

# TAX APPOINTMENT

DAY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Appointment at CPA Office       Appointment in Your Home

We have made the above appointment to prepare your income tax return. If the above appointment is not convenient, please e-mail [beth@dentoncpa.com](mailto:beth@dentoncpa.com) or call the office (940-566-2533 or 800-475-2533) AS SOON AS POSSIBLE so that we may reschedule it.

You may contact us at any time to confirm your appointment. If we haven't heard from you, we will e-mail or call you in advance to confirm the appointment. If we are unable to confirm your appointment by 3 days before the above date, WE WILL CANCEL YOUR APPOINTMENT.

If an appointment has not been made for you, please contact us AS SOON AS POSSIBLE to make one.

We realize your time is important. However, due to traffic or other circumstances beyond our control, please allow us to be at least one hour late before calling our office. If this is not acceptable, please call our office to reschedule. Alternatively, you may schedule an office visit or mail, fax, e-mail, or drop off your information.

Please see our webpage at <http://www.dentoncpa.com> for more information about us. Our fee schedule, past newsletters, and blank forms are available for downloading.

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## Credit Card Authorization Form

Mastercard    Visa    Discover    Total Fee    Amount \$ \_\_\_\_\_

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_ / \_\_\_\_      Three digit security code on back of card \_\_\_\_\_

Signature \_\_\_\_\_

Name printed on the card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The card issuer is authorized to pay the amount indicated above upon proper presentation. I acknowledge receipt of goods and services in the amount above. I affirm my obligations under the Cardmember agreement.