




ATCHLEY & ASSOCIATES^{LLP}
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

A&A Letter Signing Guide


Please follow the steps below to sign your *2025 Engagement Letter for Atchley & Associates, LLP*.

The email below will be sent to your inbox. please scroll to the bottom of the email


Signature Required: Signature Required: Individual Atchley & Associates Arrangement Letter Summarize

 Atchley & Associates, LLP <noreply@safesendreturns.com>
To: Alexis Mavromatis

Retention Policy Inbox - 18 Month Delete (1 year, 6 months) Expires 7/25/2027 Tue 1/13/2026 9:30 AM

 If there are problems with how this message is displayed, click here to view it in a web browser.

This sender is trusted.

 ATCHLEY & ASSOCIATES^{LLP}
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

Signature Request

Hello,

Welcome to another year! We appreciate the opportunity to assist you with your tax reporting.

This year, we are using a two step electronic process to help streamline the signing of your consent forms and the collection of your organizer and tax data.

Step One - Please review the documents included in this package. Multiple consent forms are provided, so be sure to scroll through the entire file.

Our professional liability insurance carrier requires that we obtain signed arrangement policy consents from all clients. Included are the policy and three consent forms outlining:

Our service arrangement
Our data usage practices for preparing and sending

At the bottom of the email, you will see this blue button

[Sign Documents](#)

Select this button.

If you agree, please sign and return all three consent forms. You may sign electronically through the SafeSend Signatures platform or print, sign, and return them to us by mail, delivery, fax (512-338-9883), or email.

Step Two - In early January, you will receive your tax organizer via SafeSend Gather. This platform will allow you to complete the organizer and upload your tax documents securely.

If you prefer to meet with your tax advisor, please call in advance to schedule a convenient time. Please contact us at 512-346-2086, or toll free at 877-977-6850. We look forward to working with you soon.

Very truly yours,

Atchley & Associates, LLP

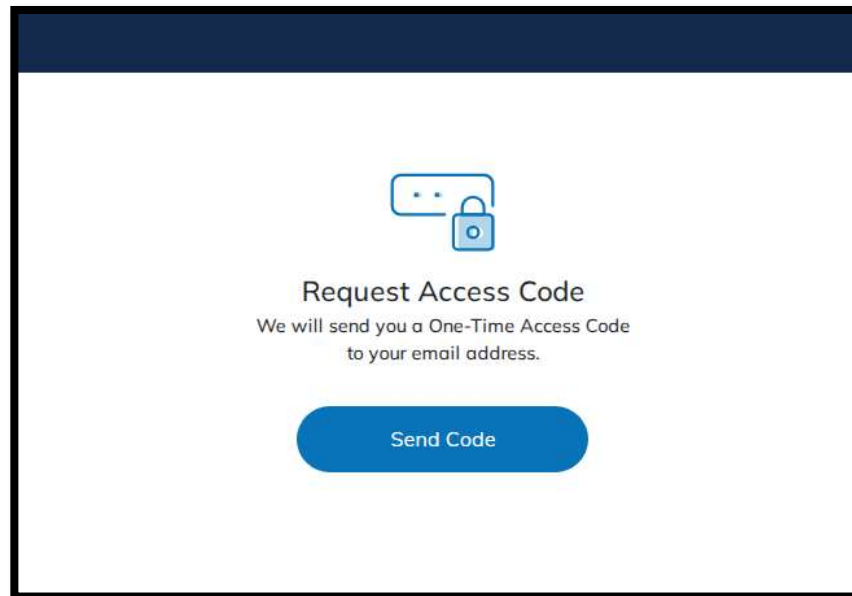
[Sign Documents](#)

This email is an auto-generated message. Please do not reply.

