Smart Tax Advisor

PAUL DION CPA PC Certified Public Accountant

22 West Street #32 Millbury, MA 01527



ENGAGEMENT AGREEMENT FOR FINCEN BENEFICIAL OWNERSHIP REPORT

January 4, 2024

Company

We are pleased to confirm our engagement to assist you with the preparation and filing of the Financial Crimes Enforcement Network (FinCEN) Beneficial Ownership Report (BOI). This engagement letter outlines the terms and conditions of our services.

Scope of Services:

We will prepare and file the FinCEN Beneficial Ownership Report on your behalf. Our fee for this service is \$300, plus an additional \$50 for each Beneficial Owner Information (BOI) provided.

Client's Responsibility:

It is the client's responsibility to notify us promptly of any updates or changes required in the Beneficial Ownership information. Failure to provide timely and accurate information may result in errors or delays for which we will not be held responsible.

Client Omission Disclaimer:

We will rely on the accuracy and completeness of the information provided by the client. We are not responsible for any errors or omissions in the report that result from incomplete or inaccurate information supplied by the client.

Filing Deadline:

Our responsibility for this engagement ends upon the filing of the FinCEN Beneficial Ownership Report. Any subsequent changes, updates, or amendments will be subject to additional fees to be determined.

Fee Structure:

The fee for our services is \$300 per Entity, plus \$50 for each Beneficial Owner Information (BOI) if more than one Beneficial owner per company.

Additional fees for amendments or updates will be determined based on the scope of the required work.

Payment Terms:

Payment for this service must be received prior to our filing of the BOI report.

Please sign and return a copy of this engagement letter to indicate your acceptance of the terms outlined herein. If you have any questions or concerns, do not hesitate to contact us.

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Thank you for choosing Paul Dion CPA PC for your FinCEN Beneficial Ownership Report needs. We look forward to assisting you.

Name:	Business Name:		
E-mail Address:			
Address:			
Phone:	(cell / home / office)		
List all entities required to be fil	led:		
X			
Signature		Date	
XSignature (optional)		Date	
Siznature (Oblionar)		Date	

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