

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions. Your first name and initial SAMUEL E Last name ADAMS Your social security number 259-00-6970

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instructions.) 5 Qualifying widow(er) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b 2. No. of children on 6c who: lived with you 0, did not live with you due to divorce or separation 0. Dependents on 6c not entered above 0. Add numbers on lines above 2.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 50021 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 29882 16b Taxable amount 16b 3669 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 8870 20b Taxable amount 20b 7540 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 61230

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Reserved for future use 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 61230

38	Amount from line 37 (adjusted gross income)	38	61230
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes	39a	1
	if: <input checked="" type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	39b	<input type="checkbox"/>
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13950
41	Subtract line 40 from line 38	41	47280
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8100
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	39180
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	4944
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	340
47	Add lines 44, 45, and 46	47	5284
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credit. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5284
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	5284
64	Federal income tax withheld from Forms W-2 and 1099	64	6935
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	6935
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1651
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1651
b	Routing number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

Tax and Credits

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. **No**

Designee's name ▶ DAVID ELIJAH Phone no. ▶ 706-799-7328 Personal identification number (PIN) ▶ 1 5 4 3 2

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		SECURITY	706-868-1057
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		DAYCARE	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
DAVID ELIJAH		12/21/2017	<input type="checkbox"/>	P98765432
Firm's name ▶	Firm's EIN ▶			
SOOPER DOOPER TAX PREP	-			
Firm's address ▶	Phone no.			
759 WEST PORT ROAD MARTINEZ GA 30907	706-799-7328			

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.
▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

2017
Attachment
Sequence No. **73**

Name shown on your return

Your social security number

SAMUEL E ADAMS

259-00-6970

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	2
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	62560
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	62560
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	16020
5	Household income as a percentage of federal poverty line (see instructions)	5	390 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0969
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	6062
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	505

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)	
11 Annual Totals							
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)	
12 January							
13 February							
14 March	1418	1270	505	765	765	799	
15 April	1418	1270	505	765	765	799	
16 May	1418	1270	505	765	765	799	
17 June	1418	1270	505	765	765	799	
18 July	1418	1270	505	765	765	799	
19 August	1418	1270	505	765	765	799	
20 September	1418	1270	505	765	765	799	
21 October	1418	1270	505	765	765	799	
22 November	1418	1270	505	765	765	799	
23 December	1418	1270	505	765	765	799	
24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	7650
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	7990
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	340
28	Repayment limitation (see instructions)	28	2550
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	340

For Paperwork Reduction Act Notice, see your tax return instructions.

Social Security Benefits Worksheet—Lines 20a and 20b

Keep for Your Records



Before you begin:

- ✓ Complete Form 1040, lines 21 and 23 through 32, if they apply to you.
- ✓ Figure any write-in adjustments to be entered on the dotted line next to line 36 (see the instructions for line 36).
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2017, enter “D” to the right of the word “benefits” on line 20a. If you don’t, you may get a math error notice from the IRS.
- ✓ Be sure you have read the **Exception** in the line 20a and 20b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1.	Enter the total amount from box 5 of all your Forms SSA-1099 and Forms RRB-1099 . Also, enter this amount on Form 1040, line 20a	1.	8870
2.	Multiply line 1 by 50% (0.50)	2.	4435
3.	Combine the amounts from Form 1040, lines 7, 8a, 9a, 10 through 14, 15b, 16b, 17 through 19, and 21	3.	53690
4.	Enter the amount, if any, from Form 1040, line 8b	4.	
5.	Combine lines 2, 3, and 4	5.	58125
6.	Enter the total of the amounts from Form 1040, lines 23 through 32, plus any write-in adjustments you entered on the dotted line next to line 36	6.	
7.	Is the amount on line 6 less than the amount on line 5?		
	<input type="checkbox"/> No. None of your social security benefits are taxable. Enter -0- on Form 1040, line 20b.		
	<input checked="" type="checkbox"/> Yes. Subtract line 6 from line 5	7.	58125
8.	If you are:		
	<ul style="list-style-type: none"> • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2017, enter \$25,000 • Married filing separately and you lived with your spouse at any time in 2017, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17 	}	8. 32000
9.	Is the amount on line 8 less than the amount on line 7?		
	<input type="checkbox"/> No. None of your social security benefits are taxable. Enter -0- on Form 1040, line 20b. If you are married filing separately and you lived apart from your spouse for all of 2017, be sure you entered “D” to the right of the word “benefits” on line 20a.		
	<input checked="" type="checkbox"/> Yes. Subtract line 8 from line 7	9.	26125
10.	Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2017	10.	12000
11.	Subtract line 10 from line 9. If zero or less, enter -0-	11.	14125
12.	Enter the smaller of line 9 or line 10	12.	12000
13.	Enter one-half of line 12	13.	6000
14.	Enter the smaller of line 2 or line 13	14.	4435
15.	Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-	15.	12006
16.	Add lines 14 and 15	16.	16441
17.	Multiply line 1 by 85% (0.85)	17.	7540
18.	Taxable social security benefits. Enter the smaller of line 16 or line 17. Also enter this amount on Form 1040, line 20b	18.	7540



If any of your benefits are taxable for 2017 and they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.