Powered by [SafeSend](#)

You will be directed to a website to request a code. Select

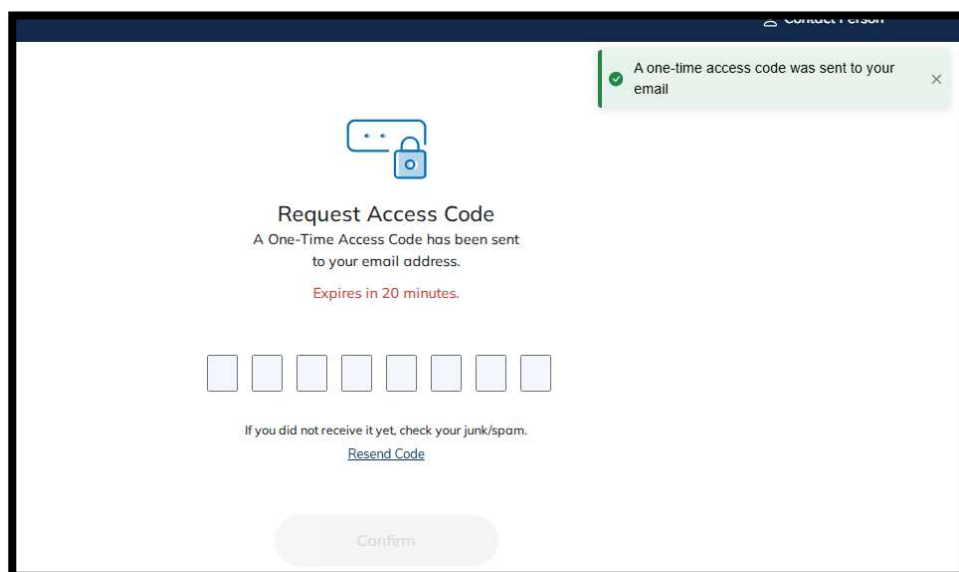
Send Code



A message will appear on the upper right of the screen, letting you know the code was sent to your email.

The code may take a couple of minutes to be delivered to your inbox. If after a couple of minutes, the code has not been delivered to your inbox, please check your spam folder. If the email is not in spam, please select the "resend code" option.

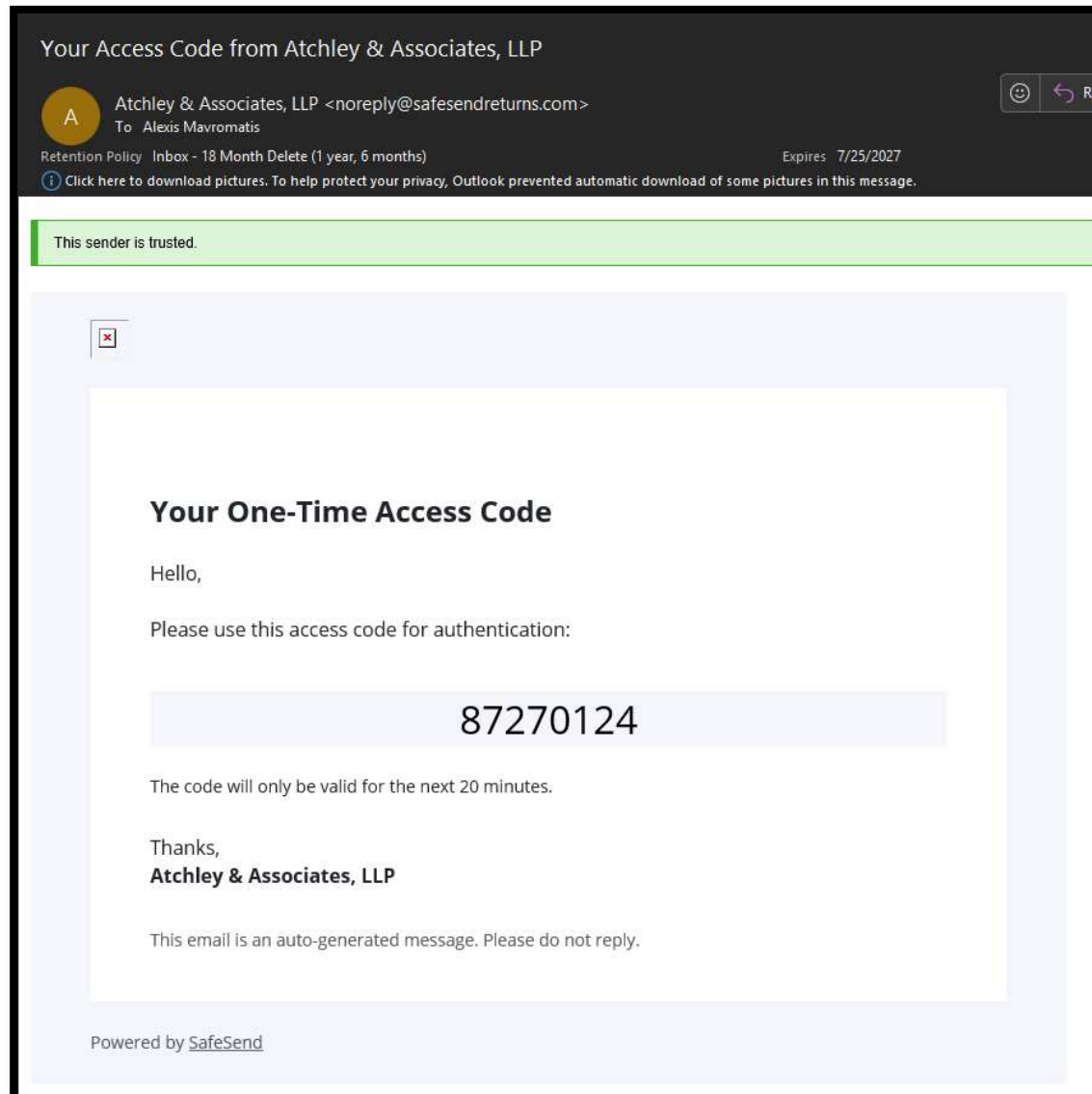
Please reach out to us if you have not received the code. We can help!




