read and complete this form before returning it to 2290Tax.com. By signing below you agree to the terms herein. To cancel this agreement at any time please email support@2290tax.com for instructions.

Company Name: _____

EIN: _____

PTIN: _____

(Required - New IRS regulations pending!)

EFIN: _____

(Recommended)

Account Login/e-mail: _____

- I agree to obtain and keep all the required IRS forms and records for my clients in accordance with IRS regulations listed in Publication 3112. I understand that requirements made by the IRS may change at any time and that it is my responsibility to know and understand these requirements. I will stay compliant by frequently checking <http://www.irs.gov/taxpros/article/0,,id=210909,00.html>.
- I agree that all data submitted under my Login and password is my responsibility and that to the best of my knowledge all data submitted is complete, accurate and correct.
- I have read and agreed to the most recent Terms of Use for [www.2290Tax.com](http://www.2290tax.com/terms_of_use.php) and acknowledge that it may be changed at any time without notice. I will check for changes and updates regularly by visiting https://www.2290tax.com/terms_of_use.php
- I understand that on or about the **15th of each month** my credit card as listed below will be charged once at a rate not to exceed **\$20.00** per return filed (unlimited trucks) in the previous 30 days. The credit card listed will be charged \$1.00 for verification before an account is activated. I agree to pay these charges. I understand accounts may be suspended without valid credit card information on file.

2290Tax.com is owned and operated by A-log, Inc. We state we will not market to or seek any other business relationship with your client base.

I *estimate* I will e-file _____ 2290's during July and August and an additional _____ during the remaining tax period.

Contact Person: _____

Name (exactly as on card): _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

FAX: _____

Choose One:

MasterCard

Visa

Discover

American Express

Card Number: _____

Expiration Date: _____

Security Code: _____

Date: _____

Card Holder Signature: _____

PLEASE FAX COMPLETED AGREEMENT TO (909) 596-2042