QNA

Audit Maintenance Pro Service Agreement

Audit Maintenance Pro, L.L.C. (herein referred to as "AMP") is a tax audit assistance program that provides you with all the support you need in the event your Federal tax return is ever selected for an Internal Revenue Service (IRS) audit. Audit Maintenance Pro will provide the Customer/Taxpayer (herein referred to as "Customer") with a licensed Enrolled Agent or C.P.A who will personally assist you in the resolution of your case. We will work with Customer in every phase of Customer's audit and we will work to protect Customer's rights under the Federal Tax Code, as more specifically itemized below.

AMP's primary objective is to resolve to Customer's satisfaction any items covered in the scope of the audit and to eliminate or reduce any increases in Customer's tax liability. Under qualified circumstances, this agreement will also provide for reimbursement of certain assessed penalties and interest up to \$2,500.00** (please see section on reimbursement policy).

What's Included

1. 36 months of protection on each covered return
2. Assistance from an Enrolled Agent or C.P.A. during the audit process. Specifically, this assistance includes:
 - a. Explanation of Customer's claim rights and options available under this agreement
 - b. Complete review of all IRS correspondence or notices
 - c. Help with document organization and presentation
 - d. Compiling any letters or communication necessary to respond to IRS requests
 - e. Direct communication (by e-mail or telephone) with any IRS representative assigned to Customer's audit
3. Coverage for Federal tax returns with all major forms including Schedules C, E and F.
4. Reimbursement of certain assessed penalties and interest up to \$2,500.00** (please see section on reimbursement policy)
5. AMP's 100% Money Back Guarantee – If at any time during AMP's assistance with an audit, Customer is not satisfied with the audit assistance being provided, AMP will refund the Customer's enrollment fee.

What's Excluded

1. Returns excluded from coverage:
 - a. Corporate or partnership returns (Forms 1120, 1120S, 1065)
 - b. Trust, estate, gift tax or franchise returns
 - c. State or local returns
 - d. Amended returns
 - e. Non-resident federal returns
 - f. Returns containing items or positions disallowed by the IRS
 - g. Additional appeals once an examination has been closed
2. Any returns containing Schedules C, E or F with gross receipts exceeding \$500,000
3. Criminal Investigation Audits – Audits for returns that have been or are currently being investigated for IRS or any other criminal investigations
4. Audits that cover any period preceding the date of coverage for this agreement

Limitations

1. Agreement does not include face to face consultations or an AMP representative physically being present at any audit sessions or meetings.
2. Agreement only covers the return for the tax year of purchase and does not cover any other tax year or previously filed returns.
3. Return must be timely filed (including extensions).
4. Coverage period ends 36 months after purchase date.
5. AMP does not guarantee favorable results or outcomes related to any audit.
6. AMP does not cover or assist with returns not accepted by the IRS.
7. Coverage does not provide any legal representation or legal advice as part of this Agreement.
8. Coverage does not include any face to face audit representation or appeals in any court of law.
9. Coverage does not include audit reconsiderations or offers in compromise.
10. Coverage does not include responding to notices or correspondence from audits not covered under this Agreement.
11. Coverage does not include assistance for collection notices. Collection notices from the IRS are not considered audits or inquiry notices and are thereby excluded.
12. Coverage does not include compiling records, receipts, journals, reconciling bank records, or any other related clerical tasks.
13. Coverage will be rendered null and void if it is determined that any of the following items or actions have occurred:
 - a. Incomplete, incorrect or fraudulent information knowingly provided by Customer or Customer's representatives to the return preparer for the preparation of the return;
 - b. Incomplete, incorrect or fraudulent information filed by the return preparer either with or without the Customer's knowledge or consent;
 - c. Customer's failure to provide any and all records or data requested by either the IRS or AMP within the thirty day period following the date of the claim;

- d. Customer taking a position on the return that is unrealistic, unsupported or that is in direct conflict with tax laws or IRS guidelines;
- e. Any failure to disclose material facts by either the Return Preparer or Customer that are pertinent or relevant to the audit;
- f. The tax preparer or taxpayer did not comply with the Due Diligence Requirements as set forth on Form 8867; or
- g. Customer does not notify AMP in writing within fifteen (15) days of receipt of IRS correspondence or notification.