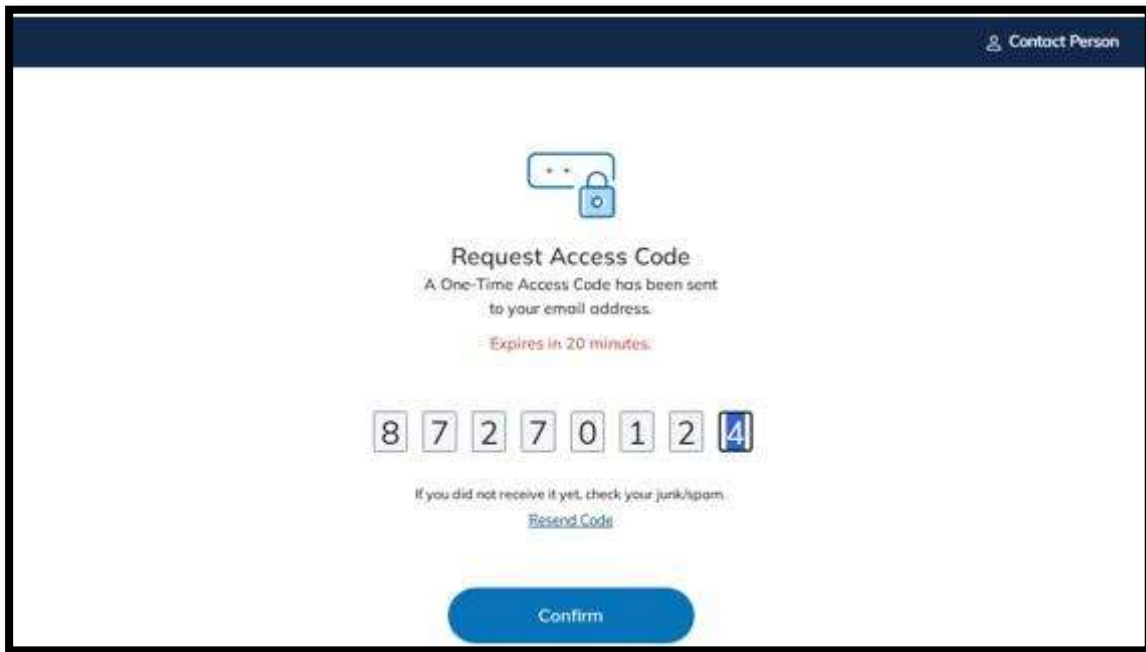
The code will be delivered to your inbox.



