

TAX SAVERS OF MIAMI, INC.

EMPLOYMENT AGREEMENT

PLEASE PRINT

NAME: _____

COMPANY NAME: _____
(IF APPLICABLE)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

ALL CONTRACTS MUST BE SIGNED IN ORDER TO PROCESS YOUR APPEAL.

DATE: _____

SIGNATURE & TITLE: CHECK ONE (PRIVATE INDIVIDUAL____ OR CORPORATE POSITION____)

TAX SAVERS OF MIAMI, INC.
717 PONCE DE LEON BOULEVARD, #330 CORAL GABLES, FLORIDA 33134

MIAMI-DADE TEL: 305.740.0118
TOLL-FREE FAX: 1.800.409.5334

I hereby retain Tax Savers of Miami, Inc. (hereinafter "Tax Savers") to evaluate, prepare, negotiate and if, in Tax Savers' sole discretion, it is deemed adjustable, contest my property tax assessment at the Value Adjustment Board. I understand that absolutely no guaranty has been made as to the outcome of the appeal. I realize that an adjustment may not be obtained through Tax Savers' efforts at the administrative level and if so, relief may be sought through the Circuit Court system. It is agreed that Tax Savers, shall not take the appeal beyond the administrative level and that Tax Savers may cancel the administrative appeal at any time, in its sole discretion, when it deems the appeal to be futile or of questionable benefit to the client.

I shall pay Tax Savers, a non-refundable County imposed filing fee of \$15 per folio number and a 35% contingency fee based upon the tax savings realized from any gross tax reduction in the real property taxes for 2017. The non-refundable County imposed filing fee of \$15 per folio number, payable to Tax Savers, is due with the return of this agreement. I understand that if I transfer any ownership in this property, prior to or post the Value Adjustment Board's adjudication of the tax appeal, I will remain responsible for the contingency fee. I understand that the tax appeal process to the Value Adjustment Board may take up to one year.

I will pay the contingency fee, regardless of the person or entity that received the tax refund, within thirty (30) days of written notice of the reduction. Time is of the essence with regard to payments. Tax Savers shall have the right to charge interest on any balance not paid within the 30 days at the rate of one and one half percent (1.5%) per month. If Tax Savers engages an attorney to collect what I owe (whether or not litigation ensues), I will additionally be responsible for the costs and legal fees incurred by Tax Savers. Tax Savers has the right to lien the property upon which the savings was obtained for any unpaid fees associated with the tax appeal. The interest rate on any unpaid balance, fees and cost shall continue post-judgment. Payment shall be deemed received when it clears Tax Savers' bank account. Tax Savers may deposit payments, without regard to any accompanying writing or any notation on a check, as such writings and notations shall be of no effect and shall not be binding on Tax Savers.

I will promptly, upon request, provide Tax Savers any additional information that it may require in order to pursue this matter. When interpreting this agreement, it shall be equally construed against the parties. Should any terms or condition of this agreement be found to be unenforceable, the offending provision shall be removed and all remaining provisions shall continue to be in effect. Facsimiles, photocopies, and electronic reproductions of this agreement shall be given the same dignity as an original in any legal proceeding. Changes to this agreement are valid only if done in writing and signed by all parties. The parties unequivocally waive their right to trial by jury regarding any matter related to this agreement or between the parties. Further I shall pay at least 75% of the assessed tax to the taxing authority by March 31, 2018 or my appeal will be dismissed by the State of Florida, if a reduction has been achieved prior to that date and the appeal has been dismissed for non-payment, I shall pay Tax Savers a minimum of \$250.00 for their services.

1) FOLIO # _____ ADDRESS: _____

2) FOLIO # _____ ADDRESS: _____

3) FOLIO # _____ ADDRESS: _____

4) FOLIO # _____ ADDRESS: _____

5) FOLIO # _____ ADDRESS: _____

ALL FILING FEES SHALL BE PAID BY THE FILING DEADLINE:

PROPERTIES _____ X \$15.00 = \$ _____