

Income Tax Summary

Tax Payer Name _____ Tax Year _____

Profession _____

Month Gross Receipts/ Income

January	\$
February	\$
March	\$
April	\$
May	\$
June	\$
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$
Total	\$

I (We, if filing jointly) acknowledge that the above information provided by me is true and accurate to the best of my knowledge. I hereby relieve IF CONSULTANTS LLC, its agents and affiliates, from any liability whatsoever, regarding the preparation of (this/these) tax returns. I agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these tax documents. I (we) guarantee payment of the preparation fee and any related charges. An electronic signature has the same legal significance as my written signature.

Primary Taxpayer's Signature _____ Print Name _____

Date _____

Spouse's Signature _____ Print Name _____

Date _____