Open the email and retrieve your code.





Return to the website and enter your code and select the  button.

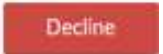


Once you select the confirm button you will be directed to the signature pages.


From here, you will see several options:

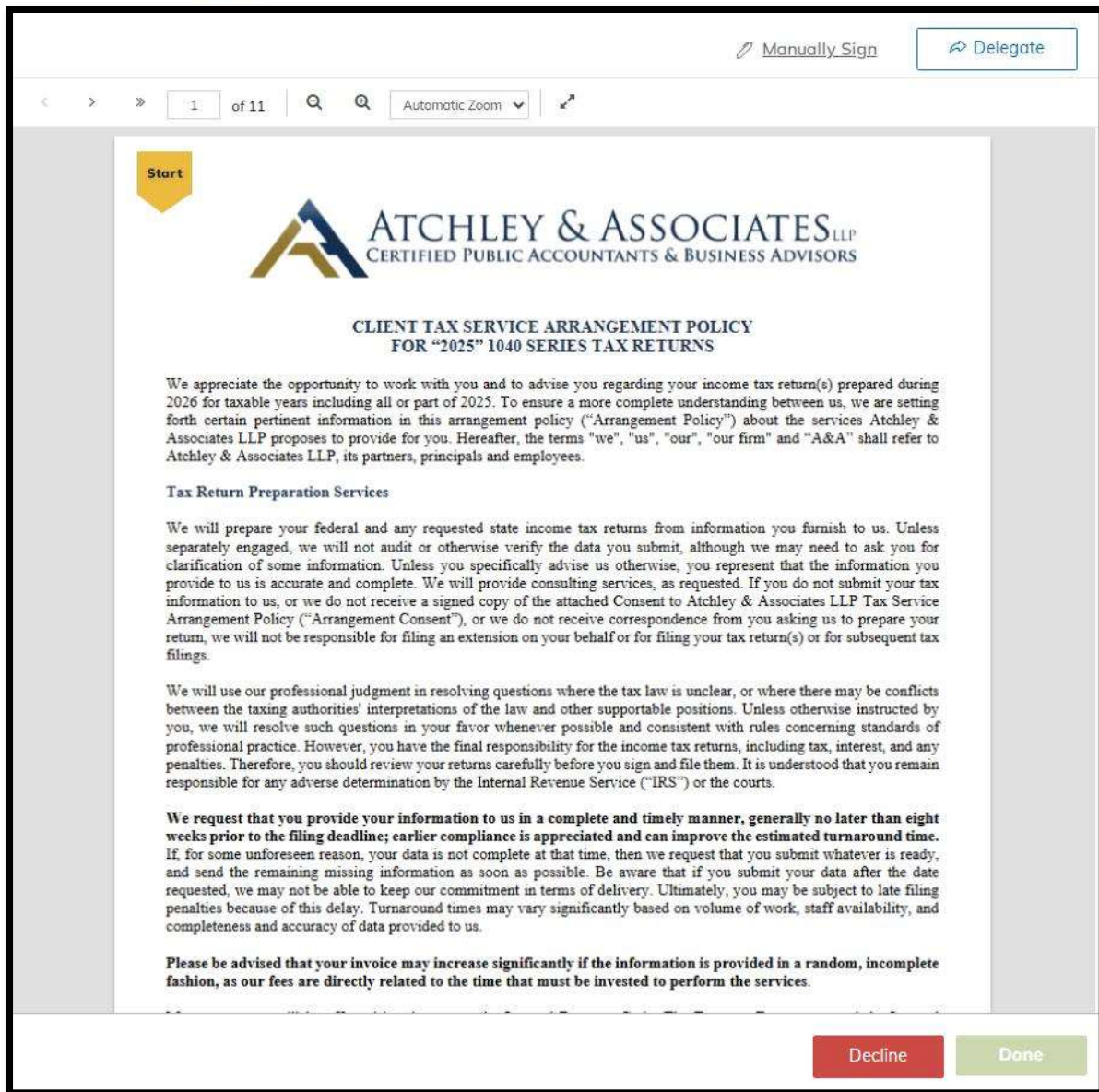
 - This option will close the digital signature request. Use this option if you would like to download, manually sign, and send back to us via email.

