

## Practice Preservation Support Group Contract

I wish to become a member of the Practice Preservation Support Group (also known as Practice 911) for the Greater Columbus Chapter of OSSEA.

I understand the purpose of this group is to provide short-term assistance if one of us experiences sudden incapacity or death, especially during tax season.

I agree that, if one of us experiences sudden incapacity or death, especially during tax season, I will provide up to 4 hours' assistance per week, for up to 4 weeks, as needed.

This assistance is likely to include (but need not be limited to) such tasks as doing extensions, answering CP-2000s, and returning client phone calls.

I affirm that I have filled out the attached information form (or written a letter that contains *all* the information requested on the form) and given it to a trusted contact whom I have selected. I have told my trusted contact about this group. The purpose of the form is to make it possible for other group members to get into my office and fill in for me, so I have also given my trusted contact copies of any necessary physical keys. My trusted contact is:

(name) \_\_\_\_\_

(e-mail address) \_\_\_\_\_

(phone) \_\_\_\_\_

If I do services for which a client pays the member I'm helping, the member I'm helping will pay me 50% of what the client paid for these services. I agree that, if I am the one who receives assistance, I will pay the assistor(s), within 15 days of my return to the office, 50% of what the client pays me.

If a client of the member I'm helping wants to become my client, I will not accept that client until the member I'm helping and I have reached an agreement about adequate compensation to the member whose client this was.

I understand that a copy of my signed contract will be e-mailed to all members of this practice preservation group.

Signed \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(614) The contact people for this group at this time are Barbara Land (614) 267-3676, Denise Pennell (614) 729-6910, and Hart Fetsko (614) 578-8011. After signing this contract, please make a copy for your files and then mail the original to Barbara Land, 4290 Indianola Avenue, Columbus, Ohio 43214.

Business Name:

Address:

Location of Business Items/Info

**KEYS & SECURITY**

Item	Location-Contact Person	Misc. Info
Keys to Open Main Doors:		
Keys to Interior Doors:		
Keys/Combinations to:		
Keys to Restrooms:		
Keys to Vehicles:		
Keys to File Cabinets:		
Safe:		
* Combination		
* Keys		
Safe Deposit Box:		
*Keys		
Cash/Fire Box:		
*Keys		
Security System:		
*Keypads		
*Master Panel		
*Pass Codes to arm/disarm		

**RECORDS & IMPORTANT DOCUMENTS**

Appointment Book:		
Accounts Payable Records:		
Accounts Receivable Records:		
Back-up Disks/CD's:		
Bookkeeping/Bank Records:		
*Current		
*Prior Years		

Item	Location-Contact Person	Misc. Info
Checkbook(s): (Banking Authority)		
Company Credit Cards: (Signature Authority)		
Client List:		
Client Files: (ex. Payroll, Tax)		
*Type:		
*Type:		
Deposit Receipts:		
Electronic Filing Lists/Documents:		
Employee Payroll & Contact Info:		
Insurance Policies:		
Inventory Records: (Present FMV's)		
Investment Records:		
*Brokerage Accounts		
*Real Estate Documents		
*Money Market Accounts		
Tax Returns:		
*Current		
*Prior Years		
*Collectibles/Misc:		

## COMPUTERS & OFFICE EQUIPMENT

Back-up System/Instructions:		
Computer(s):		
Locations/Switches		
Computer Tech Support:		
Computer Password(s):		
Copier/Manual/Service:		
Item	Location-Contact Person	Misc. Info

Fax Machine/Manual:		
Postage Machine/Manual:		
Rolodex:		
Signature Stamp:		
Software Password(s):		
Social Network/Website Passwords:		
Software Tech Support:		
Start-up/Emergency Disks/CD's:		
Telephone System/Manual:		
Voicemail Access/Password:		

## SUPPLIES

Stationery/Office Supplies:		
Vendors:		

## ITEMS

Emergency Evac. Plan:		
Fire Extinguisher(s):		
First Aid Kit:		
Emergency Contact Names & Numbers:		

## OTHER INFORMATION:


Item	Location-Contact Person	Misc. Info
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## TAX PREPARATION INFORMATION:

Tax Software Used:		
Password to Software:		
Encryption Software & Password:		
EFIN & PTIN Numbers:		
e-services Password:		
REP Access Programs:		
Tax Returns are paid:		
*In Advance		
*COD		
*Accounts Receivable		
Tax Program CD's:		
Office Procedure Manual:		
Receptionist Manual:		
Engagement Letter:		
*Tax Preparation		
*Representation		
Privacy Policy:		
*Signature Required?		
Check Deposit Stamp:		
Deposit Slips & Envelopes:		
Letters:		
*To Employees		
*To Clients		
*To Family		
*Thank-You to 'Rescuers'		
Client Mailings/Cards:		