

Pel & Associates “Care Plan”

(optional)

The number of notices the IRS is sending out to taxpayers has skyrocketed in recent years. We have also noticed an increase in the number of clients that have contacted our office regarding IRS notices and letters they have received. Therefore, there is a much greater chance that you will have to engage in correspondence with the IRS.

Consider joining the Pel & Associates “Care Plan”
Cost = \$25 for one year

Benefits:

- Ø Pel & Associates will receive a copy of the notice around the same time, and maybe even *BEFORE*, you receive your notice. In many cases we will have already prepared a response before we communicate with each other. This will help ensure a timely response to the IRS.
- Ø In most cases, we will prepare the IRS response for *free* if we prepared the original return and you have elected to participate in the “Care Plan.” (Please note exceptions below). Without the “Care Plan,” responses that we prepare can range from \$50 - \$150.
- Ø The “Care Plan” will also cover State inquiries, as long as we prepared the original return.

Exceptions:

- Ø *Audit Representation (Correspondence and In-Person Audits)*. An audit refers to a situation where you are required to prepare documentation (i.e. receipts) to prove expenses or income reported on a tax return. You may be asked to mail or fax information in, or you may need to set up an appointment with an IRS agent. As Enrolled Agents, we are able to represent you. However, this is beyond the scope of what is included in the “Care Plan.” If you are seeking audit representation, please call the office and we can arrange a fee based on the scope of the audit and the time required to represent you. We have been very successful representing our clients before the Internal Revenue Service in the past and we are confident that we can be of great assistance to you.
- Ø *Amended Returns*. If an amended return is required to resolve the situation, additional fees will be negotiated.
- Ø *Additional Meetings*. If more than one in-person meeting is required to resolve the situation, additional fees will be negotiated.

HOW TO SIGN UP:

If you are interested in joining the Pel & Associates “Care Plan” for the 2018 tax year, please fill out and sign the IRS Form 8821 on the reverse. If you are filing a Married Filing Joint tax return, each spouse will need to fill out and sign a separate Form 8821.

NOTE: *If an additional Form 8821 is needed, please make a copy of the blank form on the reverse. You may also visit our website to obtain a copy at www.pelandassociates.com under “Care Plan,” visit the IRS website at www.irs.gov, or call our office at 714-526-2668 to have a copy sent to you.*

****Please bring the completed form(s) to your tax appointment or include with your source documents if you plan on completing your tax return via correspondence****

Tax Information Authorization

► Go to www.irs.gov/Form8821 for instructions and the latest information.
 ► Don't sign this form unless all applicable lines have been completed.
 ► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by:
 Name _____
 Telephone _____
 Function _____
 Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ►

Name and address Kari L. Pel 3010 Old Ranch Parkway Suite 350 Seal Beach, CA 90740	CAF No. _____ 9006-33318R PTIN _____ P00120714 Telephone No. _____ 714-526-2668 Fax No. _____ 866-279-4916 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Income	1040	2018	

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ►

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ►

Note. Appointees will no longer receive forms, publications, and other related materials with the notices.

b If you don't want any copies of notices or communications sent to your appointee, check this box ►

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ►

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

► **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

_____ Signature	_____ Date
_____ Print Name	_____ Title (if applicable)