 - This option will allow you to forward the letter to the appropriate person if someone else needs to sign it.

 - This option will decline the entire signature request. You will not be able to digitally sign the letter if this button is selected.

If you select any of these in error, please reach out to us and we can reset your choice.

To Sign, select the  button in the upper left corner and begin to sign.



Manually Sign Delegate

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Start

ATCHLEY & ASSOCIATES^{LLP}
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**CLIENT TAX SERVICE ARRANGEMENT POLICY
FOR “2025” 1040 SERIES TAX RETURNS**

We appreciate the opportunity to work with you and to advise you regarding your income tax return(s) prepared during 2026 for taxable years including all or part of 2025. To ensure a more complete understanding between us, we are setting forth certain pertinent information in this arrangement policy (“Arrangement Policy”) about the services Atchley & Associates LLP proposes to provide for you. Hereafter, the terms “we”, “us”, “our”, “our firm” and “A&A” shall refer to Atchley & Associates LLP, its partners, principals and employees.

Tax Return Preparation Services

We will prepare your federal and any requested state income tax returns from information you furnish to us. Unless separately engaged, we will not audit or otherwise verify the data you submit, although we may need to ask you for clarification of some information. Unless you specifically advise us otherwise, you represent that the information you provide to us is accurate and complete. We will provide consulting services, as requested. If you do not submit your tax information to us, or we do not receive a signed copy of the attached Consent to Atchley & Associates LLP Tax Service Arrangement Policy (“Arrangement Consent”), or we do not receive correspondence from you asking us to prepare your return, we will not be responsible for filing an extension on your behalf or for filing your tax return(s) or for subsequent tax filings.

We will use our professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities’ interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible and consistent with rules concerning standards of professional practice. However, you have the final responsibility for the income tax returns, including tax, interest, and any penalties. Therefore, you should review your returns carefully before you sign and file them. It is understood that you remain responsible for any adverse determination by the Internal Revenue Service (“IRS”) or the courts.