Claims Process

1. Upon receiving any IRS notice or correspondence, Customer shall notify AMP immediately, but in no event later than 15 days following receipt of IRS notice or correspondence. Customer’s failure to timely respond could impact the resolution of Customer’s audit and void the coverage provided in this Agreement.
2. Customer shall provide AMP with copies of all IRS notices or correspondence related to the audit or assessment by fax, email or standard mail to the address provided at the bottom of this agreement.
3. Customer shall provide AMP with a Form 2848 Power of Attorney and Declaration of Representative which can be accessed on AMP’s website. Once AMP has this tax Power of Attorney, Customer can request that the IRS agent speak to AMP directly as Customer’s representative.
4. Upon review, an AMP representative will be assigned to Customer’s case and will communicate with Customer the scope and details of the audit and the steps necessary to resolve it. AMP will explain Customer’s rights as a taxpayer and AMP will develop a strategy for the best possible outcome.
5. Based on this review, Customer’s assigned representative will provide Customer with a list of documents that will be required in order to favorably support Customer’s claim. If one or more of these documents are not available, AMP will suggest alternative documents or data that may be accepted in the absence of the requested documents.
6. AMP will assist Customer in collecting and organizing these documents and presenting them to the IRS on Customer’s behalf. AMP will continue to consult with Customer throughout the entire process until the audit is closed.
7. If required, AMP may, in its sole discretion, provide a licensed tax professional to accompany Customer or attend the audit in Customer’s place. This would result in an additional charge of \$150 per hour plus travel costs that will be the sole responsibility of the Customer.

Customer’s failure to comply with requests or instructions from the IRS or its representatives during the assessment or audit, may result in a negative or adverse decision. Customer’s failure to comply with actions recommended by AMP’s representative may also negatively impact the outcome as well. AMP will not be held responsible in either scenario and reserves the right to terminate this Agreement if Customer does not comply with all such requests or instructions from the IRS, its representatives or AMP.

Reimbursement Policy Guidelines

Reimbursement for any assessed interest and penalties will be determined on an individual case basis in AMP’s sole discretion. These reimbursements will be determined by AMP’s underwriting department and are subject to any and all limitations and exclusions as outlined in this Agreement. Any disputed item for which Customer fails to produce the proper valid documents as required by the IRS to support the items in question shall not be eligible for reimbursement. It will be up to the assigned AMP representative to determine the validity of the supporting documents prior to submission to the IRS. Reimbursements will be made provided that all criteria outlined in this Agreement are satisfied and only after all tax obligations have been paid in full to the IRS. All reimbursements will be assessed on an individual line item basis. No reimbursement will be given on any return that is found to contain incomplete, inaccurate or fraudulent information or that is in direct conflict with IRS tax laws or code.

Indemnification

Customer shall indemnify, hold harmless and reimburse AMP, its affiliates, and their officers, directors, and employees, for all costs, including without limitation, attorney’s fees, judgments, penalties, and other direct expenses and payments in settlement or disposition of, or in connection with, any claims, disputes or litigation arising out of the actual or alleged breach by User of its duties and obligations under this agreement. Customer may retain, in Customer’s sole discretion, attorneys of Customer’s own selection to represent Customer at Customer’s own expense. Customer shall direct the defense of the claim, provided, however, that said Customer does not compromise or settle any claim or action without prior approval from AMP. If AMP is named a party to any action or proceeding for which Customer has a duty of indemnification, AMP shall have the right to directly defend any such action or proceeding by retaining attorneys of AMP’s own selection to represent it at Customer’s reasonable expense, provided, however, AMP shall not compromise or settle any such claim or action without prior approval from Customer.

Taxpayer Signature: _____ **Date:** _____ **Spouse Signature:** _____ **Date:** _____

Call us at 1-706-364-1267 or visit www.auditmp.com for more information
Address for Notices: 3422 Wrightsboro Road, Suite 200, Augusta, Georgia 30909

*The signature and date on this Service Agreement signify that the tax preparer has explained Audit Maintenance Pro’s services to the taxpayer, the taxpayer agrees to the AMP Terms, and the taxpayer has chosen to purchase AMP. It is the responsibility of the tax preparer to furnish each taxpayer that purchases AMP with a copy of the Audit Maintenance Pro Service Agreement.