



4617 San Juan Avenue, Suite 210,
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Office Policies and Procedures

Effective as of January 15, 2020

Next Level Financial Services LLC requires that all clients adhere to company policies and procedures, as observed below. Please read and initial each statement, confirming that you understand the following:

_____ A non-refundable Tax Preparation Fee of \$125.00 / \$175.00 / \$300.00 **is due at your initial appointment** and any additional costs will be determine by the preparer.

_____ Prior to tax preparation, all clients' social security numbers are checked for IRS offsets / indebtedness.

_____ Estimates are not given by default and can only be prepared by request at a predetermined cost of either \$125.00 or \$150.00, to first be confirmed by the preparer.

_____ The following items **must be provided and/or signed** as required for processing:

1. Valid Identification such as a Driver's License or Passport at start of the appointment
2. Social security cards or birth certificates of all dependents *(if applicable)*
3. Copy of Mortgage Interest Statement or Residential Lease / Rental Agreement *(only for clients filing under the Head of Household status)*

_____ Next Level Financial Services LLC has taken great precaution in securing all clients' sensitive and financial data, having implemented the following: a strict cyber security policy, the mandatory shredding of documents, locking file cabinets, a reputable alarm system, auto-updated anti-virus software, and password protection of confidential material with two-factor authentication being required for access.

_____ All requests for information must be made either in person or in writing to the company email address: nextlevelfin1@gmail.com. **No information will be released via phone.**

_____ Once you receive your transmitted and signed copy of your tax return, it is strongly advised that you keep records for a minimum of three (3) years from the date you filed your original return. If any requests are made after the current tax season, a \$25.00 fee will be assessed for each additional copy.

_____ In the event of a returned check, the client will be assessed a Returned Check Fee of \$50.00.

By initialing above and signing below, you hereby acknowledge that you have read, understand, and agree to the policies and procedures as defined in this document.

Signed: _____ Dated: _____

Signed: _____ Dated: _____