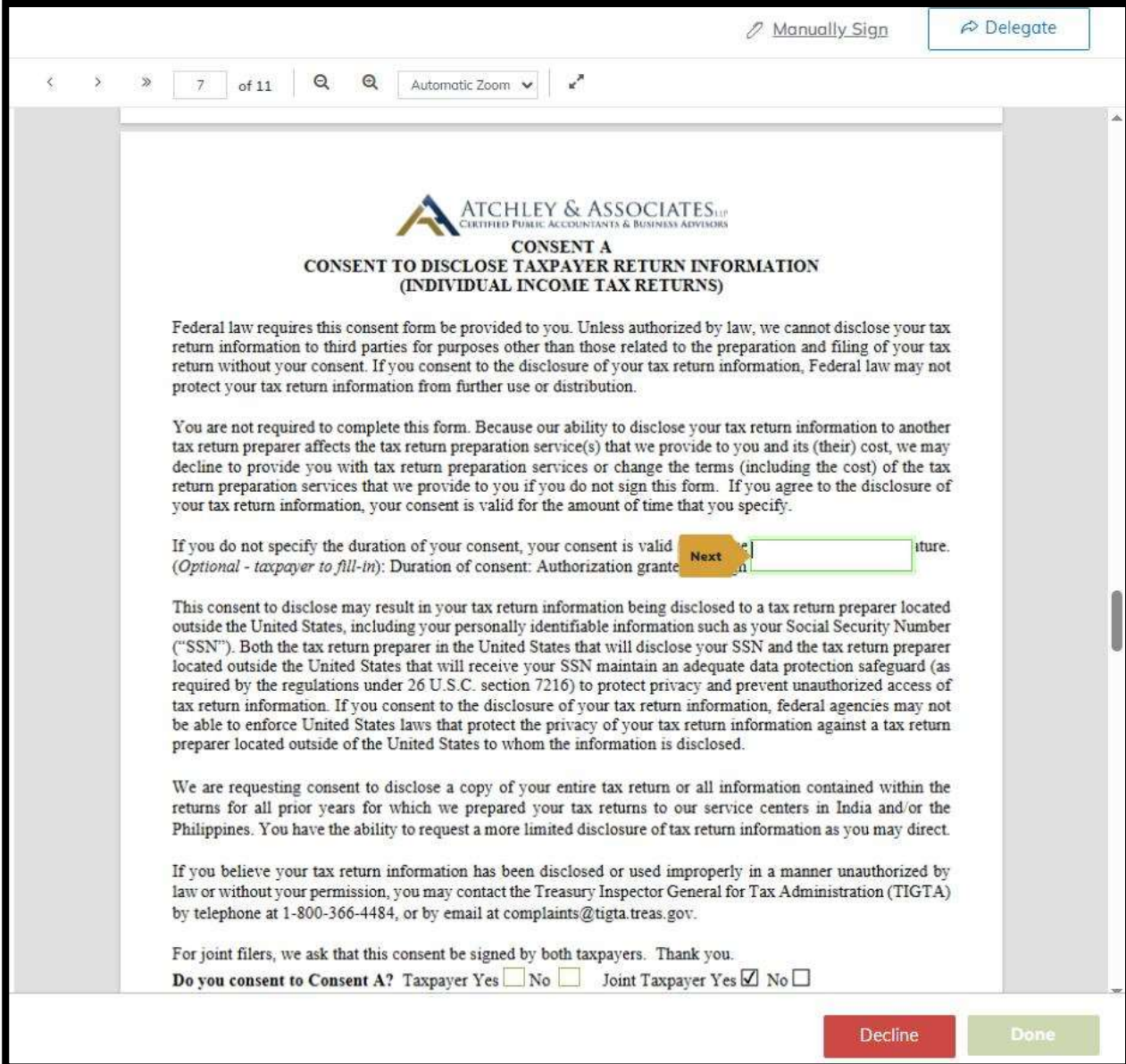
We request that you provide your information to us in a complete and timely manner, generally no later than eight weeks prior to the filing deadline; earlier compliance is appreciated and can improve the estimated turnaround time. If, for some unforeseen reason, your data is not complete at that time, then we request that you submit whatever is ready, and send the remaining missing information as soon as possible. Be aware that if you submit your data after the date requested, we may not be able to keep our commitment in terms of delivery. Ultimately, you may be subject to late filing penalties because of this delay. Turnaround times may vary significantly based on volume of work, staff availability, and completeness and accuracy of data provided to us.

Please be advised that your invoice may increase significantly if the information is provided in a random, incomplete fashion, as our fees are directly related to the time that must be invested to perform the services.

Decline Done

If you are the taxpayer, you will be directed to an *optional* date field (we recommend you make this date 2 years in the future).

Select the  button to continue signing.



Manually Sign Delegate





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ATCHLEY & ASSOCIATES, LLP
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CONSENT A
CONSENT TO DISCLOSE TAXPAYER RETURN INFORMATION
(INDIVIDUAL INCOME TAX RETURNS)

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than those related to the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the tax return preparation service(s) that we provide to you and its (their) cost, we may decline to provide you with tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify.

If you do not specify the duration of your consent, your consent is valid   ture.
(Optional - taxpayer to fill-in): Duration of consent: Authorization granted to  

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States that will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, federal agencies may not be able to enforce United States laws that protect the privacy of your tax return information against a tax return preparer located outside of the United States to whom the information is disclosed.

