

[Company Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

[Date]

[Client Contact Name]  
[Client Company Name]  
[Client Address]  
[City, State, Zip Code]

## **Re: Engagement for Sales and Use Tax Advisory Services**

Dear [Client Contact Name],

This letter confirms the terms and objectives of our engagement with [Client Company Name] ("the Client") regarding sales and use tax advisory services to be provided by [Company Name] ("the Firm").

### **1. Scope of Services**

The Firm will provide the following services:

- Nexus study and analysis for relevant jurisdictions.
- Taxability determinations for specific products and services.
- Review of current sales and use tax compliance procedures.
- Assistance with voluntary disclosure agreements or registrations, if applicable.
- Advisory regarding specific transactions as requested.

### **2. Client Responsibilities**

The Client agrees to provide all financial records, transaction data, and relevant information necessary for the Firm to perform these services. The Client is responsible for the accuracy and completeness of the data provided.

### **3. Fees and Billing**

Fees for these services will be based on [Hourly Rates / A Fixed Fee of \$\_\_\_\_\_]. Out-of-pocket expenses will be billed at cost. Invoices are due and payable within [Number] days of receipt.

### **4. Limitation of Liability**

The Firm's liability for any claim arising out of this engagement shall be limited to the total amount of fees paid by the Client for the services giving rise to the claim.

### **5. Term and Termination**

This engagement begins on [Start Date] and will continue until the services are completed. Either party may terminate this agreement upon [Number] days written notice.

**6. Governing Law**

This agreement shall be governed by the laws of the State of [State Name].

Please sign and return a copy of this letter to indicate your acceptance of these terms.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

**Accepted and Agreed:**

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[Client Authorized Signature]

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[Date]