1 HOUR CONSULTATION AGREEMENT AND INSTRUCTIONS

A telephone conference consultation can be scheduled with J. Ben Vernazza, CPA/PFS and Vernon Jacobs, CPA, CLU and Liz L Flores, CPA/PFS and with other allied professionals as required by your circumstances.

The duration of the group telephone conference consultation is one hour.

During the consultation we can address your goals and objectives, provide general answers to most of your question and discuss the pitfalls to avoid. After understanding your objectives and goals, we can discuss the services that we or our allied professional can provide, the typical costs involved and a general implementation schedule.

The fee for the consultation is $1,000 in advance. You can wire or send the funds to us.

Once they are received we will contact you to setup a mutually convenient time.

Before the schedule consultation we ask that you complete and return the attached *Client Questionnaire* and *Waiver of Liability for Phone Consultations.*

Wire Instructions: Call Liz L Flores at 831-688-3181 or Email:Liz@oversight-group.com

Mailing Address:
The Oversight Group, LLC
1641 Calypso Drive
Aptos, CA 95003

Prospective Client Questionnaire
1 Hour Consultation Services

SUBMIT **Click Submit – To Send Completed Questionnaire.**
Or Completed Questionnaire can be:

Email: Liz@oversight-group.com **Fax: (831) 685-8233**

Mail: International Tax Compliance & Oversight, LLC
1641 Calypso Dr, Aptos, CA 95003

Contact Information

Your Name ____
Spouse's Name ____
Address ____
City ____________________________ **ST** _______ **Zip** ________
Phone (_____) _______ - _______ **Fax(_____) ______ - _______**
Email address __________________________________
Web site http://www.______________________________

Preferred form of communication ☐ phone ☐ email ☐ fax

If you are or have been married, are you divorced, separated or estranged from your spouse? ________________________

If you are inquiring on behalf of a business, please provide the following information and provide a description of the kind of business and your position with the company.
Company Name ____
Address _________________________________Suite____________
City ________________________________ ST ________ Zip _________
Phone (_____) _______ - _______ Fax(_____) ______ - _______
Email address ______________________________________
Web site http://www__________________________________

Your position with the company ______________________
Form of Business: ☐ C Corp, ☐ S Corp, ☐ Partnership, ☐ LLC

Is the company involved in any international activities?____
Please Describe what kind of help the company needs

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If you are seeking personal tax assistance.......

Are either of you self employed or a principal in a business?

Yourself ____
Spouse ____

Your Employment Information/Description

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____

Spouse's Employment Information/Description

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Children's Name	**Birth date**	**Married?**	**Occupation**

Grandchildren Name	**Birth date**	**Married?**	**Occupation**

Should we assume that you have a normal (functional) relationship with your children or grandchildren for the purpose of any family tax planning? If not, please comment, as appropriate.

Your Tax and Financial Objectives/Priorities

Please describe what result you would like to achieve from our services.

Please rank the following in terms of their importance to you, with one (1) being of primary concern.

____ Foreign tax questions or concerns
____ Emigration (Expatriation) tax issues
____ Tax services for foreign investments
____ Tax services for a foreign trust
____ Tax services for a foreign corporation/IBC
____ Tax services for a foreign LLC or partnership

____ Selling a business
____ Business succession/estate planning
____ Personal income tax savings
____ Avoiding/deferring capital gains taxes
____ Investment tax concerns (other than capital gains)
____ Saving for college expenses
____ Starting a business
____ Business tax savings on a going business
____ Other business concerns

____ Estate tax planning & preservation
____ Multi-generation estate preservation
____ Asset protection tax issues

____ Voluntary Disclosure/Amnesty
____ (Other)____
____ (Other)____

Additional Information That Will Help Us to Help You

You are welcome to send us as little or as much of the following information as you wish. The more you send us, the better our advice will be in relation to your specific circumstances.

Please send us a complete COPY of your latest personal and any business income tax returns. (Please do NOT send us your only copy.)

If you only need limited information based on a specific question about the tax law, you do not need to send us the following information. However, our answers are often dependent on facts that are specific to you and on information that we can obtain from a review of your tax and financial information. If you anticipate that you will want personal advice relating to your specific tax and financial situation, then the following information may be needed and it would save time to send it to us initially.

Please send us a copy of any personal financial statement or "financial plan" that shows the value of your assets, your present debts, any substantial income you have that is not on your tax return and any major expenses you may have that are not reflected on your tax return - if you would like to know if there is a way to deduct them.

If you are concerned about capital gain taxes, we will need to know the present market value of the assets and the tax cost of those assets.

If you are concerned about estate taxes, we will need a copy of your wills, any trusts that you have established, any power of attorney that you have, any powers of appointment that you hold over any trusts, any inheritances that you are expecting and whether your children or grandchildren already have a substantial estate. We will also need information about your life insurance.

If you are concerned about the tax rules applicable to any foreign investment, trust or business operation, please send us an explanation of the situation and of your concerns.

Waiver of Liability for Phone Consultations

In order to give proper advice, we will need to have a detailed understanding of the clients personal and business circumstances as well as an in-depth knowledge of their past tax returns and financial information.

We will attempt to answer your questions to the best of our ability. However our responses will be limited to the information you provide and may not be accurate if you have not provided all of the pertinent or critical facts relevant to the issue.

We will only respond to questions about our understanding as to the meaning of the tax law relating to some international transaction. Any suggestion made as to the suitability of a particular transaction will be based on the information provided by the client. We will not be held liable if the client does not disclose all the pertinent or critical facts.
If you wish to retain our services please sign the waiver below and return it to us:

Waiver of Liability for Phone Consultations

I would like to retain you for a phone consultation. Based on the information stated above, I agree that if the information you provide should prove to be incorrect in any manner, my recourse will be limited to the amount of the fee I have paid and that you will not be responsible for any consequential damages to me, my family or my company.

Signed_______________________________________ **Date**______________________

Name _______________________________________ **Phone** ____________________

Address____

City _________________________________ **State** ______________ **Zip**__________

Email ____