We are requesting consent to disclose a copy of your entire tax return or all information contained within the returns for all prior years for which we prepared your tax returns to our service centers in India and/or the Philippines. You have the ability to request a more limited disclosure of tax return information as you may direct.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

For joint filers, we ask that this consent be signed by both taxpayers. Thank you.

Do you consent to Consent A? Taxpayer Yes ☐ No ☐ Joint Taxpayer Yes ☒ No ☐

Decline Done

Consent A is optional

To *agree* – select YES – you will be directed to the next required signature fields.

To *decline* consent A – select NO – you will be directed to the next Consent B.

[Manually Sign](#) [Delegate](#)

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If you do not specify the duration of your consent, your consent is valid for one year. ature.
(Optional - taxpayer to fill-in): Duration of consent: Authorization granted through

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States that will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, federal agencies may not be able to enforce United States laws that protect the privacy of your tax return information against a tax return preparer located outside of the United States to whom the information is disclosed.

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For joint filers, we ask that this consent be signed by both taxpayers. Thank you.


Do you consent to Consent A? Taxpayer ☒ Yes ☐ No ☐ Required taxpayer Yes ☒ No ☐

Printed name of taxpayer: _____ Date: _____

Taxpayer's signature: _____

Printed name of joint taxpayer: Alexis Mavromatis Date: 01/13/2026

Joint taxpayer's signature: _____

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CONSENT B

[Decline](#) [Done](#)

Add Signature

Type Draw Upload

Name
Test Client

Your Signature
Test Client

Clear

Cancel Apply

Next Signature

Taxpayer's

Printed name of joint taxpayer: Alexis Mavromatis Date: 01/13/2026

Joint taxpayer's signature:

ATCHLEY & ASSOCIATES, LLP
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CONSENT B
CONSENT TO USE TAXPAYER RETURN INFORMATION (INDIVIDUAL)

Decline Done


Consent B is optional

To *agree* – select YES – you will be directed to the next required signature fields.

To *decline* consent A – select NO – you will be directed to the next Consent C.

[Manually Sign](#)
[Delegate](#)

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CONSENT B CONSENT TO USE TAXPAYER RETURN INFORMATION (INDIVIDUAL)

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Next

(Optional - taxpayer to fill-in): Duration of consent: Authorization is granted for [We suggest you fill in a date two years from today.]

We request your consent to permit us to access your tax return information and any accounting information that we have in our files for purposes of tailoring our informational communications. We provide tax consulting, accounting, attestation, business consulting and political campaign reporting services, as well as tax preparation services. By giving us permission to access your tax information, you will help us eliminate communications that probably do not pertain to your situation. With approved access, we can then provide you with more pertinent information on tax rules, business, strategy, planning and compliance. Of course, our general communications are not client-specific and may not be construed as advice for your particular circumstances. You can request removal from our targeted mailing lists at any time.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use such information for such purposes.

Do you consent to Consent B? Taxpayer Yes ☐ No ☐ Joint Taxpayer Yes ☐ No ☒

Decline
Done

Select Yes or No and follow the *next* tabs.

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Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

(Optional - taxpayer to fill-in): Duration of consent: Authorization is granted through 1/1/28
[We suggest you fill in a date two years from today.]


We request your consent to permit us to access your tax return information and any accounting information that we have in our files for purposes of tailoring our informational communications. We provide tax consulting, accounting, attestation, business consulting and political campaign reporting services, as well as tax preparation services. By giving us permission to access your tax information, you will help us eliminate communications that probably do not pertain to your situation. With approved access, we can then provide you with more pertinent information on tax rules, business, strategy, planning and compliance. Of course, our general communications are not client-specific and may not be construed as advice for your particular circumstances. You can request removal from our targeted mailing lists at any time.

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By signing below, you (including each of you if there is more than one taxpayer) authorize us to use such information for such purposes.



Do you consent to Consent B? Tax  ☒ No ☐ Joint Taxpayer Yes ☐ No ☒

Printed name of taxpayer: Date: 01/13/2026

Taxpayer's signature: 

Printed name of joint taxpayer: _____ Date: _____

Joint taxpayer's signature: _____

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Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

(Optional - taxpayer to fill-in): Duration of consent: Authorization is granted through 1/1/28
[We suggest you fill in a date two years from today.]

We request your consent to permit us to access your tax return information and any accounting information that we have in our files for purposes of tailoring our informational communications. We provide tax consulting, accounting, attestation, business consulting and political campaign reporting services, as well as tax preparation services. By giving us permission to access your tax information, you will help us eliminate communications that probably do not pertain to your situation. With approved access, we can then provide you with more pertinent information on tax rules, business, strategy, planning and compliance. Of course, our general communications are not client-specific and may not be construed as advice for your particular circumstances. You can request removal from our targeted mailing lists at any time.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use such information for such purposes.

Do you consent to Consent B? Tax **Next** ☒ No ☐ Joint Taxpayer Yes ☐ No ☒

Printed name of taxpayer: Test Client Date: 01/13/2026

Taxpayer's signature: Test Client

Printed name of joint taxpayer: Date:


Joint taxpayer's signature:

Decline Done

Consent C is not optional. The *next* tabs will direct you to print your name, date, and sign.

[Manually Sign](#)
[Delegate](#)

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Consent to Atchley & Associates LLP Client Tax Service Arrangement Policy for "2025" 1040 Series Tax Returns

Name: Alexis Mavromatis
Client Number: 10000


To: Atchley & Associates, LLP

I have received and reviewed the Atchley & Associates, LLP Tax Service Arrangement Policy for 1040 Series Tax Returns for services to be performed for the taxable year ending December 31, 2025 or other pending taxable year. I accept and agree to the terms of the policy without any changes or modifications.

Printed name of taxpayer: Date:

Taxpayer's signature:


Printed name of joint taxpayer: Alexis Mavromatis Date: 01/13/2026

Joint taxpayer's signature: 

Once all required fields are completed, the button will activate. Select this option to submit your signature to Atchley & Associates. A copy of the signed document will also be emailed to you.

[Manually Sign](#)[Delegate](#)

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**ATCHLEY & ASSOCIATES^{LLP}**
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS


**Consent to Atchley & Associates LLP Client Tax Service Arrangement Policy
for "2025" 1040 Series Tax Returns**

Name: Alexis Mavromatis
Client Number: 10000


To: Atchley & Associates, LLP

I have received and reviewed the Atchley & Associates, LLP Tax Service Arrangement Policy for 1040 Series Tax Returns for services to be performed for the taxable year ending December 31, 2025 or other pending taxable year. I accept and agree to the terms of the policy without any changes or modifications.

Printed name of taxpayer: Date:

Taxpayer's signature: 

Printed name of joint taxpayer: Alexis MavromatisDate: 01/13/2026

Joint taxpayer's signature: 

[Decline](#)[Done](#)

To Decline Consent A or B – select No and you will be directed to the next required field.

Manually Sign

Delegate

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Automatic Zoom

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

(Optional - taxpayer to fill-in): Duration of consent: Authorization is granted through
[We suggest you fill in a date two years from today.]

We request your consent to permit us to access your tax return information and any accounting information that we have in our files for purposes of tailoring our informational communications. We provide tax consulting, accounting, attestation, business consulting and political campaign reporting services, as well as tax preparation services. By giving us permission to access your tax information, you will help us eliminate communications that probably do not pertain to your situation. With approved access, we can then provide you with more pertinent information on tax rules, business, strategy, planning and compliance. Of course, our general communications are not client-specific and may not be construed as advice for your particular circumstances. You can request removal from our targeted mailing lists at any time.

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By signing below, you (including each of you if there is more than one taxpayer) authorize us to use such information for such purposes.


Do you consent to Consent B? Tax ☐ No ☒ Joint Taxpayer Yes ☐ No ☒

Printed name of taxpayer: _____ Date: _____

Taxpayer's signature: _____

Printed name of joint taxpayer: _____ Date: _____

Joint taxpayer's signature: _____

 **ATCHLEY & ASSOCIATES**
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

Decline

Done